

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155298	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/18/2015
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NAME OF PROVIDER OR SUPPLIER  PYRAMID POINT POST-ACUTE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00175121.</p> <p>Complaint IN00175121 Substantiated. Federal/State deficiencies related to the allegations are cited at F315, F327, F329 and F502.</p> <p>Survey dates: June 17 &amp; 18, 2015</p> <p>Facility Number: 000195 Provider Number: 155298 AIM Number: 100267690</p> <p>Census Bed Type: SNF/NF: 47 Total: 47</p> <p>Census Payor Type: Medicare: 4 Medicaid: 38 Other: 5 Total: 47</p> <p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0315 SS=G Bldg. 00	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>A. Based on observation, record review and interview the facility failed to ensure a resident who had an indwelling catheter received the necessary care to ensure there were no complications related to the catheter use, in that when the nursing staff were aware the residents anchored catheter leaked causing wetness, they failed to ensure the resident did not acquire Moisture Associated Skin Damage for 1 of 3 residents reviewed in a sample of 7. (Resident "C").</p> <p>This deficient practice caused the resident to acquire 3 areas of moisture associated skin damage which included one area with yellow drainage and slough.</p> <p>B. Based on record review and interview the facility failed to ensure laboratory services were provided as ordered by the physician, in that when a resident had a</p>	F 0315	<p>We are requesting an IDR for F-315 (G) as the regulatory intent was met for Resident C and her wounds were clinically unavoidable</p> <p><b>This plan of correction constitutes the facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because it is required by Health and Safety Code section 1280 and 42 CFR 483 provisions.</b></p> <p><b>Identifying Prefix Tag _____ : F315</b></p>	07/10/2015

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	<p>history or urinary tract infections, and displayed signs and symptoms of a current urinary tract infection, the facility failed to follow physician orders for possible urinary tract infections for a resident with an anchored catheter and failed to ensure the laboratory was properly notified of the correct physician order for testing for 1 of 3 residents with a history of urinary tract infections in a sample of 7. (Resident "F").</p> <p>Findings include:</p> <p>A1. The record for Resident "C" was reviewed on 06-17-15 at 1:40 p.m. Diagnoses included, but were not limited to, cerebral vascular accident, debility, diabetes and weakness. These diagnoses remained current at the time of the record review.</p> <p>A review of the resident's current plan of care, titled "catheter need evaluation and care plan," indicated the resident was assessed as "High Risk for Urinary Tract Infection due to "Indwelling catheter due to urinary retention."</p> <p>An Approach to this plan of care instructed the nursing staff to "ensure catheter tubing and drainage bag are properly positioned to prevent urinary backflow or contamination."</p>		<p><b>Immediate corrective action(s) for those Residents affected by the deficient practice;</b></p> <p>Resident C had a comprehensive skin assessment completed. No additional skin issues were identified as a result of the assessment. Interventions are in place: MD updated on all areas noted; family updated; current treatment orders continued on identified areas and orders clarified to other location.</p> <p>Resident C has a history of bladder spasm causing her catheter to leak intermittently. Resident C also wears a brief that wicks moisture away from her skin.</p> <p>Resident F, MD was notified of the lab. Results of the C&amp;S were reported to the MD on 6/16/15. Resident F was started on an antibiotic on 6/16/15.</p> <p><b>Plan / Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken;</b></p>	

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	<p>A review of a Physician Progress Note, dated 03-20-15, indicated "Patient with Foley catheter due to neurogenic bladder. Using 20 Fr. [French] with 10 c.c. [cubic centimeters] balloon. Leaking. Increase balloon to 30 ml. [milliliters] - 20 Fr. May use 18 Fr. with 30 ml if needs."</p> <p>A review of an Interdisciplinary Assessment and Progress Note, dated 04-17-15, indicated the resident had moisture associated dermatitis between bilateral thighs and buttocks due to urine leaking from around the bulb of the indwelling catheter.</p> <p>Physician orders dated 5-14-15 indicated an order for Marathon (skin barrier cream) to the bilateral inner thighs every day on Monday, Wednesday and Friday for prophylactic.</p> <p>Physician order on 6-11-15 indicated to apply Marathon to the open area on the right gluteal fold on Monday, Wednesday and Friday for Moisture Associated Skin Damage.</p> <p>During an interview on 06-17-15 at 9:00 a.m., Licensed Nurse #7 indicated the resident had a Doctor appointment on this date due to the problems with the catheter continually leaking.</p>		<p>Skin assessments were completed on residents by 7/5/15. No new areas were identified as a result of the process. Facility wide lab audit was completed 7/2/15, to ensure compliance with current lab orders. Results indicated compliance with current orders.</p> <p><b>Facility measures and systemic changes to assure deficient practice does not recur;</b></p> <p>SBAR's are completed on any new skin concerns. Change of condition SBARS will be audited by the HIM each week, ongoing. DON or designee will review all SBARS's for accuracy. Catheter audit was completed on all residents with catheters on 7/1/15. Nursing staff were in-serviced on catheter tubing placement and completing SBAR's accurately. Night shift licensed staff will print a list of lab orders and place them in the lab book daily. The lab tech will initial the lab orders verifying they have completed the lab order. HIM will then verify the lab results are in the chart.</p>		

