

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155752	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/05/2016
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NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00185120 and IN00187975.</p> <p>Complaint IN00185120 - Substantiated. Federal/State deficiencies are cited at F465.</p> <p>Complaint IN00187975 - Substantiated. Federal/State deficiencies are cited at F282, F315, F441, F502 and F514.</p> <p>Survey dates: December 29, 30 and 31, 2015, and January 4 and 5, 2016.</p> <p>Facility number: 004732 Provider number: 155752 AIM number: 200808300</p> <p>Census bed type: SNF/NF: 25 Total: 25</p> <p>Census payor type: Medicare: 2 Medicaid: 11 Other: 12 Total: 25</p> <p>Sample: 5</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 0282 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on January 12, 2016.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure the plan of care was timely followed for a resident who required a lab test related to symptoms of a urinary tract infection for 1 of 3 residents reviewed for urinary tract infections. (Resident B) The facility also failed to ensure the plan of care was followed for a resident who was prescribed an antibiotic to treat a urinary tract infection for 1 of 3 residents reviewed for antibiotic use. (Resident D)</p>	F 0282	<p><b>F282 The facility requests paper compliance for this citation. This Plan of Correction is the center's 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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is</b></p>	02/04/2016

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	<p>Findings include:</p> <p>1. On 12/29/15 at 2:00 P.M., the clinical record for Resident B was reviewed. Resident B was admitted to the facility on 10/19/15. The diagnoses included, but were not limited to, paraplegia, urinary retention, constipation, chronic schizophrenia and depression.</p> <p>A 5 day Minimum Data Set (MDS) assessment, dated 10/26/15, indicated Resident B had a Brief Interview for Mental Status (BIMS) score of 15. This indicated he was cognitively intact.</p> <p>A nursing progress note, dated 10/25/15 at 11:48 P.M., indicated "...Resident has a fever and states it "stings" when he urinates, called and spoke to Dr. [Name] received new order to collect UA [urinalysis] and CNS [culture and sensitivity] and start Cipro [an antibiotic] 500 mg [milligram] BID [twice daily] x [for] 10 days, pulled first dose from EDK [emergency drug kit], ua collected by straight cathing [a method to obtain a urine specimen] resident with sterile technique...."</p> <p>A nursing progress note, dated 10/28/15 at 12:14 A.M., indicated "... Called</p>		<p><i>required by the provisions of federal and state law.</i></p> <p><b>1.Immediateactions taken for those residents identified:</b></p> <p><b>1.Resident B</b> –residenttransferred to hospital, was admitted and consequently dischargedhome.</p> <p><b>2.Resident D –Unable to address as this was a closed chart</b></p> <p><b>1.How thefacility identified other residents:</b></p> <p><b>1.Thefacility to review all physician orders and care plans to ensurelabs have been ordered and/or scheduled per plan of care.</b></p> <p><b>2.The facility will review the medical record to determine ifother residents are on ABT and that care plan is in place</b></p> <p><b>1.Measuresput into place/ System changes:</b></p> <p><b>1.A new 24 hour report system was initiated on 1/15/16 and will bere-in-serviced on 1/22/16 (Attachment1)</b></p> <p><b>2.A new labcontract has been signed as of 11/16/15 and the lab is scheduled topresent an in-service on 1/22/16</b></p> <p><b>3.Physicianorder audit initiated 1/21/16 and was in-serviced on 1/22/16; totrack labs are being done as ordered. (Attachment8)</b></p>		

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	<p>[name of lab company] for UA CNS results, [name of lab] state they had no results, this nurse looked in the facility's lab fridge and resident urine specimen was in the fridge and never sent out to [name of lab] for testing...."</p> <p>A nursing progress note, dated 10/28/15 at 4:25 A.M., indicated "... resident states he feels awful even after Tylenol [pain medication] and Ibuprofen [pain medication] he received at 0245 [2:45 A.M.], states he wants to go to [name of local hospital] ER [emergency room]...."</p> <p>A nursing progress note, dated 10/28/15 at 5:05 A.M., indicated "...resident transported to ER via [name of local ambulance company]...."</p> <p>An Emergency Department Physician Evaluation, dated 10/28/15, indicated "... Historical Data: Nursing notes from [nursing facility] indicates they did a straight catheterization and got pus and he has been complaining apparently of dysuria for a couple of weeks. He says he has been on Cipro twice a day for the last 1-2 days and is not getting better. He also describes bringing up some yellow phlegm during this time frame with cough...."</p> <p>A Hospital Discharge Summary, dated</p>		<p><b>1.How the corrective actions will be monitored:</b></p> <p><b>1. Director of Nursing/Designee will check the 24 hour shift report daily this will be ongoing</b></p> <p><b>2. Director of Nursing /Designee will check the lab book for orders weekly to ensure specimens have been sent per physician orders and this will be ongoing.</b></p> <p><b>3. Director of Nursing/Designee will do Physician Order audit daily x1 month, weekly x1 month, and monthly x3 months.</b></p> <p><b>(5) The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months. Date of compliance: 2/4/2016</b></p>	

