

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/09/2011
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W 9TH ST JASPER, IN47546
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F0000	<p>This visit was for the investigation of Complaint IN00098881 and Complaint IN00099205.</p> <p>Complaint IN00098881-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00099205-Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F315.</p> <p>Survey dates: November 7 and 9, 2011</p> <p>Facility number: 000315 Provider number: 155720 AIM number: 100289030</p> <p>Survey team: Marla Potts, RN, TC Sharon Whiteman, RN</p> <p>Census bed type: SNF/NF: 58 Total: 58</p> <p>Census payor type: Medicare: 1 Medicaid: 46 Other: 11 Total: 58</p>	F0000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific finding or allegation. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective December 9, 2011, to the state findings of the complaint survey conducted on November 9, 2011.	

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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	<p>Sample: 15</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 11/14/11 by Jennie Bartelt, RN.</p>				

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F0157 SS=D	<p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified when the facility was unable to obtain a urine specimen by catheterization, for 6 days after the test was ordered by the physician. The deficient practice affected 1 of 15 residents reviewed for physician</p>	F0157	The corrective action taken for those residents found to be affected by the deficient practice is that resident M did receive treatment for the urinary tract infection. The resident is free from signs and symptoms of urinary tract infection at this time. The care plan has been updated to reflect the resident's history of	12/09/2011

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	<p>notification in the sample of 15. (Resident M)</p> <p>Findings include:</p> <p>Resident M was identified during the initial tour on 11/7/11 at 9:30 A.M. with the Director of Nursing (DON) as having had a urinary tract infection.</p> <p>Resident M's clinical record was reviewed on 11/9/11 at 11:00 A.M.</p> <p>A telephone physician's order, dated 10/5/11, indicated, "Obtain UA (urinalysis) with culture and sensitivity per straight catheter diagnosis dysuria."</p> <p>Nurses notes indicated on 10/5/11 at 8:30 a.m., "New order received obtain UA sample per straight cath (catheter)..." The next entry indicated, "10/6/11 0300 (3:00 a.m.) attempted to straight cath res for UA sample without success. Res was very uncomfortable and complained of discomfort." The next entries indicated, "10/14/11 0830 (8:30 a.m.) Dr...in facility to see resident new order received. 10/14/11 2050 Temp 97.4 antibiotic series started incontinent of urine, pericare per staff. fluids encouraged."</p> <p>A laboratory report indicated urine was collected for urinalysis on 10/11/11 at</p>		<p>urinary tract infection an will be closely monitored for signs and symptoms and physician notified at the first signs and symptoms of infection. The corrective action taken for those residents having the potential to be affected by the same deficient practice is that a facility wide audit was completed on all residents to ensure that all current lab orders have been obtained timely in accordance with physician's orders. The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that the facility policy and procedure on the processing of lab orders was reviewed. A lab tracking tool was implemented to ensure that labs were obtained in a timely manner and the results promptly reported to the physician for further instructions/treatment orders. This policy and the impenentation of the lab tracking tool was introduced to all licensed nurses and QMA's in a mandatory inservice. Each nurse was instructed on their responsibility for reviewing the lab tracking tool each shift to ensure that all lab orders are being processed in a timely manner. The corrective action taken to monitor to assure performance to assure compliance is a quality assessment tool has been developed and implemented to ensure that the lab tracking tool is being completed in accordance</p>		

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F0315 SS=D	<p>2:15 P.M.</p> <p>During interview with the Director of Nursing on 11/9/11 at 11:00 A.M., she indicated she did not know why the urinalysis ordered on 10/5/11 was not obtained until 10/11/11. She indicated the physician should have been called when the nurse could not get the specimen.</p> <p>This federal tag is related to Complaint IN00099250.</p> <p>3.1-5(a)(2)</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 observation, interview and record review, the facility failed to ensure residents at risk of urinary tract infections received labs timely as ordered and incontinent care to prevent infections for</p>	F0315	<p>with physician's orders. The tool also monitors the resident's clinical record to ensure that labs are obtained, results received and reported to the physician in a timely manner. In addition the tool monitors to ensure that the physician's response to the lab results is received in a timely manner as well. This tool will be completed by the Director of Nursing and/or designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this audit tool will be reviewed at the quality assurance committee meeting to determine if additional interventions are warranted. Date completed: 12/9/11</p> <p>The corrective action taken for those residents found to be affected by the deficient practice is that resident M did receive treatment for the urinary tract infection. The resident is free</p>	12/09/2011	