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	<p>During an interview on 06-18-15 at 9:15 a.m., the resident indicated the Doctor instructed her on the importance of the tubing and catheter drainage bag being positioned correctly in order for the urine to drain and possibly slow down on the problems with "leaking." "He told me he didn't want to do additional surgery on me when it might be avoided with the way the tubing is placed." When interviewed if the resident was currently soiled, the resident indicated "Yes I can feel it, and it hurts back there. I can smell the urine."</p> <p>Certified Nurse Aide #12 turned the resident to her left side and a pungent odor permeated the air. The Certified Nurse Aide unfastened the incontinent brief. The brief was saturated with urine, as well as the draw sheet that had been placed beneath the resident. The resident attempted to point to the area where she experienced pain, and the certified nurses aide spread the folds of the resident's upper thigh/buttocks. A red excoriated area was observed on the posterior of the right thigh and an additional area in the fold of the lower back which was also excoriated. As the resident was repositioned on her back, the left anterior upper thigh was observed with an excoriated area.</p>		<p>Weekly skin assessments are completed on all residents by licensed staff and reviewed by the DON or designee, on an ongoing basis. Licensed staff was in-serviced by the DON or designee on 7-1-15 and 7-10-15 on proper completion lab requisitions forms and preventing catheter related complications.</p> <p><b>Facility plan to monitor corrective actions &amp; sustain compliance; Integrate QA Process;</b></p> <p>DON and HIM Department will monitor new lab orders to validate compliance with carrying them out accordingly.</p> <p>DON will be responsible for identifying and reporting patterns of non-compliance from lab audits and skin assessments to the monthly QA committee meeting for trend identification, action planning, and additional monitoring needs as indicated. On an ongoing basis.</p>	

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	<p>The Director of Nurses observed the areas at this time and indicated the areas were considered moisture associated skin damage from urine, and that the area to the left upper thigh was from the catheter tubing laying against the skin when the skin was also wet from urine.</p> <p>The Director of Nurses indicated the area to the left upper anterior thigh from the catheter tubing measured "1.0 centimeters by 4.0 centimeters." The lower back area in fold was 0.3 cm by 4 cm by 0.1 cm. The upper thigh posterior was 1 cm by 3 cm. The DON indicated this area had yellow drainage with slough.</p> <p>Although the facility nursing staff were aware of the areas to the bilateral inner thighs and glutei fold the record lacked documentation and physician ordered treatment for the area to the lower back and the excoriation to the left upper thigh caused by the catheter tubing.</p> <p>B2B. The record for Resident "Fé" was reviewed on 06-17-15 at 1:55 p.m. Diagnoses included, but were not limited to, congestive heart failure, altered mental status, paralysis, spinal stenosis, and hypertension. The resident had a supra pubic catheter. These diagnoses remained current at the time of the record</p>			

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	<p>review.</p> <p>A review of the resident record indicated a physician order dated 06-15-15 which instructed the nursing staff, "Supra pubic catheter with concentrated urine. Check urinalysis with culture and sensitivity. Patient 'tired,' change Foley."</p> <p>A review of the clinical record on 06-17-15 lacked the results of the urinalysis with the culture and sensitivity.</p> <p>During an interview on 06-18-15 at 1:00 p.m., the Director of Nurses indicated "We didn't know about this until you mentioned it."</p> <p>During further interview on 06-18-15 the Director of Nurses indicated she checked on the status of the urinalysis and culture and sensitivity and called the local laboratory. She further indicated the requisition was filled out incorrectly and the testing was not performed. "The laboratory staff indicated they didn't have enough urine to run the testing for the urinalysis and the culture and sensitivity. I contacted her Doctor and he indicated for the laboratory to perform the culture and sensitivity if there was enough urine to perform the urinalysis testing. The nurse didn't fill out the requisition correctly."</p>			

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F 0329 SS=D Bldg. 00	<p>This Federal Tag relates to Complaint IN 00175121.</p> <p>3.1-41(a)(1)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, when a resident was diagnosed with a urinary tract infection and required physician ordered intervention, the nursing staff failed to inform the physician of prior documented resident allergies, which resulted in a resident</p>	F 0329	<p>This plan of correction constitutes the facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies.</p>	07/10/2015