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	<p>11/10/15, indicated "... Discharge Diagnoses: 1. Complex urinary tract infection with sepsis, multidrug resistant Providencia...2. Neurogenic bowel, bladder in the context of paraplegia...."</p> <p>On 12/29/15 at 4:00 P.M., an interview was conducted with LPN (Licensed Practical Nurse) #10. LPN #10 indicated the urine had been collected for the urinalysis and placed in the lab refrigerator for pick up on 10/25/15, and it wasn't until the night shift nurse returned to work on 10/28/15, and called for the results, that it was discovered the lab hadn't been picked up. LPN #10 further indicated the facility had recently changed lab companies but the process was that after a lab had been done, it was the nurse who called the lab and obtained the results, the previous lab company was not consistent in notifying the facility of test results. LPN #10 indicated that someone should have obtained the results of the urinalysis on the lab prior to 10/28/15.</p> <p>2. On 12/31/15 at 10:30 A.M., the clinical record for Resident D was reviewed. Resident D diagnoses included, but were not limited to, Alzheimer's disease, dementia with confusion, other retention of urine, urinary tract infection site unspecified,</p>			

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	<p>enlarged prostate with lower lower urinary tract symptoms, constipation, obsessive compulsive disorder and increased bradycardia.</p> <p>A significant change Minimum Data Set (MDS) assessment, dated 11/10/15, indicated Resident D had a Brief Interview for Mental Status (BIMS) score of 5. This indicated he was significantly cognitively impaired.</p> <p>A care plan, initiated 7/18/13, indicated "...Category: Urinary Incontinence [resident name] has functional incontinence related to impaired cognition, inability at times to recognize the urge to void and decreased mobility. 11/17/15: res had urinary catheter placed 10/4/15 for urinary retention BPH [benign prostate hyperplasia]...Approach: Administer meds as ordered....Report signs/symptoms of UTI [urinary tract infection]...."</p> <p>A [name of pharmacy] Telephone Prescription, dated 10/3/15, indicated "... Bactrim [a antibiotic] DS [double strength] 1 po [by mouth] bid [twice daily] x [for] 10 days...." The signature on the order indicated it was noted [recognized] on 10/13/15.</p> <p>The Medication Administration Records,</p>			

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	<p>dated from 10/1/15 thru 10/13/15 lacked documentation to support the antibiotic had been given until 10/13/15.</p> <p>A nursing progress note, dated 10/13/15 at 10:41 A.M., indicated "... contacted pharmacy to get orders for ABT [antibiotic] Bactrim related to UTI. Pharmacy faxed orders and placed in the chart. ABT given...."</p> <p>A 10/14/15, a physician's order indicated "...Keflex [an antibiotic] 500 mg [milligram] po tid [three times daily] x 10 days for UTI...."</p> <p>A 10/18/15, a physician's order indicated "... Macrobid [an antibiotic] 100 mg po QID [four times per day] x 7 days... Stop Keflex 500 mg po tid x 10 days... Stop Bactrim DS 1 tab po bid x 10 days...."</p> <p>The Medication Administration Records, dated from 10/1/15 thru 10/31/15, indicated " Macrobid 100 mg po qid x 7 days DX [diagnosis] UTI DC [discontinue] 10/18/15...."</p> <p>The physician orders lacked an documentation to support the order that Macrobid had been discontinued.</p> <p>A nursing progress note, dated 11/9/15 at 8:13 A.M., indicated "... Purulent</p>			

