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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155474 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 04/24/2014 |
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| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BREMEN | STREET ADDRESS, CITY, STATE, ZIP CODE 316 WOODIES LN BREMEN, IN 46506 |
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| F000000 | <p>This visit was for an Investigation of Complaint IN00147854.</p> <p>Complaint IN00147854 - Substantiated. Federal/state deficiencies related to the allegations are cited at F0309.</p> <p>Survey dates: April 23 and 24, 2014</p> <p>Facility number: 000506 Provider number: 155474 AIM number: 100266530</p> <p>Survey team: Shelly Miller- Vice, RN</p> <p>Census bed type: SNF/NF: 84 Total: 84</p> <p>Census payor type: Medicare: 5 Medicaid: 56 Other: 23 Total: 84</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> | F000000 | <p>Please accept this Plan of Correction as the Credible Allegation for the survey conducted on April 24, 2014. Submission of this plan of correction is not an admission by Signature Healthcare of Bremen that the deficiencies alleged in the survey are accurate or depict the quality of nursing care and services provided the residents of this health care facility. This plan of correction is submitted timely and in accordance with State and Federal Regulatory Guidelines. We respectfully request a desk review of the items related to the survey findings.</p> | |

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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| F000309 SS=E | <p>Quality Review completed on May 1, 2014, by Brenda Meredith, R.N.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review, interview and observation, the facility failed to evaluate and provide care for 2 of 2 Dialysis access sites. (Resident B and C).</p> <p>Findings included:</p> <p>1). On 4/23/14 at 9:30 a.m., a tour of the facility was conducted and Resident C was identified as receiving off site dialysis services.</p> <p>On 4/23/14 at 10:14 a.m., an interview was conducted with Resident C indicating an access site located on their upper right quadrant of the upper trunk of the body was used for dialysis treatments. The site was covered by an adhesive clear dressing with two catheter's protruding away from the resident's trunk area. One catheter was tipped in red, and the other tipped in blue. Resident C indicated</p> | F000309 | <p>It is the practice of this facility that each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care. CORRECTIVE ACTION: 1) a. Physician's Order clarified for Resident C's access site. b. Resident C has been assessed and the location of site has been indicated on the skin diagram. The access site type was clarified by nursing staff and documented on skin sheet. c. Care Plan updated to include monitoring of the access site status post dialysis. TAR updated to include signs and symptoms per care plan for nursing to monitor the access site status post dialysis. All licensed nursing will be educated on proper assessment, documentation, and</p> | 05/16/2014 |

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| | <p>"...the Dialysis people hook this up for me to get the dialysis ... no, they [the nursing home] don't do anything to it ... I'm not sure they even know it's here ... this isn't a shunt, it's an access site ... but, no ... they don't do anything to it at all...."</p> <p>On 4/23/14 at 10:20 a.m., an interview was conducted with Staff #5 indicating, "...I have no idea about that ... I'm not real up on any of that, so I'm not sure how those work..." in reference to the nursing responsibility for caring for the access site of Resident C.</p> <p>On 4/23/14 at 11:00 a.m., a record review was conducted of Resident C's clinical medical record (CMR). The diagnosis were but not limited to, "...Chronic Kidney Disease, hemodialysis" The record indicated Resident C received dialysis services off-site and went on " T-TH-Sat. [Tuesday - Thursday - Saturday]."</p> <p>On 4/23/14 at 11:15 a.m., a record review was conducted on the communication tool, 'Dialysis Communication Record'. A print out from the dialysis service titled, "Dialysis Catheter Discharge Instructions" was found for each dialysis visit and included: the Procedure, Care, Dressing, Diet, Anesthesia, Medications and Directions for Emergency Care</p> | | <p>care planning for hemodialysis access site. Education will include properly identifying the access site on the admission nursing assessment.2) a. Resident B cited was admitted on 4/14/14 at approximately 6:45pm and was discharged from the facility on 4/16/14 at approximately 8:30am.HOW OTHERS IDENTIFIED:The resident cited during survey is currently the only resident that remains in the facility that is on Hemodialysis that would be affected by this citing. The corrections will address this resident. The changes will address any residents admitted in the future that may be receiving hemodialysis.PREVENTATIVE MEASURES:1) Education of all licensed staff on proper assessment, , and care planning for hemodialysis access sites will address any residents admitted in the future that may be receiving hemodialysis.2) Care Plan for hemodialysis access sites will address any future admissions.3) A treatment plan will be implemented on all residents admitted with an access site related to the type of dialysis site.MONITORING:The DNS and/or designee will review the chart of any resident admitted that is receiving hemodialysis and that has an access site at morning clinical meeting to ensure that proper assesemnt, documentation, and care planning</p> | | | | |

