

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155508	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/18/2016
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NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF BOONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 725 S SECOND ST BOONVILLE, IN 47601
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00206787.</p> <p>Complaint IN00206787 - Substantiated. Federal/State deficiencies related to the allegations are cited at F 312 and F 315.</p> <p>Survey date: August 18, 2016</p> <p>Facility number: 000451 Provider number: 155508 AIM number: 100266240</p> <p>Census bed type: SNF/NF: 63 Total: 63</p> <p>Census payor type: Medicare: 17 Medicaid: 41 Other: 5 Total: 63</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on</p>	F 0000	<p>August 24, 2016</p> <p>Ms. Jodi Meyer Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204-3003</p> <p>RE: TranscendentHealthcare of Boonville South Complaint Survey August 18, 2016 Complaint #IN00206787</p> <p>Dear Ms. Meyer;</p> <p>The Indiana State Department of Health visited our facility on August 18, 2016 to investigate a complaint. According to the investigation, the complaint was substantiated. By submitting the enclosed material we are not admitting to 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. We respectfully request our plan of correction be considered our allegation of compliance effective 9/8/16 and respectfully request a desk review. If you have any questions please feel free to contact me at the facility.</p>	
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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 0312 SS=D Bldg. 00	<p>August 9, 2016.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview and record review, the facility failed to ensure a dependent resident received hygiene and toileting care, for 1 of 4 residents reviewed for ADL (activities of daily living) care, in a sample of 4. Resident C</p> <p>Findings include:</p> <p>On 8/18/16 at 8:50 A.M., the Director of Nursing (DON) provided "CNA</p>	F 0312	<p>Respectfully submitted,</p> <p>Brody O’Niones, BA, HFA, RAC-CT Senior Executive Director Transcendent Healthcare, LLC</p> <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 request the plan of correction be considered our allegation of compliance effective 9/8/16 to the state findings of the complaint survey conducted on 08-18-16.</p> <p>F - 312</p> <p>The corrective action taken for those residents found to be affected by the deficient practice is that the resident</p>	09/08/2016

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	<p>Assignment Sheets," which alerted CNA staff of the type of care each resident required. The document included "ADL Care/Transfers, Toileting, and Bathing." Resident C's name was listed on the document, but there was no information documented next to his name, which would inform staff on which day the resident was to be given showers, if the resident was continent or incontinent, or any special precautions the resident would require.</p> <p>The clinical record of Resident C was reviewed on 8/18/16 at 10:45 A.M. Diagnoses included, but were not limited to, Parkinson's Disease.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 7/12/16, indicated Resident C scored a 2 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of one staff for hygiene and bathing, and extensive assistance of two+ staff for toileting. The resident was "Always incontinent" of bowels, and had an indwelling catheter.</p> <p>Nursing Progress Notes, dated 7/25/16 at 1:24 P.M., indicated, "Resident LOA [leave of absence] for urology appointment...."</p>		<p>identified as resident C is now receiving assistance with all ADLs in accordance with the resident's plan of care. There is a stat lock in place to hold the catheter in place. The CNA assignment sheet has been up-dated to reflect resident C information related to ADL needs. In addition the resident has been reassessed for pain management and has received new orders for pain control</p> <p><i>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that a housewide audit has been completed to ensure that all residents are receiving assistance with the necessary care and services to meet their ADL needs. The CNA assignment sheets have been reviewed and up-dated to ensure all pertinent information has been included.</i></p> <p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been conducted for all nursing staff on the facility's policy related to ADL care.</p> <p><i>The corrective action will be monitored to ensure the deficient practice will not recur through the quality assurance program by a Quality Assurance tool has been developed and implemented to</i></p>		