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	<p>2 of 5 residents reviewed for urinary tract infections, in the sample of 15. (Residents M and J)</p> <p>Findings include:</p> <p>1. Resident M was identified during the initial tour on 11/7/11 at 9:30 A.M. with the Director of Nursing (DON) as having had a urinary tract infection.</p> <p>Resident M's clinical record was reviewed on 11/9/11 at 11:00 A.M.</p> <p>The resident's most recent MDS (Minimum Data Set) assessment, dated 9/11/11, indicated the resident was severely cognitively impaired, frequently incontinent of bladder and required extensive staff assistance with personal care.</p> <p>A discontinued care plan, dated 10/14/11, indicated, "Urinary tract infection as evidenced by chills, fever, nausea/vomiting, pain/discomfort, complaints of abdominal pain, back pain, pain upon urination, bladder spasm, urine appearance-cloudy foul smell." Interventions included to evaluate/assess for chills, fever, pain, urine characteristic, and provide fluids.</p> <p>A telephone physician's order, dated</p>		<p>from signs and symptoms of urinary tract infection at this time. The care plan has been updated to reflect the resident's history of urinary tract infection and will be closely monitored for signs and symptoms and physician notified at the first signs and symptoms of infection. The corrective action taken for those residents found to be affected by the deficient practice is that resident J does have a history of chronic urinary tract infections. Resident J is now receiving incontinent care in accordance with acceptable standards of infection control practices. The resident is being closely monitored for signs and symptoms of urinary tract infection and his physician will be notified upon the first signs and symptoms of infection. The corrective action taken for those resident having the potential to be affected by the same deficient practice is that all incontinent residents are at risk. All incontinent residents are now receiving incontinent care in accordance with acceptable standards of infection control practices. In addition, a facility wide audit has been completed to ensure that all current lab orders have been obtained timely in accordance with physician's orders. The measures or systematic changes that have been put into place to ensure the deficient practice does not recur is that the facility policy and</p>		

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	<p>10/5/11, indicated, "Obtain UA (urinalysis) with culture and sensitivity per straight catheter diagnosis dysuria."</p> <p>Nurses notes indicated on 10/5/11 at 8:30 a.m., "New order received obtain UA sample per straight cath (catheter)...."</p> <p>The next entry indicated, "10/6/11 0300 (3:00 a.m.) attempted to straight cath res for UA sample without success. Res was very uncomfortable and complained of discomfort." The next entries indicated, "10/14/11 0830 Dr...in facility to see resident new order received. 10/14/11 2050 (8:50 p.m.) Temp 97.4 antibiotic series started incontinent of urine, pericare per staff. Fluids encouraged."</p> <p>A laboratory report indicated urine was collected for urinalysis on 10/11/11 at 2:15 P.M. The report indicated the final culture of the urine was determined on 10/13/11 at 7:39 A.M. The report indicated the bacteria in the urine was E Coli, and the bacteria was susceptible to the antibiotic, Cipro. A handwritten notation on the laboratory report indicated the physician was notified of the results on 10/13/11.</p> <p>A telephone physician's order indicated on 10/14/11 7:42 a.m., "Cipro 250 mg orally twice daily times 7 days."</p>		<p>procedure on the processing of lab orders was reviewed. A lab tracking tool was implemented to ensure that labs were obtained in a timely manner and the results promptly reported to the physician for further instruction/treatment orders. This policy and the implementation of the lab tracking tool was introduced to all licensed nurses and QMA's in a mandatory inservice. Each nurse was instructed on their responsibility for reviewing the lab tracking tool each shift to ensure that all lab orders are being processed in a timely manner. The facility has also reviewed the policy and procedure on incontinent care. A mandatory inservice was provided for all nursing staff on the policy and procedure for incontinent care. During the inservice acceptable standards of infection control practices was emphasized related to the prevention of urinary tract infections. The corrective action taken to monitor to assure performance to assure compliance through quality assurance is a quality assurance tool has been developed and implemented to ensure that the lab tracking tool is being completed in accordance with physician's orders. The tool also monitors the resident's clinical record to ensure labs are obtained, results received and reported to the physician in a timely manner. In addition the</p>		

