

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155443	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/01/2014
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NAME OF PROVIDER OR SUPPLIER  WATERS OF MUNCIE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 CHATEAU DR MUNCIE, IN 47303
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F000000	<p>This visit was for the Investigation of Complaints IN00156403.</p> <p>Complaint IN00156403 - Substantiated, Federal/State deficiencies related to the allegations are cited at F309 and F315.</p> <p>Survey date: September 29, 30, 2014 and October 1, 2014</p> <p>Facility Number: 000310 Provider Number: 155443 AIM number: 100288970</p> <p>Survey Team: Betty Retherford, RN, TC Tina Smith-Staats, RN (9/30/14 and 10/1/14)</p> <p>Census bed type: SNF/NF: 64 Total: 64</p> <p>Census payor type: Medicare: 11 Medicaid: 50 Other: 3 Total: 64</p> <p>Sample: 6</p> <p>These deficiencies also reflect State</p>	F000000		
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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>findings in accordance with 410 IAC 16.2-3.1.</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 fully assess and monitor a resident who developed lethargy following administration of multiple pain/anti-anxiety medications for 1 or 2 residents reviewed with lethargy in a sample of 6. (Resident #C)</p> <p>Findings include:</p> <p>The clinical record was reviewed on 9/30/14 at 9:00 a.m. Diagnoses included, but were not limited to, hypertension, osteoporosis, dementia, renal insufficiency, and anxiety.</p> <p>A nursing note, dated 9/16/14 at 6:51 a.m., indicated Resident #C was yelling</p>	F000309	<p>F 309</p> <p>It is the intent of this facility to ensure that each resident receives 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> <ol style="list-style-type: none"> <li>1. Full assessment completed, including vital signs for Resident C. Resident C is no longer lethargic.</li> <li>2. Current residents assessed for lethargy and no other residents found to be affected.</li> <li>3. To prevent reoccurrence, The</li> </ol>	10/29/2014

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	<p>out in pain. The note indicated a prn (as needed) medication was given as ordered, but was not effective. The MAR (medication administration record) does not indicate what prn med was given at that time. The MAR indicated the resident also received a routine dose of Norco 5/325 mg (milligrams) at 8 a.m. on 9/16/14.</p> <p>Nursing note, dated 9/16/14 at 1:00 p.m., indicated Resident #C continued to yell out. Resident #C was seen by the Nurse Practitioner due to complaints of continued pain. A new order for hydrocodone 5/325 mg (Norco), a one time extra dose, was received at this time and the medication was given.</p> <p>A nursing note, dated 9/16/14 at 2:00 p.m., indicated Resident #C continued to yell out in pain. The Nurse Practitioner ordered more pain medications due to continued complaints of pain. The MAR indicated Ativan (an antianxiety medication) 1 mg IM (intramuscularly) was given as ordered at 2 p.m. and Roxinal 10 mg was given as ordered at 3 p.m.</p> <p>A nursing note, dated 9/17/14 at 3:01 a.m., indicated all 9 p.m. medications had been held due to lethargy. The clinical record lacked any additional assessment</p>		<p>Waters of Muncie educated Licensed Nurses and implemented assessment/charting guidelines to ensure follow up assessments /documentation for episodes of lethargy.</p> <p>4. Any resident showing signs or symptoms of lethargy will be immediately assessed by licensed nursing personnel, including vital signs, and notify DON/Designee immediately. In addition, staff will utilize the 24 hour report and document condition of lethargy. DON/Designee will monitor 24 hour report 5 times a week for 12 weeks during daily CQI meeting to ensure completion of appropriate documentation and actions. Results of this monitoring will be taken to monthly QA meeting to oversee staff compliance</p> <p>5. Date of Completion: 10-29-14</p>				

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F000315 SS=D	<p>having been done at 9 p.m. related to the resident's lethargy and withholding of the 9 p.m. medications.</p> <p>During an interview, on 10/1/14 at 10:05 a.m., with the Director of Nursing, additional information was requested related to whether any vitals signs were taken and/or assessment having been completed related the resident's lethargy and medications being held.</p> <p>During an interview on 10/1/14 at 3:30 p.m., the Director of Nursing indicated she had no further information to provide related to an assessment having been completed when the 9 p.m. medications were held on 9/16/14.</p> <p>This federal tag relates to Complaint IN00156403.</p> <p>3.1-37(a)</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</p>						

