

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155238	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/26/2014
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NAME OF PROVIDER OR SUPPLIER  WATERS OF YORKTOWN THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 S ANDREWS RD YORKTOWN, IN 47396
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F000000	<p>This visit was for the Investigation of Complaint IN00155596.</p> <p>Complaint IN00155596 - Substantiated. Federal/State deficiencies related to the allegations are cited at F279 and F328.</p> <p>Survey dates: September 25 and 26, 2014</p> <p>Facility number: 000143 Provider number: 155238 AIM number: 100283890</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 65 Total: 65</p> <p>Census payor type: Medicare: 11 Medicaid: 40 Other: 14 Total: 65</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</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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F000279 SS=D	<p>Quality review completed by Debora Barth, RN.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS 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 record review and interview, the facility failed to ensure a comprehensive plan of care was developed for a resident admitted with a peripherally inserted central catheter to ensure dressing changes and care were provided for 1 of 1 resident reviewed for health care plan development related to a peripherally inserted central catheter in a</p>	F000279	It is the intent of the facility to ensure residents have 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. 1) Resident #B care plan was updated with the	10/03/2014

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	<p>sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 9/25/14 at 9:35 a.m. Diagnoses for the resident included, but were not limited to, septic right total hip arthroplasty, diabetes mellitus, and chronic renal failure.</p> <p>A "Central Venous Catheter-Physician Order Sheet", dated 8/3/14, indicated the resident was transferred to the facility from the local hospital on that date. The form indicated the resident had a valved peripherally inserted central catheter (PICC) line in place. Orders on the form indicated the staff were to change the catheter site transparent dressing on admission and then weekly and more often if needed. The staff were also to measure the external catheter length on admission and with each dressing change.</p> <p>The clinical record lacked any PICC line dressing change information for August 2014. The clinical record indicated the external catheter was measured upon admission, but lacked any other measurements having been taken during dressing changes.</p> <p>The clinical record lacked any</p>		<p>current status as peripherally inserted central catheter has been discontinued per MD order. 2) 100% audit of care plans for any residents with peripherally inserted central catheter completed. No other residents affected. 3) Licensed nurses within the interdisciplinary team (IDT) were educated on 10-3-14 by the Director of Nursing to the requirement of developing a comprehensive care plan of care including for peripherally inserted central catheter care and dressing changes. MD orders including new admissions will be reviewed and care plans updated within the daily CQI meeting. 4) DON/Designee will audit weekly x 12 weeks for presence of care plans for any resident with orders for peripherally inserted central catheter care including presence of dressing changes. Audit findings will be submitted to the QA committee monthly.</p>				

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	<p>comprehensive health care plan having been developed related to the resident's need for and care of a PICC line.</p> <p>The DON and Administrator were interviewed on 9/25/14, at 11:15 a.m. Additional information was requested related to the lack of a comprehensive health care plan having been developed for the resident's need for and/or care of a PICC line.</p> <p>The DON, ADON, and Administrator were interviewed on 9/26/14 at 9:15 a.m. The DON indicated no comprehensive health care plan had been developed in August 2014 related to the resident's need for and/or care of a PICC line.</p> <p>Review of the current facility policy, dated 7/1/11, titled "Care Plans", provided by the Administrator on 9/26/14 at 10:20 a.m., included, but was not limited to, the following:</p> <p>"Guidelines:</p> <p>It is the intent of the facility that each resident will have a plan of care to identify problems, needs, and strengths that will identify how the interdisciplinary team will provide care....</p> <p>Procedure</p>			

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F000328 SS=D	<p>...3. The Initial Care Plan will be completed as soon as possible after admission....</p> <p>6. Staff approaches are to be developed for each problem/strength/need...."</p> <p>This federal tag relates to Complaint #IN00155596.</p> <p>3.1-35(a) 3.1-35(b)(1)</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 record review and interview, the facility failed to ensure a resident who was admitted with a peripherally inserted central catheter received dressing changes and care to help maintain the site and prevent possible infection for 1 of 1 resident reviewed for care of a peripherally inserted central catheter in a sample of 3. (Resident #B)</p>	F000328	It is the intent of the facility to ensure that all residents receive proper treatment/care for special services.1) Resident #B currently has completed the antibiotic regime with orders received to discontinue the PICC line.2) 100% audit completed with no other residents within the facility receiving any type of IV therapy.3) Licensed nurses educated	10/03/2014			

