

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/20/2014
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NAME OF PROVIDER OR SUPPLIER  WATERS OF DILLSBORO-ROSS MANOR THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018
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F000000	<p>This visit was for the Investigation of Complaint IN00159253.</p> <p>Complaint IN00159253 - Substantiated. Federal/state deficiencies related to the allegations are cited at F315.</p> <p>Survey dates: November 20, 2014</p> <p>Facility number: 000178 Provider number: 155280 AIM number: 100273840</p> <p>Survey team: Jennifer Carr, RN - TC</p> <p>Census bed type: SNF/NF: 106 Total: 106</p> <p>Census payor type: Medicare: 16 Medicaid: 73 Other: 17 Total: 106</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>December 6, 2014. Enclosed please find the plan of correction for the Waters of Dillsboro/Ross Manor for complaint survey, IN00159253, on November 20, 2014. We respectfully request a desk review for this survey. Please review our plan of correction and accept this as a proof of compliance. Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</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=E	<p>Quality Review completed on November 25, 2014, by Brenda Meredith, R.N.</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.</p> <p>Based on record review and interview, the facility failed to provide a physician's order and/or medical justification/diagnosis for an indwelling Foley catheter (flexible tube passed through the urethra into the bladder to drain urine into a collection bag) for 3 of 3 residents reviewed for urinary incontinence (Residents A, B and C).</p>	F000315	<p>A: ACTIONS TAKEN: 1. Resident A is no longer a resident. 2. Resident B orders were verified and care plan updated. 3. Resident C orders were verified, catheter care placed on TAR and care plan updated. B: OTHERS IDENTIFIED: 1. 100% audit of residents with catheters were reviewed for correct orders and plan of care. None others identified. C: MEASURES TAKEN: 1. Nurses and CNA's inserviced on catheter care per</p>	12/08/2014			

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	<p>Findings include:</p> <p>1. Resident A's medical record was reviewed on 11/20/2014 at 2:10 p.m. Diagnoses included, but were not limited to, colon cancer, history of rectal cancer, generalized muscle weakness, and hypertension. The resident was admitted to the facility on 8/26/2014 following hospitalization for a right hemicolectomy (removing the right side of the colon and attaching the small intestine to the remaining portion of the colon) performed on 8/19/2014, and was discharged from the facility on 9/15/2014.</p> <p>The Minimum Data Set (MDS) assessment, dated 9/9/2014, indicated Resident A had a Brief Interview for Mental status (BIMS) score of 9; indicating he was moderately cognitively impaired. The resident required extensive 1 - 2 person assist for all activities of daily living except eating, had an indwelling catheter, and had not had a toileting program trial.</p> <p>Resident A's 8/26/2014 Admission Assessment indicated, "Bladder...Has Catheter."</p> <p>Resident A's Physician's Orders for August, 2014 through September, 2014</p>		<p>policy. 2. Nurses inserviced on importance of obtaining catheter orders and appropriate diagnosis. 3. Upon removal of catheters, residents will be placed on 24 hour sheet for monitoring per policy. 4. Any staff who fails to comply with the points of inservicing will be further educated and/or progressively disciplined as appropriate. 5. DON/DESIGNEE will audit all new admission and readmission orders for accuracy per policy. 6. Nurses inserviced on documenting in the Urinary Catheter Review if the resident is admitted with a catheter. 7. Nurses inserviced on how residents will not have catheters unless the clinical condition demonstrates the need. The facility will only use catheters when the resident's medical condition requires it. 8. Nurses inserviced on following policy for Indwelling Catheter Justification/Decision Diagram if new admission or readmission has an indwelling catheter. D:HOW MONITORED: 1. Administrator/designee will review all audits by DON/DESIGNEE in morning IDT meetings for compliance. 2. DON/DESIGNEE will audit all new admissions and readmissions for accuracy 3 X WK X 4 WKS, 2 X WK X 4 WKS and 1 X WK X 4 WKS. 3. DON/DESIGNEE will review new admissions and readmissions to ensure that</p>				

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	<p>did not indicate a physician's order for a Foley catheter. The section indicating, "***Catheter Orders***" was blank for both.</p> <p>A Physician's Telephone Order, dated 9/4/2014, indicated, "D/C [discontinue F/C [Foley catheter] now."</p> <p>A Nurses Note, dated 9/4/2014 at 9:06 a.m., indicated, "f/c [Foley catheter] with bloody urine noted. Md [sic] updated new order to remove f/c."</p> <p>A Nurses Note, dated 9/4/2014 at 5:07 p.m., indicated, "f/c removed and res. [resident] voiding fine urine conts [sic] dark and strong odor noted...."</p> <p>Medication Administration Records (MARs) and Treatment Administration Records (TARs) did not indicate any orders for routine or as-needed Foley catheter care, or documentation that routine Foley care had been provided.</p> <p>LPN #1 indicated on 11/20/2014 at 11:38 a.m., "This is where it [routine and as needed catheter care] should be documented [indicating, "Cath [catheter] care every shift and as needed" on the TAR for Resident B. I'll add it."</p> <p>A copy of the current Admission Orders</p>		<p>urinary catheter review was completed and Indwelling Catheter Justification/Decision Diagram was followed. 4.Any concerns discovered during the monitoring process will be addressed/corrected as found. 5.All reviews/audits will be reviewed with IDT in monthly and quarterly QA, quarterly care plans and rewrites for ongoing monitoring and actions. Random monitoring will continue ongoing E: This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is December 8, 2014</p>	