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	<p>drainage yellowish green mucous from urethra. MD [Medical Doctor] aware. Urologist management in place...."</p> <p>A physician's order, dated 11/13/15, indicated "... Change foley catheter... UA with CNS collected from new cath [catheter] bag...."</p> <p>A nursing progress note, dated 11/14/15 at 12:21 P.M., indicated "...Brown purulent discharge from meatal opening around catheter, foul odor, redness at opening. Complaints of pain to abdomen, urine drains yellow and clear. Rhonchi noted right upper and lower lobes with loud crackles in left side. MD new orders to send to ER for eval...."</p> <p>A nursing progress note, dated 11/14/15 at 3:25 P.M., indicated "... [name of nurse] from [local hospital] called report to inform resident is being admitted to hospital for pneumonia and sepsis...."</p> <p>On 12/31/15 at 3:30 P.M., an interview was conducted with the Director of Nurses. The Director of Nurses indicated that the facility had received an order from a " hospitalist" (Hospital Doctor) regarding starting the resident on Bactrim and that a nurse named (LPN, #4) took the order and was uncomfortable giving it related to a nurse phoned it to the facility</p>			

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	<p>and not a physician. She further indicated LPN #4 did not give the medication. The Director of Nurses went on to explain the facility had received yet another call to discontinue the Bactrim and start the resident on Keflex but then the facility received a call to discontinue Keflex and start Macrobid and then received a phone call to discontinue all antibiotics to which she was not in agreement with given his medical history. The Director of Nurses was not able to provide the nurses orders for the discontinuation of Bactrim in order to start Keflex or a physician's order to discontinue all antibiotics.</p> <p>On 12/31/15 at 3:20 P.M., the Administrator provided the current policy titled Medication and Treatment Administration Record, initiated 9/10/15. The policy indicated "... Policy Statement...The medication administration record (MAR) and the treatment administration record (TAR) are used to document the medications and treatments ordered for each resident...A. The nurse is ultimately responsible for the transcription of all medication and treatment orders to the medication and treatment record sheets for proper administration."</p> <p>This Federal tag relates to Complaint</p>			

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F 0315 SS=G Bldg. 00	<p>IN00187975.</p> <p>3.1-35(g)(2)</p> <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>Based on record review and interview, the facility failed to ensure a resident who was prescribed an antibiotic to treat a urinary tract infection received the medication as ordered. This resulted in a hospitalization and treatment for Sepsis for 1 of 3 residents reviewed for urinary tract infections. (Resident D)</p> <p>Finding includes:</p>	F 0315	<p><b>F315</b></p> <p><b>The facility requests paper compliance for this citation.</b></p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is</i></p>	02/04/2016

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	<p>On 12/31/15 at 10:30 A.M., the clinical record for Resident D was reviewed. Resident D diagnoses included but not limited to, Alzheimer's disease, dementia with confusion, other retention of urine, urinary tract infection site unspecified, enlarged prostate with lower lower urinary tract symptoms and increased bradycardia.</p> <p>A significant change Minimum Data Set (MDS) assessment, dated 11/10/15, indicated Resident D had a Brief Interview for Mental Status (BIMS) score of 5. This indicated Resident D was significantly cognitively impaired.</p> <p>A care plan, initiated 7/18/13, indicated "...Category: Urinary Incontinence [resident name] has functional incontinence related to impaired cognition, inability at times to recognize the urge to void and decreased mobility. 11/17/15: res [resident] had urinary catheter placed 10/4/15 for urinary retention BPH [benign prostatic hyperplasia]...Approach: Administer meds as ordered....Report signs/symptoms of UTI [urinary tract infection]...."</p> <p>A [name of pharmacy] Telephone Prescription, dated 10/3/15, indicated "... Bactrim [a antibiotic] DS [double</p>		<p><i>required by the provisions of federal and state law.</i></p> <p><b>(1)Immediate actions taken for those residents identified:</b></p> <p><b>1.Resident D – Unable to address as this was aclosed chart</b></p> <p><b>(2)How the facility identified other residents:</b></p> <p><b>1.The facility will review all antibiotic orders and ensure allhave been given as prescribed and identify resident if anyfindings.</b></p> <p><b>(3)Measures put into place/ System changes:</b></p> <p><b>1.A new 24 hour report system was initiated on 1/15/16 and will bere-in-serviced on 1/22/16 (Attachment1)</b></p> <p><b>2.Directorof Nursing/Designee will audit physician ordersdaily, this will be ongoing (Attachment8)</b></p> <p><b>(4)How the corrective actions will be monitored:</b></p> <p><b>1.Directorof Nursing/Designee will check the 24 hour shift report dailythis will be ongoing</b></p> <p><b>2.Directorof Nursing /Designee will check physician orders daily to ensureall orders have been processed, this will be ongoing.</b></p> <p><b>3.Directorof Nursing/Designee will complete MAR audit with nursing staffdaily this will be ongoing (Attachment9)</b></p>				