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	<p>Nursing Progress Notes, dated 7/25/16 at 5:24 P.M., indicated, "Resident returned from urology apt [sic]...."</p> <p>A Care Plan, dated 8/10/16, indicated: "Resident has self care deficit related to dx [diagnosis] of dementia, Parkinson's disease." The Interventions included: "Assist resident with meeting ADL needs as needed." A Care Plan prior to 8/10/16 regarding ADL care was not found in the clinical record.</p> <p>A Physician's Office Visit note, dated 7/25/16 at 2:10 P.M., indicated, "Patient came in office to discuss catheter options with nurse practitioner today. Patient came to us in soiled undergarments and soiled jogging pants. Patients [sic] urine was a thick dark brown color and had an odor. There was dried feces with blood on inner thighs and genitals. It appeared to have been there for long period of time. Patient did not have a stat lock to hold the catheter in place and the Foley was on tension when we went to assess the concerned wounds the nursing home mentioned. Patient was hollering in pain...carefully took off soiled jogging pants and depend off. Cleaned patient as gently as we could without causing any further pain...Patient was then given clean scrub pants to return to nursing home...."</p>		<p>monitor to ensure that the residents are receiving assistance with their activities of daily living such as hygiene/bathing, toileting, catheter care, grooming etc. This stool will be completed by the Director of Nursing and/or her designee daily for five days, then weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcomes will be reviewed at the facility Quality Assurance meetings to determine if any additional action is warranted.</p>				

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	<p>A Physician's document, dated 7/26/16, indicated, "[Unit Manager], a case manager from [name of nursing facility] calling regarding pt's [patient's] condition yesterday. Pt is a new resident to their facility - has been there for a couple of weeks...[Unit Manager] apologizes for pt's poor appearance for appt. She has spoke [with] her staff and was short on staff. She states that is still no excuse for pt's appearance...."</p> <p>On 8/18/16 at 10:05 A.M., the Physician's Office Coordinator was interviewed. She indicated the staff was very concerned about the resident's appearance. She indicated the staff felt like the resident had been soiled "for a very long time," and that the staff was "really worried" about sending the resident back to the same facility.</p> <p>On 8/18/16 at 3:50 P.M., during an interview with the DON, the DON indicated she had spoken to the Nurse Practitioner regarding the resident's appearance the day after his appointment. The DON indicated it was possible the resident had "just soiled himself that morning."</p> <p>This Federal tag relates to Complaint IN00206787.</p>			

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	<p>restore as much normal bladder function as possible.</p> <p>Based on observation, interview, and record review, the facility failed to promote catheter care by allowing a catheter bag and tubing lay on the floor; failed to obtain physician orders for the size of catheters and catheter care; failed to adequately secure a catheter to relieve tension; failed to monitor a penile tear; failed to assess and notify the physician regarding a change in the characteristics of urine; and failed to change or document a change in an indwelling catheter, for 3 of 4 residents reviewed with indwelling catheters, in a sample of 4. Residents A, B, and C</p> <p>Findings include:</p> <p>1. On 8/18/16 at 10:25 A.M., Resident C was observed lying on a mattress on the floor. The Foley catheter bag, uncovered, and tubing were lying on the floor. CNA # 3 hung the Foley bag on her pocket, allowing the urine to flow back towards the resident. CNA # 2 and CNA # 3 then assisted the resident up from the mattress to a chair with much difficulty. The resident's urine was observed to be dark amber with sediment.</p> <p>The clinical record of Resident C was</p>	F 0315	F - 315	09/08/2016			
			<p>1). The correctiveaction taken for those residents found to be affected by the deficient practiceis that the resident identified as resident C is nowreceiving catheter care in accordance with facility policy. Resident C is now in a low bed and the Foleycatheter drainage bag is being placed in accordance with acceptable standardsof practice to prevent the spread of infection. The resident now has an order for the Foley catheter that includes thesize of the Foley catheter. The healed penile tear shows no signs or symptomsof infection. A new admission/readmission nursing assessment and a bowel andBladder assessment has been completed. All areas of the assessments has been completed and signed by the nursecompleting the assessments. The residentis being checked prior to all appointments to ensure that the resident is cleanand dry. The resident has a stat lock onthe catheter to hold the catheter in place to avoid any tension on thecatheter. A new pain assessment has alsobeen completed and the resident has received a new order for painmedication. The resident's care plan hasbeen reviewed and up-dated to reflect the resident's current catheter careneeds.</p> <p>2). The correctiveaction taken for</p>				