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	<p>Policy and Procedure was provided by the Administrator on 11/20/2014 at 11:42 a.m. The policy indicated, "Upon admission/readmission, orders for care of the resident are received from the physician, placed on physician's order sheet and filed in the health record....All medications and treatments must be handwritten and have a diagnosis/qualifier for use. Orders must be dated and noted by nurse."</p> <p>A copy of the current Prevention of Catheter Associated Urinary Tract Infection Policy and Procedure was provided by the Administrator on 11/20/2014 at 4:19 p.m. The policy indicated, "Catheter use: 1. Insert urinary catheters only when necessary and leave in place only for as long as necessary....Perineal care: 1. Cleanse the perineum at least daily, with soap and water, and as needed...."</p> <p>Resident A's daughter was interviewed via on 11/20/2014 at 3:15 p.m. She indicated, "When I got to the doctor's office [9/3/2014 Surgeon post-operative follow-up appointment]...there was no urine, just blood and pus in his [urine collection] bag....He [surgeon] said, 'Why does he still have a catheter?'....He said it should have been out." The daughter indicated she asked the nursing staff</p>						

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	<p>multiple times over the course of several days to remove the catheter, but was told by staff that they could not remove the catheter without a doctor's order.</p> <p>2. Resident B's medical record was reviewed on 11/20/2014 at 11:10 a.m. Diagnoses included, but were not limited to, hypertension, osteoporosis, uremia, urinary retention, and history of acute renal failure. Resident B was re-admitted to the facility, on 8/15/2014, with a Foley catheter following hospitalization for "colitis and diarrhea."</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 10/11/2014, indicated a Brief Interview for Mental Status (BIMS) score of 15; indicating she was cognitively intact. The resident required extensive 1 - 2 person assist for all activities of daily living except eating, had an indwelling catheter, and had not had a toileting program trial.</p> <p>Resident B's November, 2014 Physician's Orders indicated, "****Catheter Orders*** [blank]." The section was highlighted in yellow, a large black "X" was drawn through the section, and "DC'D [discontinued] was written largely next to the "X". There was no date or signature/initials indicated with the documentation.</p>			

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	<p>November, 2014 Treatment Administration Orders (TARs) indicated, "Cath [catheter] care every shift and as needed" with signatures through 11/20/2014.</p> <p>Resident B was observed on 11/20/2014 at 11:24 a.m. She was asleep in her bed with a Foley catheter draining to gravity with approximately 400 ml [milliliters] of clear yellow urine observed in the collection bag.</p> <p>QMA #1 indicated on 11/20/2014 at 11:30 a.m., "I think that's a mistake [the documentation to discontinue the Foley Catheter documented on the Physician's Orders]...she's had it [Foley catheter] forever."</p> <p>On 11/20/2014 at 11:32 a.m., LPN # 1 indicated the diagnosis for Resident B's Foley catheter was "urinary retention." She indicated, "She had urinary retention...we had tried way back when to take it out...probably here in August [2014]."</p> <p>QMA #1, LPN #2, the Director of Nursing (DON) and the Administrator all indicated they were not certain who wrote the "D/C/D" order for the Foley Catheter or when. No additional</p>			

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	<p>Physician's Telephone Orders or Progress Notes were found related to the documentation.</p> <p>3. Resident C's medical record was reviewed on 11/20/2014 at 10:50 a.m. Diagnoses included, but were not limited to, atrial fibrillation, hypertension, and "surgical wounds to forehead, right wrist and right knee with sutures/staples." Resident C was admitted to the facility 11/6/2014 following surgery to repair a fracture to her right knee and wrist following a motor vehicle accident.</p> <p>The Minimum Data Set (MDS) assessment, dated 11/14/2014, indicated a Brief Interview for Mental Status (BIMS) score of 15; indicating she was cognitively intact. The resident required extensive 1 - 2 person assist for all activities of daily living except eating, had a indwelling catheter, and had not had a toileting program trial.</p> <p>Resident C's 11/6/2014 Admission Assessment indicated, "Bladder....Has Catheter."</p> <p>Resident C's November, 2014 Physician's Orders indicated, "***Catheter Orders***...[type/size of catheter]....Reason: [blank]. Cath care every shift &amp; as needed...."</p>			

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	<p>The Medication Administration Records (MARs) and the Treatment Administration Records (TARs) did not indicate any orders for routine or as needed Foley catheter care, or documentation that routine Foley care had been provided.</p> <p>The Orthopedics Discharge Progress Note, dated 11/6/2014, indicated, "...Foley [catheter] for bladder rest to stay in until 11-7 [2014]."</p> <p>A Care Plan, initiated 11/6/2014, indicated, "Has DX [diagnosis]: Decreased Mobility, Wt. [weight] bearing status, res. [resident] request cath. [catheter] removal with need for Foley Catheter."</p> <p>A Nurses Note, dated 11/10/2014 at 8:21 p.m., indicated, "[Resident] went for follow up with [physician] today...ok to perform AROM/PROM [active range of motion/passive range of motion] right wrist...total weight bearing to right LE [lower extremity], weight bearing right UE, platform walker...."</p> <p>A Physician's [Orthopedics follow up] Progress Note, dated 11/14/2014, indicated, "F/U [follow up] on cough, better - [no' sign] F/C."</p>			

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	<p>A Nurses Note, dated 11/18/2014 at 1:30 p.m., indicated, "Resident up working with pt/ot [physical therapy/occupational therapy] without problems...."</p> <p>On 11/20/2014 at 11:38 a.m., LPN #1 indicated that Resident C still had the Foley catheter due to pain, decreased mobility following surgery, and her preference. She indicated it was "difficult" to confirm that routine catheter had been performed without documentation.</p> <p>The Federal tag related to Complaint IN00159253.</p> <p>3.1-41(a)(2)</p>			