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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155258 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 01/15/2014 |
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| NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP CODE 205 MARINE DR ANDERSON, IN 46016 |
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| F000000 | <p>This visit was for the Investigation of Complaints IN00141427 and IN00141995.</p> <p>Complaint IN00141427 - Substantiated. Federal/State deficiencies related to the allegations are cited at F309, F315, and F514.</p> <p>Complaint IN00141995 - Substantiated. Federal/State deficiencies related to the allegations are cited at F309 and F315.</p> <p>Survey dates: January 14 and 15, 2014</p> <p>Facility number: 000160 Provider number: 155258 AIM number: 100267190</p> <p>Survey team: Betty Retherford RN</p> <p>Census bed type: SNF: 20 SNF/NF: 78 Total: 98</p> <p>Census payor type: Medicare: 26</p> | F000000 | | |

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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| F000309 SS=D | <p>Medicaid: 49 Other: 23 Total: 98</p> <p>Sample: 8</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure the nursing staff assessed and monitored a resident with a new diagnosis of C-difficile for 1 of 2 residents reviewed with a C-difficile infection of the bowel. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 1/14/14 at 11 a.m.</p> | F000309 | F309 | 02/05/2014 |

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| | <p>Diagnoses for the resident included, but were not limited to, status/post laminectomy with subsequent discitis and osteomyelitis and paraparesis, weakness, debility, Foley catheter placement, and neurogenic bowel and bladder.</p> <p>A quarterly Minimum Data Set assessment, dated 11/29/13, indicated Resident #B needed extensive assistance of the staff for all toileting needs. The assessment indicated the resident had a Foley catheter and was incontinent of bowel.</p> <p>A lab report, dated 12/2/13, indicated a stool specimen had been sent to the lab and tested positive for the C difficile toxin which indicated a C difficile infection.</p> <p>A health care plan problem, dated 12/3/13, indicated the resident had a clostridium difficile (C-diff) infection. Approaches for this problem included, but were not limited to, "assess the duration, frequency, characteristics, consistency, and quantity of diarrhea. Examine perianal area for excoriation and monitor vital signs as clinically indicated. Report any presence of</p> | | <p>1. Resident #B has been discharged from the community.</p> <p>2. Other residents were reviewed for appropriate assessment related to their C-difficile infection within the last 30 days. Any issues identified will be corrected.</p> <p>3. The systemic change will be that nurses will be educated on how to properly assess residents with C-difficile infection.</p> | | |

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| | <p>fever." The plan indicated the resident was placed in contact isolation.</p> <p>The nursing notes for 12/2/13, 12/3/13, and 12/4/13 lacked any information related to the resident having a C diff infection, or any information about the amount, frequency, or characteristic of the resident's stools. The resident's temperature was taken twice on 12/3/13. The first time was at 12:53 a.m. and was recorded as 99.3 degrees and the second time was at 2:15 p.m. and was recorded at 99.2 degrees. The temperature was recorded in "red" which indicated it was "out of range".</p> <p>The clinical record lacked any "event" charting for the resident related to the C diff infection. The DoN indicated on 1/14/14 at 2:40 p.m., that "event" charting could be initiated by the nursing staff for any significant change in the resident's condition or incident requiring more specific monitoring.</p> <p>The Administrator and DoN were interviewed on 1/14/14 at 2:40 p.m. Additional information was requested related to the lack of assessment and monitoring</p> | | <p>4. Residents with C-difficile infections will be audited for appropriate assessment five times per week for one month and weekly thereafter for five months; then, monthly for the next five months to total 12 months of monitoring.</p> <p>Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be completed by February 5, 2014.</p> | | | | |

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| | <p>completed on Resident #B for the time period in regards to the C diff infection.</p> <p>On 1/14/14 at 4:15 p.m., the DoN provided documentation of routine pain monitoring and diabetic monitoring having been completed on the dates noted, but no specific information related to monitoring of the C diff concerns in regards to fever, quantity, frequency, and characteristics of the resident's stools were provided.</p> <p>Review of the current facility policy, dated 4/2008, provided by the Administrator on 1/15/14 at 3 p.m., titled "Charting and Documentation", included, but was not limited to, the following:</p> <p>"Policy Statement</p> <p>All services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's medical record.</p> <p>Policy Interpretation and Implementation</p> <p>1. All observations, medications administered, services performed,</p> | | <p>Countryside Manor Request for Informal Dispute Resolution</p> <p>We respectfully request Informal Dispute Resolution of the assessment of</p> <p>deficiencies in the survey of Complaints IN00141427 and IN00141995. The deficiency was F 309 . The facility met the requirement for this regulation and disagree with the subjective assessment of the surveyor for this deficiency.</p> | | | | |

