

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155166	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/28/2015
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NAME OF PROVIDER OR SUPPLIER VALPARAISO CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 606 WALL ST VALPARAISO, IN 46383
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F000000	<p>This visit was for the Investigation of Complaint IN00163586.</p> <p>Complaints IN00163586-Substantiated. Federal/State deficiency related to the allegations is cited at F328.</p> <p>Survey Dates: January 27 & 28, 2015</p> <p>Facility number: 000083 Provider number: 155166 AIM number: 100289670</p> <p>Survey team: Regina Sanders RN, TC</p> <p>Census bed type: SNF/NF: 136 Total: 136</p> <p>Census payor type: Medicare: 20 Medicaid: 110 Other: 06 Total: 136</p> <p>Sample: 6</p> <p>These deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a post survey desk review on or after February 13, 2015.</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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F000328 SS=D	<p>Quality review completed on January 29, 2015, by Janelyn Kulik, RN.</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident received treatments as ordered for care of an ostomy site, related to monitoring the ostomy site, emptying the ostomy bag, correctly applying treatments to the ostomy site and bag, and securing the ostomy appliance for 2 of 3 residents reviewed for ostomy care, in a total sample of 6. (Residents #B and #C)</p> <p>Findings include:</p>	F000328	<p>F328 483.25 (k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and</p>	02/13/2015

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	<p>1. Resident #B's record was reviewed on 01/27/15 at 11 a.m. The resident's diagnoses included, but were not limited to, colon bypass with ileostomy and traumatic brain injury.</p> <p>A Physician's Order, dated 06/23/12, indicated, the Charge Nurse was to check the ileostomy site for placement every two hours on the even hours.</p> <p>The Medication Administration Record (MAR), dated 01/15, indicated the ileostomy had not been monitored on 01/01/15 from 12 a.m. through 6 a.m., 01/04/15 from 12 a.m. through 6 a.m., 01/05/15 from 12 a.m. through 10 p.m., 01/08/15 from 12 a.m. through 6 a.m., 01/09/15 from 12 a.m. through 6 a.m., 01/13/15 from 4 p.m. through 10 p.m., 01/18/15 from 8 a.m. through 2 p.m., 01/19/15 from 12 a.m. through 6 a.m., 01/21/15 from 12 a.m. through 6 a.m., 01/21/15 from 4 p.m. through 10 p.m., and 01/25/15 from 12 p.m. through 2 p.m.</p> <p>The Nurses' Progress Notes for the above date and times, lacked documentation to indicate the ileostomy site had been monitored every two hours, as ordered by the Physician.</p> <p>During an interview on 01/27.15 at 2:40</p>		<p>Prostheses. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice · Resident #B's ostomy is being assessed and is receiving ostomy care as ordered. · Resident #C's ostomy is being assessed and is receiving ostomy care as ordered. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken · Residents residing in the facility with ileostomy/colostomy have the potential to be affected by the alleged deficient practice. · The Nurses/Unit Manager/designee will review the MAR/TAR's for all residents with ileostomy/colostomy's daily to ensure documentation is complete and to ensure physician orders are followed. · The CEC/designee will complete an inservice for nurses on Following Physicians Orders, Assessments and MAR/TAR documentation by 2/13/15. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur · Unit Managers monitor resident care by making rounds on their units to ensure residents with ileostomy/colostomy's are receiving care per physician's order. Concerns are addressed</p>		

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	<p>p.m., the Director of Nursing (DoN) indicated she could not validate if the ileostomy had been checked every two hours, as ordered by the Physician.</p> <p>A Physician's Order, dated 01/22/15, indicated to apply Silvadene Cream (skin cream for rash/burns) to the reddened area around the ostomy every shift and a Physician's order, dated 01/23/15 indicated to apply a thin layer of Nystatin powder (anti-fungal), to the left abdomen (ostomy site) every shift.</p> <p>A Nurses' Progress Note, dated 12/23/14 at 1:10 p.m., indicated the resident had increased redness around the ostomy site and the treatment to the reddened area continued as needed.</p> <p>A Nurses' Progress Note, dated 01/21/15 at 12:14 p.m., indicated the resident continued to have redness surrounding the stoma site.</p> <p>A Nurses' Progress Note, dated 01/23/15 at 10:35 a.m., indicated redness remained on the left side of the abdomen.</p> <p>A Nurses' Progress Note, dated 01/23/15 at 11:45 p.m., indicated the ostomy area remained reddened and showed improvement.</p>		<p>with the nursing staff, as needed. · Rounds are completed each shift by the charge nurse/Unit Manger to monitor resident ileostomy/colostomy care per physician's order. Findings are documented on the Nursing Rounds Checklist. DNS/designee reviews the Nursing Rounds Checklists daily. · The Director of Nursing Services is responsible to monitor for facility compliance. · The DNS/designee reviews the MAR/TAR/Flow sheet documentation for completion and accuracy per physician orders. · Noncompliance with facility procedures may result in disciplinary action. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place · Nurse/Unit Manager observations will be documented on the "Nursing Rounds Checklist" and the "MAR/TAR/Flow Sheet Audit" CQI tools daily x 4 weeks, then monthly thereafter for at least 6 months. · The DNS/designee will completed the "MAR/TAR/Flow Sheet Audit" and "Ileostomy/Colostomy Care" CQI tool weekly x 4, then monthly thereafter for at least 6 months. · Data will be submitted to the CQI Committee for review and follow up. · If a threshold of 95% is not met an action plan will be created. · Data will be</p>		