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	<p>reviewed on 8/18/16 at 10:45 A.M. Diagnoses included, but were not limited to, Parkinson's Disease and retention of urine.</p> <p>A Physician's order, dated 7/5/16, indicated, "Change cath [catheter] one time a day every 1 month(s) starting on the 15th..." The order did not specify what size of catheter to use.</p> <p>An admission assessment, dated 7/5/16 at 3:20 P.M., indicated, "Toilet use: Extensive assistance...Skin Integrity, Groin, Length 2 [centimeters] Width 2, Stage Suspected Deep Tissue Injury...Details/Comments: appears almost as a tear in the tip of his penis...Bladder/Bowel, Catheter Type/Size [left blank], Is the resident having any of the following problems with their catheter? [No issues checked]...." The assessment indicated the 17 pages of the comprehensive assessment was signed in all of the areas on 8/12/16 by the Unit Manager, except the skin section, which was signed on 8/18/16 by the Director of Nursing.</p> <p>A Nursing Progress Note, dated 7/8/16 at 4:24 P.M., indicated, "While giving peri care pulled foreskin back and mod [moderate] amt [amount] of yellow puss [sic] was expressed. Hard knot around</p>		<p>those residents found to be affected by the deficient practiceis that the resident identified as resident Anow has an order for the Foley catheter including the size of the catheter andthe catheter care that is to be provided. The resident's catheter is being changed and catheter care provided inaccordance with the physician's orders. The physician has also been notified ofthe current condition/characteristics of the resident's urine.</p> <p>3). The correctiveaction taken for those residents found to be affected by the deficient practiceis that the resident identified as resident Bnow has physician's orders for the size of the catheter, when the catheter isto be changed and care of the suprapubic catheter. The resident's catheter is being changed andsuprapubic catheter care is being provided in accordance with the physician'sorders.</p> <p><i>The corrective actiontaken for the other residents having the potential to be affected by the samedeficient practice is that a house wide audit has been completed on allresident's with urinary catheters to ensure that the physician's orders includethe size of the catheter, instructions on when to change the catheter and thecatheter care that is to be provided. The audit also included an audit of the documentation to ensure thateach resident's catheter has been</i></p>		

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	<p>shaft of penis decreased in size. Md aware and asked that apt [appointment] be made with res [resident] urologist to discuss placement of suprapubic or urostomy...."</p> <p>Further documentation regarding the tear on the tip of his penis was not found.</p> <p>A Physician's Office Visit note, dated 7/25/16 at 2:10 P.M., indicated, "Patient came in office to discuss catheter options with nurse practitioner today. Patient came to us in soiled undergarments and soiled jogging pants. Patients [sic] urine was a thick dark brown color and had an odor. There was dried feces with blood on inner thighs and genitals. It appeared to have been there for long period of time. Patient did not have a stat lock to hold the catheter in place and the Foley was on tension when we went to assess the concerned wounds the nursing home mentioned. Patient was hollering in pain...carefully took off soiled jogging pants and depend off. Cleaned patient as gently as we could without causing any further pain. Patient had a 24 french Foley cath [catheter] in place we deflated balloon that was deflated [sic] with 27 ml and then removed atraumatically. Patient begged to not put cath back in as he was complaining of severe pain. Lidocaine was inserted in penis...A 18 french Foley</p>		<p>changed and catheter care provided inaccordance with the physician's orders. The audit also included physician notification if there has been achange in the characteristics of the resident's urine.</p> <p>The measures or systematic changes that have been put intoplace to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for allnursing staff on the facility policies related to catheter care and followingphysician's orders related to the changing of urinary catheters and drainagebags. The in-service also reminded thenurses of the need to notify the physicians when there is a change in thecharacteristics of the urine and document this notification. The in-service also addressed the weeklydocumentation of any skin conditions.</p> <p><i>The corrective actiontaken to monitor to assure performance to assure compliance through qualityassurance is a Quality Assurance tool has been developed and implemented tomonitor the care of urinary catheters. The tool will monitor to ensure that appropriate physician's orders arein place related to the changing of urinary catheters and catheter care that isto be provided. The tool will also monitorto ensure that the urinary drainage bags are handled in accordance withacceptable standards of infection control practices. The</i></p>	