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	<p>strength] 1 po [by mouth] bid [twice daily] x 10 days...." The signature on the order indicated it was noted [recognized] on 10/13/15.</p> <p>The Medication Administration Records, from 10/1/15 thru 10/13/15, lacked documentation to support the antibiotic had been given until 10/13/15.</p> <p>A nursing progress note, dated 10/13/15 at 10:41 A.M., indicated "... contacted pharmacy to get orders for ABT [antibiotic] Bactrim related to UTI. Pharmacy faxed orders and placed in the chart. ABT given...."</p> <p>A 10/14/15, physicians order indicated "...Keflex [an antibiotic] 500 mg [milligram] po [by mouth] tid [three times daily] x [for] 10 days for UTI...."</p> <p>A 10/18/15, a physician's order indicated "... Macrobid [an antibiotic] 100 mg po QID [four times per day] x 7 days... Stop Keflex 500 mg po tid x 10 days... Stop Bactrim DS 1 tab po bid x 10 days...."</p> <p>The Medication Administration Records, from 10/1/15 thru 10/31/15, indicated " Macrobid 100 mg po qid x 7 days DX [diagnosis] UTI DC [discontinue] 10/18/15...."</p>		<p><b>(5) The results of these audits will be reviewed inQuality Assurance Meeting monthly x 6 months</b> <b>Date of compliance: 2/4/2016</b></p>	

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	<p>The physician orders lacked documentation to support that the order for Macrobid had been discontinued.</p> <p>A nursing progress note, dated 11/9/15 at 8:13 A.M., indicated "... Purulent drainage yellowish green mucous from urethra. MD [Medical Doctor] aware. Urologist management in place...."</p> <p>A physicians order, dated 11/13/15, indicated "... Change foley catheter... UA with CNS [Culture and Sensitivity] collected from new cath [catheter] bag...."</p> <p>A nursing progress note, dated 11/14/15 at 12:21 P.M., indicated "...Brown purulent discharge from meatal opening around catheter, foul odor, redness at opening. Complaints of pain to abdomen, urine drains yellow and clear. Rhonchi noted right upper and lower lobes with loud crackles in left side. MD new orders to send to ER [Emergency Room] for eval...."</p> <p>A nursing progress note, dated 11/14/15 at 3:25 P.M., indicated "... [name of nurse] from [local hospital] called report to inform resident is being admitted to hospital for pneumonia and sepsis...."</p> <p>A History and Physical preliminary</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155752	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/05/2016
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NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637
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	<p>report, dated 11/14/15, indicated "...Impression and plan: Hypotension. Certainly the biggest component of this is due to dehydration and is starting to show some improvement after 2 L [liters] IV [intravenous] Fluid. Certainly, he could also have sepsis as he does appear to have 2 sources of infection as well...3. Purulent drainage from the urethra in a patient with a chronic indwelling Foley. I have reviewed his recent microbiology cultures and his has multiple drug resistances...."</p> <p>On 12/31/15 at 3:30 P.M., an interview was conducted with the Director of Nurses. The Director of Nurses indicated that the facility had received an order from a "hospitalist" [hospital doctor] regarding starting the resident on Bactrim and that a nurse named [Licensed Practical Nurse, LPN #4] took the order and was uncomfortable giving it related to a nurse phoned it to the facility and not a physician. She further indicated LPN #4 did not give the medication. The Director of Nurses went on to explain the facility had received yet another call to discontinue the Bactrim and start the resident on Keflex but then the facility received a call to discontinue Keflex and start Macrobid and then received a phone call to discontinue all antibiotics to which she was not in agreement with</p>			

