

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155282	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/24/2012
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO	STREET ADDRESS, CITY, STATE, ZIP CODE 2515 NEWTON ST JASPER, IN 47547
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F0000	<p>This visit was for the Investigation of Complaint IN00106876.</p> <p>Complaint IN00106876 Substantiated, Federal/State deficiencies related to the allegations are cited at F279 and F315.</p> <p>Survey date: April 24, 2012</p> <p>Facility number: 000180 Provider number: 155282 AIM number: 100274190</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 100 Residential: 14 Total: 114</p> <p>Census payor type: Medicare: 10 Medicaid: 58 Other: 46 Total: 114</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>Credible Allegation of Compliance and Correction;Preparation and execution of the response and plan of correction does not constitute an 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. Tor the puposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.We respectfully request an IDR of F 315 and ask for deletion or decrease in scope/severity of this tag.</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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	Quality review completed 4/30/12 Cathy Emswiller RN			

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to develop a comprehensive care plan regarding urinary tract infections [UTIs], for 2 of 3 residents reviewed with UTIs, in a sample of 4. Residents B and C</p> <p>Findings include:</p> <p>1. On 4/24/12 at 10:15 A.M., the clinical record of Resident B was reviewed. Diagnoses included, but were not limited to, Alzheimer's disease and Urge Incontinence.</p>	F0279	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice; A care plan was written for UTI for resident B. Resident C was a closed record and no longer is a resident. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; Residents with a UTI diagnosis have the potential to be affected. All current residents with UTI's have had their care plans reviewed and up-dated accordingly. Residents reviewed had no negative</p>	05/24/2012	

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	<p>Interdisciplinary Progress Notes included the following notations:</p> <p>4/18/12 at 12:30 P.M.: "N.O. [new order] received for U/A C[and]S [urinalysis, culture and sensitivity] d/t [due to] c/o [complains of] burning et [and] urine noted to be cloudy...."</p> <p>4/21/12 at 10:20 A.M.: "Final urine results received...N.O. received...."</p> <p>A Physician's order, dated 4/21/12, indicated, "Cipro 500 mg [an antibiotic]...UTI."</p> <p>A care plan regarding the UTI was lacking in the clinical record.</p> <p>2. The closed clinical record of Resident C was reviewed on 4/24/12 at 11:10 A.M.</p> <p>Interdisciplinary Progress Notes included the following notations:</p> <p>3/8/12 at 3:10 A.M.: "...UA [with] C[and]S via sterile procedure obtained...Urine specimen dark amber color [with] foul odor noted...."</p> <p>A Physician's order, dated 3/8/12, indicated, "Cipro 500 mg po [by mouth] BID [twice daily] x 7 days."</p>		<p>outcome related to the deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Nurses were in-serviced on 5/8/12 in regards to care plans Content of in-service included timeliness of writing plans of care. How the corrective action will be monitored to ensure the deficient practice will not recur; DNS and QA nurse will do weekly audits x4 then monthly x3. The audit will address verification of written care plan on residents with a current diagnosis of UTI. Random audits will continue quarterly for one year for all current residents with diagnosis of UTI. The QA committee will review audits and give recommendations of further education and audits if 100% compliance is not achieved.</p>	

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	<p>Progress Notes continued:</p> <p>3/8/12 at 8:00 P.M.: "T [temperature] 100.2. Started Cipro for UTI..."</p> <p>3/12/12 at 5:00 P.M.: "T 98.9. Cont [continues] Cipro for UTI... Will cont to monitor."</p> <p>3/14/12 at 8:00 P.M.: "T 98.9. Cont ATB [antibiotic] for UTI... Will cont to monitor."</p> <p>The resident was transferred to the hospital on 3/15/12 at 10:35 A.M.</p> <p>A hospital history and physical, dated 3/15/12, indicated: "...Urine shows a large amount of white cells and red cells... Impression: ...Urinary tract infection related to urinary retention...."</p> <p>A care plan regarding the UTI was lacking in the clinical record.</p> <p>3. On 4/24/12 at 2:00 P.M., during interview with the Director of Nursing, she indicated the Unit Managers and all nurses are responsible for developing and implementing care plans.</p> <p>On 4/24/12 at 2:20 P.M., the Director of Nursing provided the current facility</p>			