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	<p>was then inserted without difficulty. The balloon was inflated with 10 ml of sterile water. Urine return was bloody. Stat lock was secured in place and over night bag was put on patient. Foreskin was returned to appropriate position. Patient was then given clean scrub pants to return to nursing home...."</p> <p>A Urology note, dated 7/25/16, indicated, "Limited history from patient. Complains of pain but unable to tell or point where. Foley was exchanged today form a 24 Fr to an 18 Fr. Traumatic hypospadias [the opening of the penis is on the underside rather than the tip] and traumatic ulcer on foreskin. Will start Cipro [an antibiotic]...Foreskin needs to remain pulled down over Foley and after foreskin care. Keep Foley off tension and stat lock was applied on right thigh. Follow up in 1 month to reassess and exchange Foley in office."</p> <p>A Care Plan, dated 8/10/16, indicated: "The resident has an Indwelling Catheter r/t [related to] urinary retention." The Interventions indicated: "Catheter to be changed monthly on the 15th. Monitor for pain/discomfort due to catheter." A Care Plan regarding the catheter prior to 8/10/16 was not found in the clinical record.</p>		<p>tool will monitor to ensure that a statlock is in place to prevent tension on the urinary drainage tubing. The tool will also monitor the documentationrelated to any changes in the characteristics of the resident's urine and alsomonitor the documentation of weekly skin assessments if there are any skinissues present related to the resident's genital area. This tool will be completed by the Directorof Nursing and/or her designee daily for five days, then weekly for four weeks,then monthly for three months and then quarterly for three quarters. The outcomes will be reviewed at the facilityQuality Assurance meetings to determine if any additional action is warranted.</p>	

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	<p>On 8/18/16 at 3:20 P.M., during an interview with the Unit Manager, she indicated Resident C had the penile tear upon his admission. She indicated that was the reason the staff made a urologist appointment. The Unit Manager indicated the wound should have been assessed weekly, and would be documented in the wound notes. When the Unit Manager could not find documentation, she indicated she would ask the "skin nurse." At 3:25 P.M., the Unit Manager indicated the DON informed her that the penile tear was a "healed tear," so that there would not be any documentation.</p> <p>On 8/18/16 at 3:50 P.M., during an interview with the DON, she indicated the penile tear was a healed tear, which was present on admission. She indicated they would not assess that type of wound weekly.</p> <p>2. On 8/18/16 at 9:00 A.M., Resident A was observed sitting in his wheelchair in his room. Catheter tubing was observed to be draining cloudy yellow urine with sediment.</p> <p>The clinical record of Resident A was reviewed on 8/18/16 at 9:30 A.M. Diagnoses included, but were not limited to, hemiplegia and urethral stricture</p>			

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	<p>disease.</p> <p>Current physician orders, dated August 2016, did not indicate an order for a suprapubic catheter, or the care of the catheter.</p> <p>A quarterly MDS assessment, dated 8/13/16, indicated the resident scored a 3 out of 15 for cognition, required extensive assist of one person for hygiene and toileting, and had an indwelling catheter.</p> <p>A Care Plan, initially dated 5/3/15 and revised 8/18/16, indicated, "The resident has a supra pubic catheter d/t [due to] urinary retention." The Interventions included: "cath care every shift. change catheter as directed. Monitor for s/sx [signs/symptoms] of discomfort r/t urination and frequency."</p> <p>Nursing Progress Notes included the following notations:</p> <p>8/13/16 at 1:00 P.M.: "s/p [suprapubic] catheter draining dark yellow urine...no evidence of infection noted at this time will continue to monitor."</p> <p>A "Skilled Charting" note, dated 8/15/16 at 11:57 A.M., indicated, "Urine Color yellow, Clarity clear, sediment...."</p>			