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F 0441 SS=D	<p>given his medical history. The Director of Nurses was not able to provide the nurses orders for the discontinuation of Bactrim in order to start Keflex or a physician's order to discontinue all antibiotics.</p> <p>On 12/31/15 at 3:20 P.M., the Administrator provided the current policy titled Medication and Treatment Administration Record, initiated on 9/10/15. The policy indicated "... Policy Statement...The medication administration record (MAR) and the treatment administration record (TAR) are used to document the medications and treatments ordered for each resident...A. The nurse is ultimately responsible for the transcription of all medication and treatment orders to the medication and treatment record sheets for proper administration."</p> <p>This Federal deficiencies relate to Complaint IN00187975.</p> <p>3.1-41(a)(2)</p> <p>483.65 INFECTION CONTROL, PREVENT</p>			

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NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637
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Bldg. 00	<p><b>SPREAD, LINENS</b></p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review and interview, the facility failed to ensure its policy was followed related to changing</p>	F 0441	<p><b>F441</b> The facility requests paper compliance for this citation. <i>This Plan of Correction is the</i></p>	02/04/2016

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NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE NURSING AND MEMORY CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637			
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	<p>of gloves and handwashing during a wound dressing change for 1 of 3 resident's with wounds and for the insertion of a indwelling Foley catheter for 1 of 1 resident's with indwelling Foley catheters. (Resident C and Resident B).</p> <p>Findings include:</p> <p>1. On 12/30/15 at 2:40 P.M., an observation of a dressing change for Resident C was conducted with the Director of Nurses (DON). The DON, with the assistance of LPN (Licensed Practical Nurse) #1, assisted Resident C to lie on her left side for a dressing change to be conducted. The Director of Nurses then washed her hands and applied clean gloves and initiated the dressing change. As the Director of Nurses was explaining the process of the dressing change, she reached into a white 2 drawer bedside dresser with her right hand and pulled out a white empty bottle of saline solution. The DON placed the empty bottle on the bedside table and proceeded to cleanse the wound with the saline solution brought to the DON by LPN #1. The DON did not wash her hands or change her gloves before proceeding with the dressing change. The DON used her right and left hands to cleanse, pack and dress the wound.</p>		<p><i>center's credible allegation of compliance.</i></p> <p><i>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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p><b>(1) Immediate actions taken for those residents identified:</b></p> <p><b>1. Resident C</b></p> <p><b>– Re-inserviced hand washing and discussed violation with staff</b></p> <p><b>2. Resident B – at the time of observation the procedure was stopped and subsequently another nurse inserted the catheter.</b></p> <p><b>(2) How the facility identified other residents:</b></p> <p><b>1. all residents have the potential to be affected by the deficient practice</b></p> <p><b>(3) Measures put into place/ System changes:</b></p> <p><b>1. An infection control tracking system has been initiated and the Director of Nursing / Designee is responsible for tracking current infections and new, this will be on going (Attachment 2 &amp; Attachment 3)</b></p> <p><b>2. The infection control policy and procedure, hand</b></p>				

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NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE NURSING AND MEMORY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637		
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	<p>On 12/31/15 at 11:00 A.M., an interview was conducted with the DON and the Administrator. The DON indicated that she probably did grab the bottle of saline solution and that she should have washed her hands and change her gloves before proceeding with the dressing change.</p> <p>On 12/31/15 at 3:40 P.M., the Clinical Consultant provided the procedure titled Wound Care Procedure, initiated 7/15/15, and indicated the procedure was the one currently used by the facility. The procedure indicated, "...Steps in the Procedure...Wear exam gloves for holding gauze to catch irrigation solutions that are poured directly over the wound...Wear sterile gloves when physically touching the wound or holding a moist surface over the wound...."</p> <p>2. On 12/31/15 at 11:15 A.M., an observation of a Foley catheter insertion was conducted. LPN #1 washed her hands and gathered her supplies. LPN#1 cleansed the surface of the bedside stand before placing her supplies. She then placed her supplies on the table and prepared the resident for the catheter insertion. LPN #1 then washed her hands and changed her gloves. LPN #1 opened her supplies and cleansed the resident in preparation for the insertion. LPN #1 then held the tip of the catheter in her</p>		<p>washing, and cathetercare/insertion re in-serviced with nursing staff on 1/22/16(Attachment 14)</p> <p>1.properhand washing observation was completed by nursing staff on 1/22/16</p> <p>c)Re in-serviced catheter care policy and procedure with nursing staffon 1/22/16 (Attachment 15)</p> <p>(4)How the corrective actions will be monitored:</p> <p>1.Directorof Nursing/Designee will perform an infection control auditobservation once a day x 30 days, 3 times a week x 1 month, andweekly x 1 month, and monthly x 3 months (Attachment10)</p> <p>2.Directorof Nursing/Designee will audit catheter care/documentation for UTIdaily for 30 day, weekly x 1 month, and monthly x 3 months(Attachment 12)</p> <p>(5) The results of these audits will be reviewed inQuality Assurance Meeting monthly x6 months.</p> <p>Dateof compliance: 2/4/2016</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155752	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/05/2016
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NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637
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	<p>right hand and began to insert it into his meatus. The catheter tip immediately slid back out of Resident B's penis and landed on the drape that was positioned under the resident's penis, LPN #1 then picked it up and reinserted it. She was asked to stop and get a new kit to which she indicated she would, but the DON would have to complete the catheter insertion when she returned to the building. LPN #1 indicated she was nervous and walked out of the room forgoing an interview.</p> <p>During an interview on 12/31/15 at 12:30 P.M., the DON indicated that LPN #1 was nervous and that she would be assisting her with the catheter insertion as an education opportunity.</p> <p>On 12/31/15 at 12:00 P.M., the current procedure titled Foley Catheter Insertion, Male, dated 9/10/15, was provided by the Clinical Consultant. The procedure indicated, "... Steps in the procedure... With your sterile hand pick up the catheter approximately 3-5 inches from the tip...Insert the catheter gently into the meatus (approximately 5-7 inches) until urine begins to flow from the bladder. When urine begins to flow, advance the catheter another 2 inches. Inflate the balloon slowly with 5 ml [milliter's] normal saline. If resident complains of</p>			