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| | <p>Instructions of the site post accessing; "...Call doctor, call 911 or go to the closest ER if: Bleeding does not stop after applying firm pressure for 15-30 minutes, you get a fever over 101 degrees or chills, Pain is NOT relieved with Tylenol (you may be sore for 1-2 days and this is normal), The area around the catheter gets red or swollen or you have drainage, you get short of breath...." The following date's were supported with discharge instructions for care of the dialysis catheter: " 4/8/2014, 4/15/2014, and 4/22/2014."</p> <p>On 4/23/2014 at 11:20 a.m., an interview was conducted with Staff #5 indicating, "... the dialysis (provider) never writes any discharge instructions, there not very good with telling us (the facility) about what happened while they (the dialysis resident) is there ... we just get them ready and they pick them up and we just write the glucometer reading, the medications they've had before the go, the weight and the date of the last weight ...that's all we do with dialysis... we just let them take care of it all...."</p> <p>On 4/23/2014 at 11:22 a.m., an interview was conducted with the Staff Development Coordinator indicating, " ... I'm really not sure what the exact care is for a fistula or access site ... if the doctor</p> | | <p>has been initiated.</p> <p>ADDENDUM: The chart will be brought to morning clinical meeting until everything has been initiated related to the resident's hemodialysis. The chart of any resident receiving hemodialysis will be reviewed weekly thereafter to ensure proper documentation and assessment is being completed. Any findings from the monitoring will be submitted to the QAPI committee for review and recommendations monthly for 6 months. Any deficient practice will be addressed through staff education, in-servicing, and/or counselling.</p> | |

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| | <p>orders something, I guess we'd follow that ... we don't have one right now at the facility...."</p> <p>On 4/23/2014 at 11:30 a.m., an interview was conducted with Staff #3 indicating there was a dialysis communication book that the dialysis residents carry back and forth to the appointments and communication from the center was to be handwritten on the forms in the 3-ring binder of the notebook. It was indicated, "... we really don't do much with all of that ... that's the dialysis' (job)...." It was indicated upon inquiring about Resident C's access site, ".... Uhhh ... I haven't any idea ... let me get you his nurse ... I don't have him and I don't know...."</p> <p>On 4/23/2014 at 11:45 a.m., a record review was completed of the paper Medication Administration Record (MAR) and the Treatment Administration Record (TAR) indicating no directives for Resident C's access site care.</p> <p>On 4/23/2014 at 11:47 a.m., a record review was completed of the CMR indicating the following:</p> <p>a. No doctor's orders for access site care.</p> <p>b. No documentation on the admission</p> | | | |

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| | <p>'Patient Nursing Evaluation' completed " 3/21/14" by and "...LPN ..." to identify an access site or any evaluation indicating a new site for dialysis services.</p> <p>c. A care plan titled, "Dialysis/ Renal Failure Interdisciplinary Care Plan. Dated. 4/9/14. Potential for complications related to hemodialysis for diagnosis of: End Stage Renal Failure ... Goal: Resident will have no signs or symptoms of infection at access site through next review (date left blank) ... Target date. 7/9/2014. Approach: ...Protect access site from injury. Site: Avoid constriction on affected arm, such as carrying purse and constrictive clothing. No BP on limb with shunt/ CV dialysis catheter ... Discipline: NSG (nursing)..." The Care Plan did not include directives for care of non-shunt related access sites other than a, " ...NOTE: No thrill/ bruit present with Tessio [hemodialysis catheter] or CV [central venous] Dialysis Catheters..."</p> <p>On 4/24/14 at 10:00 a.m., a record review was conducted of the Policy/ Procedure titled, 'Hemodialysis Site Care. Release date: 8/28/2013. Original date: 9/26/2003" A rationale, definitions, equipment, supplies needed for CVC (central venous catheter)-related care, Responsible Disciplines: Licensed Nurses, procedure</p> | | | |

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| | <p>for Pre-Dialysis care, Arteriovenous Fistula: Shunt or Graft, Central Venous Access, Post Hemodialysis Care ...1. Perform hand hygiene, 2. Upon return, assess access for patency and any unusual redness or swelling, 3. Check bandage and leave in place for at least 4 hours after treatment or longer if the needle site continues to ooze, 4. Assess the access site upon return from dialysis for: a. Bleeding from the site, b. Redness, c. Swelling, d. Pain, e. Non functioning graft [FRM 66204] Dialysis Log, 5. Perform hand hygiene, 6. Review any documentation from the dialysis unit, 7. Obtain appropriate information about dialysis treatment from the dialysis center (i.e., labs, weight, and patient response), 8. Report any medication, behavior, and condition changes to the dialysis unit and physician if indicated, 9. Document Post Hemodialysis Care in the patients medical record"</p> <p>On 4/24/14 at 1:15 p.m., the Director of Nursing Services (DNS) provided a record for review 'FRM 66204. Dialysis Log' indicating that this was placed on resident C's chart, "... we [the facility] will be using this from now on...."</p> <p>2). On 4/24/2014 at 9:00 a.m., a record review was completed of Resident B's Clinical Medical Record (CMR) and the</p> | | | |