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	<p>receiving an antibiotic in which the resident had an allergic reaction. This deficient practice affected 1 of 4 resident's reviewed for antibiotic treatment in regard to urinary tract infections in a sample of 7. (Resident"E").</p> <p>Findings include:</p> <p>The record for Resident "E" was reviewed on 06-17-15 at 2:10 p.m. Diagnoses included, but were not limited to, cerebral vascular accident, hypertension, depressive disorder, and chronic pain. The record also indicated the resident had a supra pubic catheter and a history of urinary tract infections. These diagnoses remained current at the time of the record review.</p> <p>A review of the resident record indicated on 03-30-15 contained a "Change of Condition SBAR [Situation, Background, Assessment, Request]," the resident "presenting with foul smelling urine, dark amber urine." The physician was notified and instructed the nursing staff to obtain a urinalysis and to included culture and sensitivity testing.</p> <p>The nursing staff received orders to start the antibiotic Cipro (an antibiotic) 500 mg (milligrams) daily times ten days at</p>		<p><b>This plan of correction is prepared and/or executed solely because it is required by Health and Safety Code section 1280 and 42 CFR 483 provisions.</b></p> <p><b>Identifying Prefix Tag _____ : F329</b></p> <p><b>Immediate corrective action(s) for those Residents affected by the deficient practice;</b></p> <p>Resident E, MD was notified on 4-25-15. Medication was changed at that time. No other residents were affected. Pharmacy was notified of the new allergy to Cipro. Resident E allergy list was updated to include Cipro.</p> <p><b>Plan / Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken;</b></p> <p>If a new allergy is identified an order will be sent to the pharmacy adding that specific allergy to the current list. Updated allergy list will then be made part of the</p>	

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	<p>8:00 a.m., and 4:00 p.m., to treat the urinary tract infection even though the second culture of the urinalysis had not yet been obtained.</p> <p>On 04-02-15 a "Report of Incident SBAR Medication Regimen Issue," indicated the physician was notified the resident may be having an "adverse side effect" to the medication Cipro and the nursing staff received orders to stop "Cipro and start Keflex per orders."</p> <p>The progress note dated 04-02-15 at 12:00 p.m., indicated "Bilateral hands peeling. Current new med. [medication] Cipro for UTI [urinary tract infection]. NP [Nurse Practitioner] here and notified. Will see resident."</p> <p>On 04-02-15 at 4:50 p.m. the Progress notes indicated, "Seen per NP. New orders rec'd [received] to stop Cipro; start Keflex."</p> <p>A review of the "Preliminary Report," from the laboratory services, had a handwritten notation from the Nurse Practitioner, also dated 04-02-15, which indicated "Stop Cipro due to reaction: peeling skin on hands. Start Keflex (an antibiotic), call when results for second culture is located."</p>		<p>resident permanent record.</p> <p>Allergy audits were completed on 7/1/15 to assure residents allergies were correct and in the residents record. No other residents were affected.</p> <p><b>Facility measures and systemic changes to assure deficient practice does not recur;</b></p> <p>Nursing staff was in-serviced on 7-1-15 and 7-10-15 by DON or designee regarding monitoring resident record for allergies, when receiving a new order. Staff was in-serviced on 7-1-15 AND 7/10/15 regarding monitoring resident record when receiving new orders. DON or designee will monitor medication orders to assure there is no potential allergy. . Licensed staff was in-serviced by the DON or designee on 7-1-15 and 7-10-15 on proper completion lab requisitions forms and preventing catheter related complications.</p> <p><b>Facility plan to monitor corrective actions &amp; sustain compliance; Integrate QA</b></p>	

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	<p>The resident's record was updated with an allergic reaction to the medication Cipro.</p> <p>A review of the Physician Progress Notes, dated 04-22-15 indicated the resident had "fatigue with a history of urinary tract infection. Check urinalysis - Culture and Sensitivity. Start Levaquin 500 mg, one every 24 hours times 7 days pending culture and sensitivity."</p> <p>The nurses progress notes, dated 04-25-15 indicated "Lab [laboratory] results obtained for urinalysis culture and sensitivity, &gt; [greater than] 100,000 cfu/ml [colonies per milliliter], N.O. [new order] obtained, Cipro 500 mg PO [by mouth] BID [two times a day] times 7 days. First dose administered (EDK Emergency Drug Kit source)."</p> <p>A review of a subsequent "Report of Incident SBAR - Medication Regimen Issue," dated 04-25-15 indicated the following: "Briefly describe the Nature of Occurrence: While reporting lab [laboratory] results to MD [Medical Doctor] I had the chart open to nurses notes and said MD ask [sic] if Res. [Resident] had allergies, I looked down at the chart and an SBAR stated "NKA" - Regretably [sic] this SBAR was for a possible reaction to Cipro (peeling of</p>		<p><b>Process;</b></p> <p>Each week, the DON and HIM Department will monitor new lab and medication orders to validate compliance with carrying them out accordingly.</p> <p>DON will be responsible for identifying and reporting patterns of non-compliance from lab audits to the monthly QA committee meeting for trend identification, action planning, and additional monitoring needs as indicated. On an ongoing basis.</p>	

