

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155423	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/13/2022
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NAME OF PROVIDER OR SUPPLIER HAMMOND-WHITING CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1000 114TH ST WHITING, IN 46394
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00381446.</p> <p>Complaint IN00381446 - Substantiated. Federal/State deficiencies related to the allegations are cited at F690.</p> <p>Survey date: June 13, 2022</p> <p>Facility number: 000365 Provider number: 155423 AIM number: 100287460</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 7 Medicaid: 49 Other: 3 Total: 59</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/17/22.</p>	F 0000	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Hammond-Whiting Care Center agrees with the allegations and citations listed. Hammond-Whiting Care Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</p>	
F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, record review, and interview, the facility failed to ensure urostomy care orders were clarified and attempts were made to schedule a follow up urology appointment for 1 of 1 residents reviewed for urostomy care. (Resident B)</p> <p>Finding includes:</p> <p>On 6/13/22 at 1:45 p.m., Resident B was observed in her room in bed. The resident's urostomy (an opening in the abdominal wall that re-directs urine</p>	F 0690	This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Hammond-Whiting Care Center agrees with the allegations and citations listed. Hammond-Whiting Care Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities	07/22/2022
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	<p>away from the bladder) bag was draining clear yellow urine.</p> <p>The record for Resident B was reviewed on 6/13/22 at 10:37 a.m. Diagnoses included, but were not limited to, urinary tract infection and neuromuscular dysfunction of bladder.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 4/20/22, indicated the resident was cognitively intact for daily decision making. She had an indwelling catheter and an ostomy. She was also always incontinent of urine.</p> <p>The Care Plan, dated 8/20/21 and reviewed 4/2022, indicated the resident had a urostomy bag related to neuromuscular dysfunction of the bladder. She also had a habit of playing with the urostomy bag, causing infection control concerns. Interventions included, but were not limited to, educate the resident on the risks and consequences of possible infection related to pulling and touching the urostomy tubing and observe and document for pain and discomfort due to the urostomy bag.</p> <p>Physician's Orders, dated 4/22/22, indicated the resident was to be sent to the emergency room due to having bloody urine in her urostomy bag. The resident was admitted to the hospital for hematuria (blood in the urine) and a urinary tract infection (UTI). She was readmitted to the facility on 4/29/22.</p> <p>Physician's Orders, dated 4/29/22, indicated the skin around the stoma was to be assessed for signs of irritation or breakdown with each wafer change, every 3 days and as needed (prn). The wafer was to be changed every 7 days and prn on the day shift. Both orders were discontinued on 5/9/22.</p>		<p>to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</p> <p>F 690- Bowel/Bladder Incontinence, Catheter, UTI What Corrective Action will be accomplished for those residents found to have been affected by this deficient practice:</p> <ol style="list-style-type: none"> <li>1. Resident B had no negative outcomes r/t urostomy orders and were corrected per MD order.</li> <li>2. Resident B had no negative outcomes r/t urology appointment. Order for the appointment was clarified with primary MD. Resident had recently been in the hospital and had a urology consultation. No further need for follow up at this time. Order received to notify the primary MD if resident needs an outpatient urology appointment. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</li> </ol> <ol style="list-style-type: none"> <li>1. DON/Designee completed an in house audit of residents with urostomy to ensure order</li> </ol>	

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	<p>Nurses' Notes, dated 5/9/22 at 6:55 a.m., indicated the resident was observed with a large amount of dark red blood in her urostomy bag. The resident was concerned and requested to go to the hospital. The resident was admitted to the hospital with a UTI. She was seen by a urologist (a physician who treats the urinary system) while in the hospital on 5/9/22. She returned to the facility on 5/10/22.</p> <p>Physician's Orders, dated 5/11/22, indicated a follow up appointment was to be made with the urologist.</p> <p>Nurses' Notes, dated 5/15/22 at 10:25 a.m., indicated the resident was transferred to the emergency room due to gross blood was coming from the urostomy and large clots were in the drainage bag. The resident returned to the facility on 5/16/22.</p> <p>Physician's Orders, dated 5/16/22, indicated a follow up appointment was to be made with the urologist.</p> <p>Physician's Orders, dated 5/17/22, indicated ileostomy care was to be completed every shift.</p> <p>Physician's Orders, dated 6/6/22, indicated the catheter bag was to be changed every night shift on the last day of month. Catheter care was to be completed every shift and the catheter was to be placed below the level of the bladder.</p> <p>There was no documentation in the nursing progress notes related to the follow up urologist appointment.</p> <p>Interview with the Director of Nursing (DON) on</p>		<p>accuracy and urology appointment follow-up completed by date of compliance. No other issues have been identified.</p> <p>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recur:</p> <ol style="list-style-type: none"> <li>DON/Designee will educate licensed nursing staff on appropriately completing nursing orders and follow-up appointments r/t urostomy by date of compliance.</li> <li>New licensed nurses hired will complete this education during orientation.</li> </ol> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</p> <ol style="list-style-type: none"> <li>DON/Designee will review all new/readmission orders 5 times weekly to assure compliance. Audits will be presented to QAPI x 6 months and QAPI will determine the need for further audits.</li> <li>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date: 7/22/22. The Administrator at</li> </ol>	

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	<p>6/13/22 at 1:50 p.m., indicated the resident had no further issues with hematuria and blood clots from her stoma. She also indicated the resident was seen by the urologist in the hospital but she was not sure if the follow up appointment had been made. At 3:12 p.m., the DON indicated she would also clarify the orders for urostomy care. She also indicated the urologist appointment had not been scheduled.</p> <p>Physician's Orders, dated 6/13/22, indicated the skin around the resident's urostomy stoma site was to be assessed every shift for signs of irritation and breakdown. Orders for the urostomy bag indicated the peristomal skin was to be cleansed with a warm, wet washcloth and patted dry. (Do not use soap or wipes). Skin prep and a paste ring was to be applied. The wafer was to be applied and the seal secured.</p> <p>The urine collection bag was to be clipped in place. (No more than 1/8 of the skin was to be showing around the stoma) every 5 days on the day shift.</p> <p>Nurses' Notes, dated 6/13/22 at 3:01 p.m., indicated a message was left at the urologist's office to schedule an appointment.</p> <p>This Federal tag relates to Complaint IN00381446.</p> <p>3.1-41(a)(2)</p>		Hammond-Whiting Care Center is responsible in ensuring compliance in this Plan of Correction.		