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	<p>A Nurses' Progress Note, dated 01/26/15 at 12:16 p.m., indicated reddened areas around the ostomy remained reddened and the resident exhibited signs and symptoms of pain/discomfort during the ostomy bag change.</p> <p>The MAR, dated 01/15, indicated the Silvadene had not been applied to the Ostomy site as ordered by the Physician on 01/25/15 during the day shift and the Nystatin powder had not been applied as ordered on 01/23/15 11 p.m.-7 a.m. and 01/25/15 at 7 a.m. through 11 p.m.</p> <p>The Nurses' Progress Notes for the above dates, lacked documentation to indicate the Silvadene and Nystatin had been applied as ordered by the Physician.</p> <p>During an interview on 01/27.15 at 2:40 p.m., the Director of Nursing (DoN) indicated she could not validate if the Silvadene and Nystatin powder had been applied to the ostomy area.</p> <p>Physician's Orders, dated 01/26/15 at 12:15 p.m., included to use an ostomy belt at all times until new support belt was available and to use Parasorb Packets (packets which will thicken and clump the bowel movement so it will not remain liquid) in the pouch near the stoma, use two to three every time the pouch is</p>		submitted to the CQI Committee for review and follow up. Noncompliance with facility procedures may result in disciplinary action.	

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	<p>emptied.</p> <p>During an observation with CNA #1 on 01/27/15 at 10:46 a.m., CNA #1 lifted the resident's shirt so the ilioostomy was visible. The ilioostomy bag was attached and was approximately a quarter full with liquid bowel movement. There was no belt applied to the ilioostomy bag appliance.</p> <p>During an observation with LPN #2 on 01/27/15 at 2:25 p.m., LPN #2 was preparing to change the ilioostomy bag. The bowel movement in the bag was liquid and was not clumped nor thickened. LPN #2 indicated the bowel movement in the ilioostomy bag was liquid and indicated the Parasorb Packets dissolved when in the bag. The new bag applied had three packets of Parasorb in the bag, which were inserted in the bag by LPN #3. LPN #2 indicated the resident did not have an ostomy belt on and an ostomy belt was never used for the resident.</p> <p>During an interview on 01/27/15 at 2:35 p.m., LPN #3 indicated a larger belt had to be ordered for the resident and until it came in there were thinner belts which were to be used.</p> <p>During an interview on 01/28/15 at 9:05</p>				

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	<p>a.m., LPN #3 indicated the ilioostomy bag removed from the resident on 01/27/15 at 2:25 p.m., did not have the Parasorb Packets in the bag. During an observation at this time, the resident's ilioostomy bag had thick, clumped bowel movement in the bag and LPN #3 indicated this is how the stool would have looked if the Parasorb Packets had been placed in the bag on 01/27/15.</p> <p>2. Resident #C's record was reviewed on 01/27/15 at 10 a.m. The resident's diagnoses included, but were not limited to stroke and colostomy.</p> <p>A Physician's Order, dated 01/20/15, indicated to assess the stoma site every shift for redness, drainage, swelling, warmth, and skin integrity every shift and to complete ostomy care every shift.</p> <p>The MAR, dated 01/15, indicated the ostomy had not been assessed on 01/21/15 at 7 a.m. through 3 p.m., and 01/26/15 at 7 a.m. through 3 p.m.</p> <p>The MAR, dated 01/15, indicated the ostomy care had not been completed on 01/21/15 from 7 a.m. through 3 p.m., 01/22/15 from 3 p.m. through 11 p.m., and 01/26/15 from 11 p.m. through 3 p.m.</p>				

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	<p>During an interview on 01/27/15 at 2:40 p.m., the DoN indicated there was no indication the ostomy had been assessed and ostomy care had been completed on the above dates and times and she was unable to say if it was completed or not. She indicated there was no documentation in the resident's Nurses' Progress Notes to indicate the ostomy had been assessed and the ostomy care had been completed.</p> <p>This Federal Tag relates to complaint IN00163586.</p> <p>3.1-47(a)(3)</p>			