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	<p>During interview with the Director of Nursing on 11/9/11 at 11:00 A.M., she indicated she did not know why the urinalysis ordered on 10/5/11 was not obtained until 10/11/11.</p> <p>2. During initial observation tour with the MDS [Minimum Data Set] assessment Coordinator on 11/08/11 at 9:30 a.m., Resident J was identified by the MDS Coordinator as not having any current infections.</p> <p>On 11/09/11 at 9:50 a.m. CNA #1 indicated she had just toileted Resident J. CNA #1 indicated, "He goes a lot."</p> <p>On 11/09/11 at 10:09 a.m., CNA #2 approached Resident J and asked him if he needed to go to the bathroom.</p>		<p>tool monitors to ensure that the physician's response to the lab results is received in a timely manner as well. In addition another quality assurance tool was developed and implemented to ensure that acceptable standards of infection control practices are being followed by nursing staff. The tool will require observation of incontinent care by nursing staff to ensure proper infection control practices are being followed. These tools will be completed by the Director of Nursing and/or designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of the tools will be reviewed at the quality assurance committee meeting to determine if additional interventions are warranted. Date completed: 12/9/11</p>		

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	<p>Resident J replied, "It's too late."</p> <p>On 11/09/11 at 10:50 a.m., CNA #2 was observed to toilet Resident J. CNA #2 was observed to remove a wet brief. CNA #2 was observed to retrieve a package of cleansing wipes and to wipe the resident's bottom. The CNA indicated Resident J had a few BM (bowel movement) smears. CNA #2 was observed to not cleanse the resident's front and groin area before putting a clean brief on the resident.</p> <p>Interview of LPN #1 on 11/09/11 at 9:30 a.m., indicated Resident J had a history of "really bad UTI's (urinary tract infections)."</p> <p>Review of Resident J's clinical record on 11/09/11 at 9:35 a.m. indicated the following:</p> <p>Resident J had diagnoses which included, but were not limited to, legally blind, post traumatic stress disorder, and chronic urinary tract infections.</p> <p>An MDS assessment, dated 10/21/11, indicated Resident J required assistance of staff for toileting and hygiene and had a urinary tract infection within the past 30 days.</p>				

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	<p>A "Urinalysis" report, dated 11/07/11, indicated Resident J had a large amount of Leukocytes and 50-100 white blood cells. The report indicated normal healthy urine should not have any Leukocytes and should have no more than 0-5 white blood cells.</p> <p>A physician's telephone order, dated 09/02/11, indicated Resident J was receiving Bactrim DS twice daily to treat urinary tract infection.</p> <p>A physician's telephone order, dated 09/04/11, indicated Bactrim DS was discontinued due to being ineffective and Ceftazime 500 milligrams was to be given by injection every 12 hours for urinary tract infection.</p> <p>A physician's telephone order, dated 10/12/11, indicated Tobramycin 160 milligrams intravenous to be given by peripherally inserted central catheter every 12 hours for urinary tract infection.</p> <p>A care plan, dated 10/26/11, indicated, "(Resident J) @ [at] risk for urinary incontinence r/t [related to] urgency - assisted to toilet promptly upon resident request - monitor for any foul smelling or dark urine - notify MD & family of changes - pericare after incontinent episodes."</p>				

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