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	<p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 9/25/14 at 9:35 a.m. Diagnoses for the resident included, but were not limited to, septic right total hip arthroplasty, diabetes mellitus, and chronic renal failure.</p> <p>A "Central Venous Catheter-Physician Order Sheet", dated 8/3/14, indicated the resident was transferred to the facility from the local hospital on that date. The form indicated the resident had a valved peripherally inserted central catheter (PICC) line in place. Orders on the form indicated the staff were to change the catheter site transparent dressing on admission and then weekly and more often if needed. The staff were also to measure the external catheter length on admission and with each dressing change.</p> <p>The clinical record lacked any PICC line dressing change information for August 2014. The clinical record indicated the external catheter was measured upon admission, but lacked any other measurements having been taken during dressing changes.</p> <p>The clinical record indicated the resident was transferred back to the hospital on</p>		<p>completed 09/26/14 by DON on Central Venous Catheter care including dressing changes. Licensed nurses are to utilize the Central Venous Catheter - physician order sheet to transcribe the MD orders at the time of order receipt. Licensed nurses educated by DON on transcription of MD orders to the Medication/Treatment Record for any orders for peripherally inserted central catheter (PICC) care. Orders will be reviewed by DON/Designee for accuracy during the daily CQI meeting.4) DON/Designee will audit orders received for peripherally inserted central catheter (PICC) for accuracy of transcription to the Medication/Treatment record and report to daily CQI. DON/Designee will audit the Treatment record for the dressing changes of the PICC line weekly x 12 weeks.DON/Designee will audit the peripherally inserted central catheter dressing present on admission and weekly x 12 weeks to assure MD orders are followed. Audit findings will be submitted to QA committee monthly.</p>		

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	<p>8/27/14 due to an altered level of consciousness.</p> <p>An emergency department (ED) progress note, dated 8/27/14, completed by the ED physician, indicated the resident presented with an altered mental status and confusion. The note indicated the resident had a PICC line dressing in place that had not been changed since 7/31/14. (Prior to his 8/3/14 admission to the nursing home.)</p> <p>An ED progress note, completed by a hospital RN, indicated "Writer changed dressing to picc line. The old dressing had the date of 7/31/14 on it..."</p> <p>A hospital discharge summary for Resident #B, dated 8/29/14, indicated the resident had been treated for an altered mental status, cause unknown. The summary indicated blood cultures were negative.</p> <p>The DON and Administrator were interviewed on 9/25/14, at 11:15 a.m. Additional information was requested related to the lack of PICC line dressing changes and catheter measurements from the time the resident was admitted on 8/3/14 until his return to the hospital on 8/27/14.</p>			

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	<p>The DON, ADON, and Administrator were interviewed on 9/26/14 at 9:15 a.m. The DON indicated the orders for PICC line dressing changes and catheter measurements had not been noted on the 8/3/14 admission orders and no "PICC line care sheet" had been initiated for the resident. She indicated she had no additional information to provide.</p> <p>Review of the current, but undated, facility policy titled "Infusion Therapy", provided by the Administrator on 9/26/14 at 9:10 a.m., included, but was not limited to, the following:</p> <p>"Policy</p> <p>Sterile occlusive transparent dressings (TSM) are utilized on midline and central access sites.</p> <p>...Purpose</p> <p>To provide regular standardized application of a sterile dressing to reduce or prevent the complications of cannula related sepsis.</p> <p>Process</p> <p>1. Check physician's order...."</p> <p>This federal tag relates to Complaint</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	#IN00155596.  3.1-47(a)(2)				