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F 0465 SS=B Bldg. 00	<p>any pain or pressure while inflating the balloon, stop, deflate the balloon and advance the catheter...."</p> <p>This Federal tag relates to Complaint IN00187975.</p> <p>3.1-18(l)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure the resident's environment was sanitary related to paper straw holders lying on the floor, half filled styrofoam cups with regular consistency liquids, a jacket, metal car keys, aluminum can of soda pop, and a remote control lying on various tables of the main diningroom. This occurred during one of one dining room observations.</p> <p>Finding includes:</p> <p>On 12/31/15 at 6:30 A.M., an observation was made of the main diningroom of the facility. On the floor of the diningroom, 5 long white straw holders were noted at</p>	F 0465	<p><b>F465</b> <b>The facility requests paper compliance for this citation.</b> <i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> <b>(1) Immediate actions taken for those residents identified:</b> <b>1. No residents were identified.</b> <b>(2) How the facility identified</b></p>	02/04/2016

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NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637
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	<p>various locations on the floor. A tall white styrofoam cup containing a regular consistency red liquid resembling cranberry juice was noted on the table in the middle of the diningroom. A table, that was to the left of the diningroom entrance, was found to have a black colored sweatshirt like jacket, metal car keys, an alluminum can of Kickstart Mt. (Mountain) Dew and a Direct TV (Television) remote lying on top of it.</p> <p>On 12/31/15 at 6:37 A.M., an interview was conducted with LPN (Licansed Practical Nurse) #1. LPN #1 indicated this was not normal for the facility. She further indicated there should be nothing stored on tables and the floor should be kept clean. LPN #1 indicated she would have housekeeping clean as soon as they arrived for the morning.</p> <p>On 12/31/15 at 6:45 A.M., an interview was conducted with CNA (Certified Nursing Assistant) #1. CNA #1 indicated that usually the door to the diningroom is locked at night. Dietary cleans before they leave and it is kept locked but I came in her and passed ice water, she indicated she was sorry as it was probably her mess that was observed.</p> <p>On 12/31/15 at 7:00 A.M., an interview was conducted with the Administrator of</p>		<p><b>other residents:</b></p> <p><b>1.Allresidents have the potential to be affected by the deficientpractice.</b></p> <p><b>(3)Measures put into place/ System changes:</b></p> <p><b>1.Part-timeevening housekeeper hired 1/18/16 and will be responsible forenvironmental cleaning on evening shift.</b></p> <p><b>2.Thefacility has developed a housekeeping cleaning schedule</b> <b>(Attachment6)</b></p> <p><b>(4)How the corrective actions will be monitored:</b></p> <p><b>1.Housekeeping supervisor/Designee will do housekeeping audit 5x aweek x 1 month and weekly on going</b> <b>(Attachment11)</b></p> <p><b>(5) The results of these audits will be reviewed inQuality Assurance Meeting monthly x6 months.</b></p> <p><b>Date of compliance: 2/4/2016</b></p>	