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	<p>policy on "Care Plan," revised 1/09. The policy included: "...Each resident will have an individualized comprehensive plan of care that will include measurable goals and timetables directed toward achieving and maintaining the resident's optimal medical, nursing, physical...needs...Care plans will also be reviewed, evaluated and updated when there is a significant change in the resident's condition...This plan of care will be modified to reflect the care currently required/provided for the resident."</p> <p>This federal tag relates to Complaint IN00106876.</p> <p>3.1-35(a)</p>			

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F0315 SS=G	<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 interview and record review, the facility failed to ensure a resident receiving treatment for a urinary tract infection [UTI] received adequate monitoring, in that the resident's intake and output were decreasing, and the resident was subsequently hospitalized for urinary retention and severe renal failure. This affected 1 of 3 residents reviewed with UTIs in a sample of 4.</p> <p>Findings include:</p> <p>The closed clinical record of Resident C was reviewed on 4/24/12 at 11:10 A.M.</p> <p>A Bladder Assessment, dated 2/6/12, indicated: "...What were your previous voiding patterns: AM, after meals, bedtime. How many times a night do you use the bathroom? 1-2 x's...Assistance needed for transfer, two +.</p>	F0315	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice; Resident C medical record was a closed record and therefore no longer a resident in the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; All residents with a diagnosis of a UTI were reviewed for stability of intake and output and management of UTI signs and symptoms. Residents reviewed had no negative outcome related to the deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Charge nurses were in-serviced on 5/8/12 on monitoring resident with UTI's and condition changes. Nurses will continue to monitor residents with UTI and report condition</p>	05/24/2012			

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	<p>Frequency/Pattern of Incontinence: Frequently. Average amount each void: Varies. Average 24-hr. intake: 1000 cc...Impaired physical ability to Manage own clothing, Manage own hygiene. Impaired memory...."</p> <p>An admission Minimum Data Set [MDS] assessment, dated 2/9/12, indicated the resident scored a 10 out of 15 for cognition, with 15 indicating no memory loss. The MDS assessment indicated the resident required extensive assistance of two + staff for bed mobility, transfer, and toileting.</p> <p>A Nutrition Assessment, dated 2/12/12, indicated, "...Estimated Needs...Fluids 2345-2814 cc/D [day]...."</p> <p>Interdisciplinary Progress Notes included the following notations:</p> <p>3/8/12 at 3:10 A.M.: "...UA [with] C[and]S via sterile procedure obtained...Urine specimen dark amber color [with] foul odor noted...."</p> <p>A Physician's order, dated 3/8/12, indicated, "Cipro 500 mg po [by mouth] BID [twice daily] x 7 days."</p> <p>A Care Plan regarding the UTI was lacking in the clinical record.</p>		<p>changes to their attending physician.How the corrective action will be monitored to ensure the deficient practice will not recur; The DNS or QA coordinator will do weekly audits x4, then monthly x3 that will review the medical record of all current residents with UTI's. Audits will be completed on all current residents with diagnosis of UTI and monitoring of their meal intake and output. Randon audits will continue quarterly for one year on current residents with diagnosis of UTI. The QA committee will review audits and give recommendations of further education and audits if 100% compliance is not achieved.</p>	