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| | <p>following was indicated:</p> <p>"History&Physical. Final Report. [Resident B's name]. Admit date: 4/3/2014 to acute dialysis care provider. The patient was transferred from [local acute hospital name] for physical therapy and need for dialysis...end-stage renal disease on hemodialysis ... past surgical history: Left arm AV fistula...Plan: 1. The patient is dialyzed on Monday, Wednesday, Friday...."</p> <p>"Clinical Summary. [name of local acute hospital service provider]. Name [Resident B]. Admit date 4/3/14. Medical Problems: Renal failure/ insufficiency...Inpatient Medication History (active at time of summary):... Heparin 1,000 Units/mL Vial 10 mL... Comments & Special instructions: Hemodialysis use only: Instill 2300 units to Arterial dwell and 2300 units to Venous dwell as catheter dwells post dialysis...."</p> <p>"Admission Orders Record dated 4/14/2014 [LPN signature] [Resident B's name]..." There was no indication of a fistula.</p> <p>"Resident Progress Notes...4/14/14 at 1830, 2300, 4/15/14 at 0831, 1231, 1400, 1915,2120, 4/16/14 at 0120, 0750, 0800</p> | | | | |

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| | <p>and 1402...." There was no indication of a fistula.</p> <p>"Admission. [undated/ untimed]...7. Fill out Nursing Evaluation From. [initialed for completed]...Admission Cheat Sheet (Anything not on the transfer orders, needs a telephone order)...IV:...3. Assess site q (every) shift..." There was no indication of a fistula.</p> <p>"Patient Nursing Evaluation. dated 4/14/14. Diagnosis: End stage renal disease/ hemodialysis MWF... Skin inspection anatomy diagram. Admission/ readmission (complete in the first 4 hours) [left blank]... Intravenous Therapy. No I.V...."</p> <p>"Skin at Risk Interdisciplinary Care Plan. Date 4/15/14. Potential alteration in Skin Integrity..." fistula site not checked. Goals and Approaches did not include fistula care.</p> <p>"Nursing Home to hospital Transfer From (additional information)[Resident B's name]... date transferred to hospital: 4/16/14... Treatments and Frequency (include special treatments such as dialysis...)(blank), Additional Relevant information (blank)...key Clinical Information: Reason for transfer-Dialysis...[signature of LPN]..."</p> | | | |

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| | <p>There was no indication of a fistula.</p> <p>On 4/24/2014 at 10:00 a.m., a record review was conducted alongside the District Director of Clinical Operations of (Corporate name) of the Policy Procedure titled,"Hemodialysis Site Care. Release Date: 8/28/13. Original Date: 9/26/2003. Rationale:...The desired outcome of performing HD (hemodialysis) site care is to monitor the integrity of the HD access, maintain skin integrity of the area surrounding the access site, and to reduce the risk of infection..." Guidelines were indicated for accessing the HD site, maintaining hygienic procedures, after-hemodialysis care procedures, and the use of a Dialysis Log [FRM 66204]. A second Policy/Procedure was reviewed titled,"Initial Plan of Care. Rationale. An initial plan of care is initiated within 24 hours of admission that addresses the patients initial individual and immediate needs until the interdisciplinary team completes the initial Minimum Data Set [MDS assessment]...1...b. Health Maintenance: monitoring of the disease processes that are currently being treated..."</p> <p>On 4/24/2014 at 12:15 p.m., an interview was conducted with the District Director of Clinical Operations of (Corporate</p> | | | | | | |

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| | <p>name) indicating a plan of care supporting the assessing, evaluation and care of the HD access site is, "...not due for 21-days after admission... it's not that we don't care, we don't have anything in there because we don't have to until the 21 days is up...."</p> <p>On 4/24/2014 at 1:00 p.m., a record review was conducted alongside of the DNS of Resident B's CMR indicating Resident B did admit to the facility on 4/14/14 with a fistula used for dialysis treatments. It was indicated by the DNS, "...no, we (the facility) do not have any of that in here..." in reference to the assessment, skin assessment, care planning for the fistula and nursing services provisions of care for the fistula.</p> <p>This Federal tag relates to Complaint IN00147854.</p> <p>3.1-37(a)</p> | | | |