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| | <p>etc., must be documented in the resident's clinical records....</p> <p>3. All incidents, accidents, or changes in the resident's condition must be recorded...."</p> <p>This federal tag relates to Complaints IN00141427 and IN00141995.</p> <p>3.1-37(a)</p> | | <p>We respectfully request that this deficiency be deleted. There is an absence of</p> <p>objective information to support this finding and the facility staff did in</p> <p>fact follow the regulation and standard practice as explained below.</p> <p>The facts for each of these alleged deficiencies are as follows.</p> | | |

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| | | | <p>F 309- 483.25 PROVIDE CARE/SERVICES FOR</p> <p>HIGHEST WELL BEING</p> <p>The 2567 alleges that the requirement was not met related to "Based on record review and</p> <p>interviews, the facility failed to ensure the nursing staff assessed and</p> <p>monitored a resident with a new diagnosis of C-difficile for 1 of 2 residents</p> <p>reviewed with a C-difficile</p> | | |

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| | | | <p>infection of the bowel. (Resident #B).</p> <p>The 2567 states on page 3 of 10, "The nursing</p> <p>notes for 12/2/13, 12/3/13 and 12/4/13 lacked any information related to the</p> <p>resident having a C diff infection, or any information about the amount ,</p> <p>frequency, or characteristic of the resident's stools. The clinical record</p> | |

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| | | | <p>lacked any temperature or vital signs being monitored on 12/2/13, 12/4/13 and</p> <p>12/5/13. The resident's temperature was taken twice on 12/3/13. The first time</p> <p>was at 12:53 am and was recorded as 99.3 degrees and the second time was at 2:15</p> <p>p.m. and was recorded at 99.2. The temperature was recorded in "red" which</p> <p>indicated it was "out of range"</p> | | |

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| | | | <p>The 2567 further states on page 4 of 10, On 1/14/14 at 4:15 p.m. the DON provided</p> <p>documentation of routine pain monitoring and diabetic monitoring having been</p> <p>completed on the dates noted, but no specific information related to the</p> <p>monitoring of the C diff concerns in regards to fever, quantity, frequency, and</p> <p>characteristics of the resident's stools were provided"</p> <p>Summary of facts for consideration:</p> | | |

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| | | | <p>The bowel status for the resident was being</p> <p>tracked in the vitals section of the electronic record on 12/2/13, 12/3/13 and</p> <p>12/4/13. See Attachment AVital signs were documented in the medical</p> <p>record on 12/2/13, 12/3/13, 12/4/13 and 12/5/13. See Attachment B and C</p> | |

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| F000315 SS=D | <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</p> | F000315 | | 02/05/2014 |

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| | <p>the nursing staff made arrangements for and followed-up on urine specimens sent for testing to ensure laboratory tests were completed in a timely manner for 1 of 3 residents reviewed with a urinary catheter in a sample of 8. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 1/14/14 at 11 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, status/post laminectomy with subsequent discitis and osteomyelitis and paraparesis, weakness, debility, Foley catheter placement, and neurogenic bowel and bladder.</p> <p>Admission orders, dated 9/4/13, indicated the resident had a size 16 F [french] indwelling Foley catheter in place due to a wound on this back.</p> <p>A urinalysis report, dated 9/17/13, indicated multiple organisms were present and was "suggestive of contamination at the time of collection. Please recollect if clinically indicated."</p> | | <p>F315</p> <p>1. Resident #B has been discharged from the community.</p> <p>2. Other residents who received an order for a urine specimen in the last 30 days will be reviewed to determine if the UA C&S was completed timely. Any issues identified, will be reported to the MD.</p> <p>3. The systemic change includes that nurses will be educated regarding the lab follow- through process, which includes a lab tracking log.</p> | | | | |

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| | <p>A notation on the bottom of the lab report indicated the physician had been contacted on 9/19/13 and gave an order for a specimen to be recollected and sent to the lab for testing. A second physician's order, dated 9/19/13, indicated the resident was also to receive Cipro [an antibiotic] 500 mg [milligrams] daily for 7 days.</p> <p>A urinalysis report, dated 9/20/13, indicated the urine specimen was positive for "many" bacteria and "clumps" of white blood cells. A UA [urinalysis] laboratory comment near the bottom of the report indicated "Urine culture recommended.... If culture and sensitivity is desired, an order must be placed."</p> <p>A handwritten note at the bottom of the report, dated 9/23/13, indicated "waiting sensitivity."</p> <p>The clinical record lacked any culture and sensitivity report for the urine specimen sent on 9/20/13.</p> <p>The Administrator and DoN were interviewed on 1/14/14 at 2:40 p.m. Additional information was requested related to the lack of a sensitivity report for the 9/20/13 laboratory test.</p> | | <p>4. The Director of nursing or designee will review all urine specimen orders five times per week for one month and weekly thereafter for five months; then, monthly for the next five months to total 12 months of monitoring.</p> <p>Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be completed by February 5, 2014.</p> | |

