

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155042	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/27/2014
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NAME OF PROVIDER OR SUPPLIER WILLOW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3801 OLD BRUCEVILLE RD BOX 136 VINCENNES, IN 47591
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F000000	<p>This visit was for the Investigation of Complaint IN00150955.</p> <p>Complaint IN00150955 - Substantiated, Federal/State deficiencies related to the allegations are cited at F315.</p> <p>Survey dates: June 26 and 27, 2014</p> <p>Facility number: 000016 Provider number: 155042 AIM number: 100291500</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 9 SNF/NF: 123 Total: 132</p> <p>Census payor type: Medicare: 20 Medicaid: 99 Other: 13 Total: 132</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective July 14, 2014 to the complaint survey conducted on June 27, 2014.</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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F000315 SS=D	<p>Quality review completed on June 30, 2014, by Jodi Meyer, RN</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 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. Based on observation, interview, and record review, the facility failed to assess and document the appearance and</p>	F000315	F-315 It is the practice of this facility to assure that	07/14/2014

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	<p>characteristics of urine, in a resident with an indwelling Foley catheter and history of urinary tract infections (UTI's), for 1 of 3 residents reviewed with indwelling catheters, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>1. On 6/26/14 at 10:00 A.M., during the initial tour, Unit Manager # 1 indicated Resident A had an indwelling Foley catheter.</p> <p>The clinical record of Resident A was reviewed on 6/26/14 at 11:05 A.M. Diagnoses included, but were not limited to, sepsis secondary to cath-related UTI, bipolar disorder and end-stage chronic obstructive pulmonary disease.</p> <p>Hospital documentation indicated the resident was treated for a UTI in February 2014.</p> <p>A Minimum Data Set (MDS) assessment, dated 4/1/14, indicated the resident scored a 14 out of 15, with 15 indicating no memory impairment, and required total assistance of one person for toileting.</p> <p>A resident care plan, initially dated 1/7/14 and revised 4/30/14, indicated: "The resident has Indwelling Catheter:</p>		<p>resident's that have urinary catheters receive proper services to care for the catheter and assist in the prevention of urinary tract infections.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: Resident A is receiving proper services related to the urinary catheter. Documentation for this resident includes appearance and characteristics of the urine.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents with urinary catheters have been reviewed and have documentation related to the appearance and characteristic of urine.</p> <p>What measures will be put into place or what systematic changes you will make to</p>	

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	<p>for accurate I&O [intake and output]. Foley was removed per MD orders. Noted to have increase in edema 3+. Due to increase in shortness of breath with exertion [sic] and functionally he is unable to use urinal related to abd [abdominal] apron and excess skin around genital area...[positive] UTI..." Interventions included: "Change catheter every monthdly [sic] and prn [as needed]...Monitor/record/report to MD for s/sx [signs and symptoms] UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse...Urinary frequency, foul smelling urine...5-5-14 Pyridium [used for bladder spasms] as ordered [secondary to] urinary discomfort..."</p> <p>Nurse's Notes included the following notations:</p> <p>4/24/14 at 2:30 P.M.: "...Pt [patient] c/o [complains of] burning [with] urination...New order for UA C&S [urinalysis culture and sensitivity]..."</p> <p>4/30/14 at 12:00 P.M.: "NNO's [no new orders] UA C et [and] S. Res [resident] aware."</p> <p>5/5/14 at 12:00 P.M.: "Dr. notified of res [resident] c/o urinary discomfort when</p>		<p>ensure that the practice does not recur: All nurses will be in-serviced related to assuring that there is documentation related to appearance and characteristics of urine for residents that have a urinary catheter in place. The nurses are responsible for assuring that resident's with a urinary catheter have appropriate descriptive documentation as part of their assessment. Please see below for means of monitoring.</p> <p>How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place: A Performance Improvement Tool has been initiated that will randomly reviews 5 residents (if applicable) that have urinary catheters to assure that there is assessment and documentation related to appearance and characteristics of the urine. The Director of Nursing, or designee, will complete this audit weekly x3, monthly x3, and then quarterly</p>	

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	<p>voiding...."</p> <p>5/5/14 at 5:00 P.M.: "Return call from MD's office N.O. received Doxycycline [antibiotic] 100 mg BID [twice daily] x 7 days et Pyridium [for bladder spasms] 100 mg and res aware."</p> <p>5/15/14 at 1:00 P.M.: "F/C [Foley catheter] [changed] [without] difficulty. Res has [no] complaints."</p> <p>Documentation of the amount of urine, or characteristics of the urine, was not found in the clinical record.</p> <p>5/20/14 at 11:15 P.M.: "This nurse flushed Res catheter per res request. Res tolerated well. C/T [continue to] monitor."</p> <p>Documentation was lacking regarding the resident's urine characteristics.</p> <p>A Quarterly Nursing Assessment, dated 5/22/14, included: "Urinary Incontinence...Has F/C...."</p> <p>A Medication Administration Record (MAR), dated May 2014, indicated the resident's F/C and bag was changed on 5/15/14. No additional comments regarding the urine was found on the MAR.</p>		<p>x3. Any issue identified will be immediately corrected. The Quality Assurance Committee will review the tool at the scheduled meeting following the completion of the tool with recommendations as needed based on the outcome of the audit.</p> <p>Date of compliance: 7-14-14</p>				

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	<p>On 6/26/14 at 12:00 P.M., Resident A was observed sitting in a recliner chair in his room. The resident's Foley catheter was observed to be draining an orange-colored urine, without sediment.</p> <p>On 6/27/14 at 11:00 A.M., during an interview with the Director of Nursing (DON), she indicated staff would document the characteristics of the urine in the Nurse's Notes. She indicated the staff "probably change [Resident A's] Foley bag once a week because he drags it on the floor and it gets dirty." The DON indicated she was unable to find documentation of the resident's characteristics of urine from 5/1/14 through 6/1/14, when the resident was admitted to the hospital.</p> <p>2. On 6/27/14 at 3:15 P.M., the DON provided the current facility policy on "Catheterization, Indwelling Foley," undated. The policy included: "...The routine observation [sic] of the resident after a Foley catheter insertion should include: "a. Any change in the resident's condition...b. The resident's response to the treatment...Documentation: 1. Date and time of procedure. 2. Document the procedure performed, resident's tolerance, variances from normal. 3. Color, consistency, amount and odor of urine...."</p>			

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	<p>This Federal finding relates to Complaint IN00150955.</p> <p>3.1-41(a)(2)</p>			