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	<p>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 incontinent of bladder and had an abnormal urinalysis report was assessed and monitored for worsening of his condition for 1 of 2 residents reviewed for monitoring of lethargy and possible urinary tract infection in a sample of 6. (Resident #D)</p> <p>Findings include:</p> <p>The clinical record for Resident #D was reviewed on 9/30/14 at 9:50 a.m. Diagnoses for the resident included, but was not limited to, Alzheimer's disease, dementia with behavioral disturbances, and benign prostatic hypertrophy.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 8/21/14, indicated the resident was severely cognitively impaired, incontinent of bowel and bladder, and dependent on the staff for transfers and toileting.</p> <p>A Nurse Practitioner (NP) note, dated 9/4/14, indicated Resident #D was seen by the NP due to "lethargy". The note included assessment and vital sign information. One of the assessment concerns was "possible UTI [urinary tract</p>	F000315	<p>F315</p> <p>It is the intent of this facility to ensure that a resident who is incontinent of bladder receives appropriate treatments and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <ol style="list-style-type: none"> <li>1. Resident reviewed no longer resides at this facility</li> <li>2. Current residents assessed for lethargy and possible signs of UTI, including increased urinary incontinence and no other residents found to be affected.</li> <li>3. To prevent reoccurrence, The Waters of Muncie educated Licensed Nurses and implemented assessment/charting guidelines to ensure follow up assessments/documentation for episodes of lethargy.</li> <li>4. Any resident showing signs or symptoms of lethargy and possible UTI will be immediately assessed by licensed nursing personnel, including vital signs, and notify DON/Designee immediately. In addition, staff will utilize the 24 hour report and document condition of lethargy/UTI. DON/Designee will monitor the 24 hour report 5 times a week for 12</li> </ol>	10/29/2014

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	<p>infection]." A physician's order, dated 9/4/14, indicated the resident was to have a urinalysis with culture and sensitivity testing completed.</p> <p>A nursing note entry, dated 9/5/14 at 1:48 a.m., indicated the resident was very lethargic and included a full set of vital signs which were within normal range except for a temperature recorded as 100.0 degrees Fahrenheit.</p> <p>A nursing note, dated 9/5/14 at 6:39 a.m., indicated a urine specimen was collected and sent to the lab for testing.</p> <p>A urinalysis report, dated 9/5/14, indicated the urinalysis report had been completed, but the culture and sensitivity report was still pending. The urinalysis report for Resident #D included, but was not limited to, the following abnormal results:</p> <p>Color- Red - Normal range=yellow Blood- 3+ - Normal range=negative Leukocytes- 1+ - Normal range=negative Bacteria - TNTC (too numerous to count) - Normal range=negative</p> <p>A nursing note, dated 9/5/14 at 11:47 a.m. indicated the facility had received the lab results and notified the physician with no new orders at that time.</p>		<p>weeks during daily CQI meeting to ensure completion of appropriate documentation and actions. Results of this monitoring will be taken to monthly QA meeting to oversee staff compliance</p> <p>5. Date of Completion: 10-29-14</p>	

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	<p>The clinical record lacked any assessment of the resident's urine dated 9/5/14. The only vital signs recorded in the clinical record for 9/5/14 was the one set taken at 1:48 a.m.</p> <p>A nursing note, dated 9/6/14 at 9:28 a.m., indicated the resident was alert to name, but was unable to swallow oral medications. The note lacked any assessment of the resident's vital signs or urinary status.</p> <p>The next nursing note entry, dated 9/6/14 at 2:12 p.m., indicated "Upon assessment resident has elevated temp of 101.5. Tylenol suppository given. Audible rattle noted; mouth breathing noted.... On-call MD [medical doctor] made aware. Family made aware of change in condition."</p> <p>The next nursing note entry, dated 9/6/14 at 2:42 p.m., indicated the family had arrived at the facility and wanted the resident sent to the hospital for evaluation and treatment. The physician was contacted and the resident was sent to the hospital and admitted for treatment. The resident's vital signs and oxygen saturation level taken at that time were within normal limits except for an elevated temperature of 100.4.</p>			

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	<p>The Administrator and DON were interviewed on 10/1/14 at 10:05 a.m. Additional information was requested related to the lack of sign monitoring and assessment of the resident who had increased lethargy noted and abnormal urinalysis report findings.</p> <p>The DON was interviewed on 10/1/14 at 3:30 p.m. She indicated she had found one additional set of untimed vital signs for Resident #D on a 24 hour report sheet, dated 9/5/14, which was not part of the clinical record, but had no other additional information to provide related to assessment and/or urinary monitoring for Resident #D.</p> <p>This federal tag relates to Complaint IN00156403.</p> <p>3.1-41(a)(2)</p>						