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F 0502 SS=D Bldg. 00	<p>hands and feet). Resident received one dose of Cipro 500 mg [milligrams] d/t [due to] faulty report to MD regarding lab results. Information (NKA) was outdated and when giving report, oncoming nurse pointed out change in allergies. Res. assessed for any adverse reactions and non [sic] observed, no labored breathing, no anaphylactic reactions, no change in skin (some peeling to left contracted hand observed but not new peeling of skin. MD aware. Family aware."</p> <p>On 6/17/15 at 3 p.m., the DON indicated she was aware of the of the the Cirpo had been administered with a know allergic reaction to the medication.</p> <p>This Federal Tag relates to Complaint IN00175121.</p> <p>3.1-48(a)(5)</p> <p>483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. Based on record review and interview the facility failed to ensure laboratory services were provided as ordered by the physician, in that when a resident had a</p>	F 0502	<b>This plan of correction constitutes the facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction</b>	07/10/2015

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NAME OF PROVIDER OR SUPPLIER  PYRAMID POINT POST-ACUTE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>history or urinary tract infections, and displayed signs and symptoms of a current urinary tract infection, the facility failed to ensure the laboratory was properly notified of the correct physician order for testing for 1 of 3 residents with a history of urinary tract infections in a sample of 7. (Resident "F").</p> <p>Findings include:</p> <p>The record for Resident "F" was reviewed on 06-17-15 at 1:55 p.m. Diagnoses included, but were not limited to, congestive heart failure, altered mental status, paralysis, spinal stenosis, and hypertension. The resident had a supra pubic catheter. These diagnoses remained current at the time of the record review.</p> <p>A review of the resident record indicated a physician order dated 06-15-15 which instructed the nursing staff, "Supra pubic catheter with concentrated urine. Check urinalysis with culture and sensitivity. Patient 'tired', change Foley."</p> <p>A review of the clinical record on 06-17-15 lacked the results of the urinalysis with the culture and sensitivity.</p> <p>During an interview on 06-18-15 at 1:00 p.m., the Director of Nurses indicated</p>		<p><b>does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because it is required by Health and Safety Code section 1280 and 42 CFR 483 provisions.</b></p> <p><b><u>Identifying Prefix Tag</u> : <u>F502</u></b></p> <p><b>Immediate corrective action(s) for those Residents affected by the deficient practice;</b></p> <p>Resident F, MD was notified of the lab. Results of the C&amp;S were reported to the MD. Resident F was started on an antibiotic.</p> <p><b>Plan /Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken;</b></p> <p>Facility wide lab audit was completed to ensure compliance with current lab orders. Results indicated compliance with current orders.</p> <p><b>Facility measures and systemic changes to assure deficient practice does not recur;</b> Night shift licensed staff will print a list of lab orders and place them in the lab book daily. The lab tech will initial the lab orders verifying they have completed the lab order. HIM will</p>	

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	<p>"We didn't know about this until you mentioned it."</p> <p>During further interview on 06-18-15 the Director of Nurses indicated she checked on the status of the urinalysis and culture and sensitivity and called the local laboratory. She further indicated the requisition was filled out incorrectly and the testing was not performed. "The laboratory staff indicated they didn't have enough urine to run the testing for the urinalysis and the culture and sensitivity. I contacted her Doctor and he indicated for the laboratory to perform the culture and sensitivity if there was enough urine to perform the urinalysis testing. The nurse didn't fill out the requisition correctly."</p> <p>This Federal tag relates to Complaint IN00175121.</p> <p>3.1-49(a)</p>		<p>then verify the lab results are in the chart.</p> <p>Licenses staff was in-serviced on 7-1-15 and 7/10/15 on completing lab requisitions.</p> <p><b>Facility plan to monitor corrective actions &amp; sustain compliance; Integrate QA Process;</b> DON and HIM Department will monitor new lab orders to validate compliance with carrying them out accordingly daily, ongoing. DON will be responsible for identifying and reporting patterns of non-compliance from lab audits to the monthly QA committee meeting for trend identification, action planning, and additional monitoring needs as indicated. On an ongoing basis.</p>		