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	<p>Progress Notes continued:</p> <p>3/8/12 at 8:00 P.M.: "T [temperature] 100.2. Started Cipro for UTI..."</p> <p>3/12/12 at 5:00 P.M.: "T 98.9. Cont [continues] Cipro for UTI... Will cont to monitor."</p> <p>A Daily Skilled Note, dated 3/13/12 at 2:55 P.M., indicated, "...T 99.5. Cont ATB [antibiotic] as ordered in TX [treatment] of UTI...[No] urinary distress noted. Fluids encouraged...confused to time...."</p> <p>3/14/12 at 8:00 P.M.: "T 98.9. Cont ATB for UTI... Will cont to monitor."</p> <p>3/15/12 at 10:00 A.M.: "Wife present et rsd [resident] in recliner...non-responsive pupils fixed, mouth breathing, apnea episodes...."</p> <p>The resident was transferred to the hospital on 3/15/12 at 10:35 A.M.</p> <p>A hospital emergency room record, dated 3/15/12, indicated, "...Abdomen (Abnormals) Note, suprapubic [bladder area] distention...Foley placed: 2+ liters of bloody urine obtained...."</p>			

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	A hospital history and physical, dated 3/15/12, indicated: "Reason for Admission: Acute renal failure secondary to obstruction...History of Present Illness:...He apparently was wearing a diaper at the nursing home and was dribbling, so they could not tell he was not making much urine...Urine shows a large amount of white cells and red cells...On talking with his wife, he has a history of benign prostatic hypertrophy and has had some trouble urinating at times. In the nursing home, he was taking some pain medication and some question about whether he was having some difficulty urinating on the pain medication. In ER, Foley catheter was placed, and, in the last 2 hours, 4 L [liters] of urine have been retrieved. The patient has been started on a vigorous IV fluid regimen to try to keep up with that...Abdomen:...Foley catheter is draining copious amounts of pinkish urine...Impression: 1. Acute renal failure secondary to obstruction. 2. Urinary tract infection related to urinary retention...4. Dehydration. 5. Acute severe encephalopathy and obtundation secondary to uremia...Discussion: This gentleman has severe renal failure. Fortunately, it seems to be on an obstructive basis, and, generally, once a catheter is placed and the kidneys are relieved of the obstruction, the renal						

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	<p>failure resolves quickly. Unfortunately, this gentleman is so sick from the infection and from the encephalopathy that it is possible he may end up on a respirator or may end up with complications before his kidneys can come back...."</p> <p>On 4/24/12 at 12:45 P.M., Medical Records Staff provided a computerized printout of Resident C's intake and output from 3/8/12 through 3/15/12. The printout indicated Resident C's intake as follows: 3/11/12: 930 cc, 3/12/12: 420 cc, 3/13/12: 1050 cc, 3/14/12: 720 cc, 3/15/12: 210 cc. The printout indicated Resident C's output as follows: "3/12/12: Night 100 cc Continent, Night Medium Incontinent, Day Unknown Continent, Evening, 50 cc Continent. 3/13/12: Day, Unknown Continent, Evening, Medium Incontinent. 3/14/12: Day, Unknown Continent, Evening, Unknown Continent. 3/15/12 Night Unknown Continent, Day Medium Incontinent.</p> <p>On 4/24/12 at 1:00 P.M., during interview with CNA # 1, she indicated "Unknown" is documented if a resident voids by himself, and staff is unaware how much the resident voids.</p> <p>On 4/24/12 at 1:00 P.M., during interview with RN # 1, she indicated nursing runs</p>			

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	<p>an "end of shift report," which indicates which residents have not had a bowel movement or had not voided for the shift. RN # 1 indicated the report would not indicate a resident had not voided if a CNA documented anything in the output space, including "Unknown."</p> <p>On 4/24/12 at 2:00 P.M., during interview with the Director of Nursing [DON] and Administrator, the DON indicated Resident C had been voiding, and "unknown" meant the staff did not measure the urine.</p> <p>On 4/24/12 at 2:20 P.M., during interview with the DON, she indicated she checked Resident C's bowel sounds prior to transfer, and did not notice the bladder being distended.</p> <p>This federal tag relates to Complaint IN00106876.</p> <p>3.1-41(a)(2)</p>				