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	<p>A "Skilled Charting note, dated 8/16/16 at 9:51 A.M., indicated, "Urine, Color dark yellow-brown, Clarity, clear, sediment [sic]..."</p> <p>Progress Notes continued:</p> <p>8/17/16 at 11:22 P.M.: "No urine output. abd [abdomen] distended and c/o [complains of] abd pain. old s/p removed and large amt of cloudy a lot [sic] of sediment in urine. also 16 F 30 cc cath placed back with a 700 cc return. states feels better. tried to irrigate early not able too [sic]."</p> <p>Further documentation regarding the physician being notified of the urine was not found in the clinical record.</p> <p>On 8/18/16 at 10:15 A.M., the Unit Manager was interviewed regarding the physician orders. The Unit Manager indicated the current physician orders should be in the computer. She indicted Resident A "usually goes to the urologist every month to get his suprapubic changed." The Unit Manager indicated the order "must have been overlooked."</p> <p>The resident's Medication Administration Records (MAR), dated July 2016 and August 2016, did not document the</p>			

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NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF BOONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 725 S SECOND ST BOONVILLE, IN 47601
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	<p>resident's suprapubic catheter or when it was due to be changed. The MARs did not document suprapubic care. The most recent documentation indicated the resident's catheter was changed on 6/22/16.</p> <p>On 8/18/16 at 10:40 A.M., the Unit Manager indicated she did contact the physician, and obtained orders for the S/P catheter and care.</p> <p>The clinical record of Resident A was reviewed again on 8/18/16 at 3:00 P.M. A Physician's order, dated 8/18/16, indicated, "May change supra pubic cath if clogged leaking or dislodged and monthly one time a day every 1 month(s) starting on the 17th for 1 day seen by urologist who usually changes cath during visit." An additional order, dated 8/18/16, indicated, "Supra pubic cath care each shift two times a day." The order did not specify what size or type of catheter to use.</p> <p>On 8/18/16 at 3:40 P.M., during an interview with the Director of Nursing (DON) and the Administrator, they indicated the facility was in the process of converting the paper records to computerized records, and it was possible that the catheter orders were overlooked. The DON indicated she was sure the</p>			

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	<p>catheter had been changed, but did not think she could find documentation.</p> <p>3. On 8/18/16 at 10:20 A.M., Resident B was observed sitting in the dining room. A covered catheter bag was observed hanging beneath the resident's chair.</p> <p>The clinical record of Resident B was reviewed on 8/18/16 at 1:45 P.M. Diagnoses included, but were not limited to, quadriplegia.</p> <p>An annual MDS assessment, dated 6/28/16, indicated the resident was totally dependent upon two+ staff for hygiene and toileting, and had an indwelling catheter.</p> <p>A Care Plan, initially dated 7/29/15 and updated 7/28/16, indicated, "The resident has Indwelling Suprapubic Catheter." The Interventions included: "Check tubing for kinks each shift and PRN [as needed]. Monitor for s/sx of discomfort on urination and frequency. Monitor/record/report to MD for s/sx UTI [urinary tract infection]...."</p> <p>Current Physician's orders, dated August 2016, did not document the care of the suprapubic catheter, when to change the catheter, or what size to use when changing the catheter.</p>			

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	<p>The resident's MARS, dated July 2016 and August 2016, did not document the care of the S/P catheter, when to change the catheter, or what size to use. The June 2016 MAR indicated the resident last had his S/P catheter changed on 6/22/16.</p> <p>On 8/18/16 at 3:40 P.M., during an interview with the DON, she indicated she was sure that the resident's S/P catheter was changed in July, but that she did not think she could find any documentation.</p> <p>On 8/18/16 at 4:25 P.M., the Administrator provided a policy on "Foley Catheter Insertion," dated 3/5/15. The policy included: "Verify that there is a physician's order for this procedure and that the type of catheter and the size [sic]...Notify the physician of any abnormalities (i.e. bleeding, obstruction, etc.)..." The Administrator indicated at that time that he had no further information regarding when the residents' catheters had been changed.</p> <p>This Federal tag relates to Complaint IN00206787.</p> <p>3.1-41(a)(1)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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