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F 0502 SS=D Bldg. 00	<p>the facility. The Administrator indicated staff probably had been in the diningroom to pass ice water but that the diningroom was to be kept clean and staff should not store personal items or cups containing liquids on top of the tables.</p> <p>A policy or procedure was not provided by the Administrator.</p> <p>This Federal tag relates to Complaint IN00185120.</p> <p>3.1-19(f)</p> <p>483.75(j)(1) ADMINISTRATION</p> <p>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.</p> <p>Based on record review and interview, the facility failed to ensure a laboratory test was completed timely for a resident who required a lab test related to symptoms of a urinary tract infection for 1 of 3 residents reviewed for urinary tract infections. (Resident B)</p> <p>Finding include:</p> <p>On 12/29/15 at 2:00 P.M., the clinical record for Resident B was reviewed. Resident B was admitted to the facility</p>	F 0502	<p><b>F502</b></p> <p><b>The facility requests paper compliance for this citation.</b></p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is</i></p>	02/04/2016

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	<p>on 10/19/15. The diagnoses included, but were not limited to, paraplegia and urinary retention.</p> <p>A 5 day Minimum Data Set (MDS) assessment, dated 10/26/15, indicated Resident B had a Brief Interview for Mental Status (BIMS) score of 15. This indicated he was cognitively intact.</p> <p>A nursing progress note, dated 10/25/15 at 11:48 P.M., indicated "...Resident has a fever and states it "stings" when he urinates, called and spoke to Dr. [Name] received new order to collect UA [urinalysis] and CNS [culture and sensitivity] and start Cipro [an antibiotic] 500 mg [milligram] BID [twice daily] x [for] 10 days, pulled first dose from EDK [emergency drug kit], ua collected by straight cathing [a method to obtain a urine specimen] resident with sterile technique...."</p> <p>A nursing progress note, dated 10/28/15 at 12:14 A.M., indicated "... Called [name of lab company] for UA CNS results, [name of lab] state they had no results, this nurse looked in the facility's lab fridge and resident urine specimen was in the fridge and never sent out to [name of lab] for testing...."</p> <p>A nursing progress note, dated 10/28/15</p>		<p><i>required by the provisions of federal and state law.</i></p> <p><b>(1)Immediate actions taken for those residents identified:</b></p> <p><b>1.Resident B –STATlab completed when identified</b></p> <p><b>(2)How the facility identified other residents:</b></p> <p><b>1.Thefacility to review all physician orders and care plans to ensurelabs have been ordered and/or scheduled per plan of care.</b></p> <p><b>2.The facility will review medical records to determine if other residents are on ABT and that care plan is in place</b></p> <p><b>(3)Measures put into place/ System changes:</b></p> <p><b>1.A new 24 hour report system was initiated on 1/15/16 and will bere-in-serviced on 1/22/16 (Attachment1)</b></p> <p><b>2.A new labcontract has been signed as of 11/15/15 and the labis scheduled to present an in-service on 1/22/16</b></p> <p><b>3.Lab andphysician orders will be monitored daily. (Attachment8)</b></p> <p><b>(4)How the corrective actions will be monitored:</b></p> <p><b>1.Directorof Nursing/Designee will check the 24 hour shift report dailythis will be ongoing (Attachment 1)</b></p> <p><b>2.Director of Nursing /Designee will audit the lab book for ordersdaily to ensure</b></p>				

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NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637
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	<p>at 5:05 A.M., indicated "...resident transported to ER [Emergency Room] via [name of local ambulance company]...."</p> <p>A Hospital Discharge Summary, dated 11/10/15, indicated "... Discharge Diagnoses: 1. Complex urinary tract infection with sepsis, multidrug resistant Providencia...2. Neurogenic bowel, bladder in the context of paraplegia...."</p> <p>On 12/29/15 at 4:00 P.M., an interview was conducted with LPN (Licensed Practical Nurse) #10. LPN #10 indicated the urine had been collected for the urinalysis and placed in the lab refrigerator for pick up on 10/25/15, and it wasn't until the night shift nurse returned to work on 10/28/15, and called for the results, that it was discovered the lab hadn't been picked up. LPN #10 further indicated the facility had recently changed lab companies but the process was that after a lab had been done, it was the nurse who called the lab and obtained the results, the previous lab company was not consistent in notifying the facility of test results. LPN #10 indicated that someone should have obtained the results of the urinalysis on the lab prior to 10/28/15.</p> <p>On 12/29/15 at 4:10 P.M., a current policy, titled Lab and Diagnostic Test</p>		<p><b>specimens have been sent per physician orders.(Attachment 8)</b></p> <p><b>(5) The results of these audits will be reviewed inQuality Assurance Meeting monthly x6 months.</b></p> <p><b>Date of compliance: 2/4/2016</b></p>	