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| | <p>The DoN was interviewed on 1/14/14 at 4:15 p.m. The DoN indicated the culture and sensitivity had not been done. She indicated the order had been for both and she did not know why the culture and sensitivity had not been completed and no additional order had been sent to the lab as requested in the laboratory note on the report.</p> <p>A nursing note entry, dated 10/8/13, indicated the resident's wife was concerned about her husband's "condition and increasing pain, and possible UTI [urinary tract infection]" The note indicated the physician was contacted and an order received for UA [urinalysis] and C&S [culture and sensitivity] and multiple other lab tests and an MRI of the sacral and lumbar spine for possible osteomyelitis and discitis.</p> <p>The clinical record indicated all the tests were obtained except for the UA C&S. The clinical record lacked any report for this test.</p> <p>A physician's progress note, dated 10/13/13, indicated the resident had been placed on intravenous antibiotics due to a spinal abscess [shown in the MRI]. The note lacked</p> | | | |

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| NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 MARINE DR ANDERSON, IN 46016 | | | |
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| F000514 SS=D | <p>any concerns related to a UTI.</p> <p>The DoN was interviewed on 1/15/14 at 10:45 a.m. Additional information was requested related to the lack of a lab report for the UA C&S test ordered on 10/8/13.</p> <p>The DoN was interviewed on 1/15/14 at 3:50 p.m. She indicated the UA C&S ordered on 10/8/13 had not been completed as ordered by the physician. The nursing staff had not obtained a specimen for testing.</p> <p>This federal tag relates to Complaints IN00141427 and IN00141995.</p> <p>3.1-41(a)(2)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted 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> | | | | | | |

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| | <p>Based on record review and interview, the facility failed to ensure the nursing staff documented the results of a urine dip testing and changes of resident condition in the clinical record for 1 of 3 residents reviewed for complete and accurate clinical records in a sample of 8. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 1/14/14 at 11 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, status/post laminectomy with subsequent discitis and osteomyelitis and paraparesis, weakness, debility, Foley catheter placement, and neurogenic bowel and bladder.</p> <p>A nursing note entry, dated 11/1/13, indicated the nurse had notified the NP (nurse practitioner) that Resident #B had a mild elevation of temperature (99.1). The note indicated the NP ordered Cipro 250 milligrams twice daily for 7 days and the staff were to "dip resident urine."</p> <p>The nursing notes for 11/1/13 and 11/2/13 lacked any information related to the results of the</p> | F000514 | <p>F514</p> <p>1. Resident #B has been discharged from the community.</p> <p>2. Other residents who received an order for urine dip testing in the last 30 days will be reviewed for documentation of results.</p> <p>3. The systemic change includes that nurses will be educated on documentation of results of</p> | 02/05/2014 | | | |

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| | <p>resident's urine test.</p> <p>The DoN and Unit Manager #1 were interviewed on 1/15/14 at 9:45 a.m. Additional information was requested in regards to the lack of results of the dip urine test.</p> <p>The DoN was interviewed on 1/15/14 at 10:45 a.m. She indicated the nursing staff used a chemical strip to "dip" the resident's urine. The result of the strip helped to determine if they needed to obtain an order for a urine specimen to be sent to the lab for testing. The DoN provided a computerized medication administration printout which indicated the "urine dip" had been completed on 11/1/13 after the order was received. She indicated the results of the test do not show on the medication record and the nurse had failed to document the results of the test in the nursing notes.</p> <p>A lab report, dated 12/2/13, indicated a stool specimen had been sent to the lab and tested positive for the C difficile toxin which indicated a C difficile infection.</p> <p>The nursing notes for 12/1/13 and 12/2/13 lacked any information related to the physician being called</p> | | <p>urine dip testing.</p> <p>4. Residents with orders for urine dip tests will be audited for documentation of results five times per week for one month and weekly thereafter for five months; then, monthly for the next five months to total 12 months of monitoring.</p> <p>Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be completed by February 5,</p> | | |

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| | <p>for the order, why the test was needed, and or when the specimen was obtained.</p> <p>The nursing notes for 12/2/13, 12/3/13, and 12/4/13 lacked any information related to the results of the lab test and the resident having a C diff infection.</p> <p>The Administrator and DoN were interviewed on 1/14/14 at 2:40 p.m. Additional information was requested related to lack of the above documentation. The DoN indicated she thought the resident's wife had requested the testing for C-diff and the staff had failed to document the reason in the nursing notes.</p> <p>This federal tag relates to Complaints IN00141427 and IN00141995.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p> | | 2014. | | | | |