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F 0514 SS=D Bldg. 00	<p>Results, dated 5/1/15, was provided by the Administrator. The policy indicated " ... Assessment and Recognition ...3. The laboratory, diagnostic radiology provider, or other testing source will report test results to the facility ...Review by Nursing Staff ...1. A nurse will review all results ...a. If the staff who first receive or review lab and diagnostic test results cannot follow the remainder of this procedure for reporting and documenting the results and their implications, another nurse in the facility (supervisor, charge nurse, etc.) should follow or coordinate the procedure.... "</p> <p>This Federal tag relates to Complaint IN00187975.</p> <p>3.1-49(a)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted</p>				

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	<p>professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure the treatments were documented as completed for a resident who required a twice daily treatment for a pressure ulcer for 1 of 3 resident's reviewed for pressure ulcers. (Resident C)</p> <p>Finding includes:</p> <p>On 12/30/15 at 9:30 A.M., the clinical record for Resident C was reviewed. Resident C was admitted to the facility on 7/30/15 with diagnoses included but not related to, encounter for palliative care and history of pressure ulcer.</p> <p>A physician's order for pressure ulcer treatment, dated 11/19/15, indicated, "... Santyl ointment. Apply topically to yellow sloughing area. Place dry dressing on buttocks 2 times daily; call for new treatment orders when yellow sloughing is gone...."</p>	F 0514	<p><b>F514 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance.</b></p> <p><i>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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p><b>(1) Immediate actions taken for those residents identified:</b></p> <p><b>1. Resident C - re-in serviced on physician orders, treatment immediately done and documented following physician order</b></p> <p><b>2. all physician orders reviewed</b></p> <p><b>(2) How the facility identified other residents:</b></p> <p><b>1. The facility will assess residents for signs and symptoms of pressure ulcer</b></p>	02/04/2016			

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	<p>Resident C's treatment administration record lacked documentation to indicate the treatment was performed on the following dates: 12/4/15 at 9 A.M. 12/8/15 at 9 P.M. 12/12/15 at 9 A.M. 12/18/15 at 9 P.M. 12/22/15 at 9 A.M. and 9 P.M. 12/28/15 at 9 A.M.</p> <p>During an interview on 12/31/15 at 11:30 A.M., the Administrator indicated the treatment should be signed after it is given. A current policy, titled Medication and Treatment Administration, dated 7/15/15, was provided by the Administrator. The policy and procedure did not address when medications should be documented as done.</p> <p>This Federal tag relates to Complaint IN00187975.</p> <p>3.1-50(a)(2)</p>		<p>and will identify resident if any findings.</p> <p>2.Thefacility will review the medical record and physician orders todetermine if other residents are on treatment for pressure ulcerand that care plan is in place</p> <p>(3)Measures put into place/ System changes: 1.A new 24 hour report system was initiated on 1/15/16 and will bere-in-serviced on 1/22/16 (Attachment1)</p> <p>2.A newskin report was initiated on 1/15/16 and will be re-in-serviced on1/22/16(Attachment 4 &amp; Attachment5)</p> <p>3.Thefacility developed a wound care program and designated a woundnurse, this program was initiated 1/14/16.</p> <p>4.Medicationand Treatment Administration policy and procedure reviewed withnursing staff on 12/30/15 (Attachment13)</p> <p>(4)How the corrective actions will be monitored: 1.Directorof Nursing/Designee will check the 24 hour shift report dailythis will be ongoing (Attachment 1)</p> <p>2.Directorof Nursing /Designee will do a 24 hour audit for TAR and physicianorders daily for 30</p>				

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			<b>days and weekly ongoing</b> <b>(Attachment8)</b> <b>(5) The results of these audits</b> <b>will be reviewed inQuality</b> <b>Assurance Meeting monthly x6</b> <b>months. Date of compliance:</b> <b>2/4/2016</b>		