

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/22/2015
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NAME OF PROVIDER OR SUPPLIER  CARMEL HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 118 MEDICAL DR CARMEL, IN 46032
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F000000	<p>This visit was for the Investigation of Complaints IN00162069 and IN00162358.</p> <p>Complaint IN00162069 - Substantiated. Federal/State deficiencies related to the allegation are cited at F157, F282, F327 and F441.</p> <p>Complaint IN00162358 - Substantiated. Federal/State deficiency related to the allegation is cited at F225.</p> <p>Survey dates: January 20, 21 &amp; 22, 2015</p> <p>Facility Number: 000095 Provider Number: 155181 AIM Number: 100290490</p> <p>Survey Team: Mary Jane G. Fischer RN-TC</p> <p>Census Bed Type: SNF: 29 SNF/NF: 121 Total: 150</p> <p>Census Payor Type: Medicare: 34 Medicaid: 103 Other: 13</p>	F000000	<p>This plan of correction is to serve as Carmel Health and Living's Credible Allegation of Compliance. The facility respectfully requests a face to face IDR for F327. Submission of this plan of correction does not constitute an admission by Carmel Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</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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F000157 SS=D	<p>Total: 150</p> <p>Sample: 5 Supplemental Sample: 2</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on January 26, 2015.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or</p>						

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	<p>roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview the facility failed to ensure a resident's physician was notified for possible intervention, in that when a resident was suspected of having a urinary tract infection, the nursing staff failed to monitor the resident's fluid intake and notify the resident's physician and concerned family member for 1 of 3 resident's reviewed for notification of decline in fluid intake in a sample of 5. (Resident "A").</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 01-20-15 at 12:50 p.m. Diagnoses included, but were not limited to, Parkinson's disease, history of urinary tract infections with sepsis, dysphagia, paralysis, and diabetes mellitus. These diagnoses remained current at the time of the record review.</p> <p>A review of the nursing progress notes indicated the following:</p>	F000157	<p>F157 Notify of Changes It is the practice of this provider to ensure that the resident's physician and responsible party are promptly notified regarding a significant change in condition. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? •Resident A no longer resides at the facility.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? •All residents with a suspected urinary tract infection have the potential to be effected by the alleged deficient practice. •All residents with chronic Urinary tract infections have been reviewed over the past 90 days and had updated nutritional assessments including hydration needs. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? •Progress notes are reviewed daily by Nursing Management to identify changes Monday through Friday and by the Weekend</p>	02/21/2015			

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	<p>"12-25-14 at 2:22 p.m., indicated "res. [Resident] [family member] was in to see res. earlier and stated res. urine looked cloudy, and would like a UA [urinalysis] done on res. Writer assessed res. urine. 500 c.c. [cubic centimeters] yellow urine in bag, mucous noted in tubing. Urine did not appear cloudy. NP [Nurse Practitioner] notified. UA per family request. Res. [spouse] notified. Changed catheter with 18 fr [french] coude cath. [catheter], and new drainage bag, unable to obtain enough urine now for sample. Will cont. [continue] to check and obtain sample for UA to be sent tomorrow d/t [due to] lab close &lt;sic&gt; today for holiday."</p> <p>"12-25-14 at 7:05 p.m. Urine obtained, golden yellow in color, no visible particles, slight odor noted. Lab [laboratory] faxed specimen ready for pick up."</p> <p>The record indicated the urinalysis results were faxed (facsimile) to the facility on 12-26-14 and indicated the resident had abnormal protein, was cloudy in appearance, and red blood cells were 21 -50. The culture and sensitivity was received at the facility on 12-29-14 at 11:18 a.m., and indicated the organisms included E. coli (Escherichia coli) &gt; (greater than) 100,000 and mixed gram</p>		<p>manager on Saturday and Sunday. Any changes in condition will be reviewed for physician notification. •All staff received corporate directed re-education on identifying and reporting changes in resident condition related to urinary tract infections, monitoring hydration needs and treatment of urinary tract infections including timely initiation of medications. •Nurse consultant will randomly audit identified changes upon her weekly visit. •The Registered Dietician will review residents with infections to ensure nutritional/hydration needs are accurate upon weekly visits. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? •An audit tool will be used by Medical Records/designee when change of condition is identified daily. •Any identified concerns from audits will be addressed immediately. •Employees not adhering to policy will be re-educated up to and including termination. •The results of these audits will be at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Compliance Date: February 21, 2015.</p>		

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	<p>positive and mixed negative - Morganella Morganii. The physician ordered Doxycycline (an antibiotic) 100 mg [milligrams] two times a day for 10 days.</p> <p>"12-30-14 at 12:18 p.m. Res. sitting at table in dining room. Res. not eating, not responding to verbal stimuli in room. Res. asked direct questions by writer, Res right eye open and would move toward direction of writer. Left eye closed. Responds to sternal rub. B/P [blood pressure] 114/63, pulse 118. Res. with food in mouth, unable to get res. to swallow food. Res. assisted to bed per two staff...Page out to NP."</p> <p>"12-30-14 1:00 p.m. NP returned call with orders to send res. to ER [emergency room]."</p> <p>A review of the resident's daily fluid intake from the time the urinalysis was obtained and the resident had a change in condition on 12-30-14 were as follows:</p> <p>"12-25-14 = 1940 c.c." "12-26-14 = 600 c.c." "12-27-14 = 1200 c.c." "12-28-14 = 840 c.c." "12-29-14 = 1100 c.c." "12-30-14 = 360 c.c"</p> <p>Fluids needs for this resident as</p>						

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	<p>formulated by the Registered Dietitian on 07-09-14 were 2000 - 2400 c.c. daily.</p> <p>The Emergency Room documentation dated 12-30-14, indicated the resident had previous admission's to the local area hospital for acute renal failure due to dehydration and obstruction.</p> <p>The "current present illness" was "severe at onset, severe, associated fever, dysuria, and dry mucous membranes." The Differential Diagnoses included "electrolyte imbalance, fever, weakness urinary tract infection, urosepsis and confusion." Neurological: "slow, lethargic and stuporous with a white blood cell count of 14,000 and mild to moderate pyuria."</p> <p>The resident was started on intravenous fluids for acute renal failure and dehydration.</p> <p>A review of the facility policy on 01-21-15 at 8:15 a.m., titled "Change in a Resident's condition or Status," and dated as revised October 2010, indicated the following:</p> <p>"Policy Statement - Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's</p>						

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F000225 SS=E	<p>medical/mental condition and/or status (e.g., changes in level of care,...)."</p> <p>"Policy Interpretation and Implementation - 2. A "significant change" of condition is a decline or improvement in the resident's status that:</p> <p>a. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical intervention by staff or by implementing standard disease related clinical interventions."</p> <p>This Federal tag relates to Complaint IN00162069.</p> <p>3.1-5(a)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or</p>						

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	<p>abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>A. Based on record review and interview the facility failed to ensure the local police department was notified of possible drug diversion for 2 of 2 resident's reviewed for misappropriation of property in a sample of 7. (Residents "F" and "G" ).</p> <p>B. The facility failed to ensure thorough criminal history back ground checks of employees and that the facility staff were aware of the Elder Justice Act, which required the reporting of reasonable suspicion of a crime against a resident, in that when staff members were</p>	F000225	F225 Investigate/Report Allegations/Individuals It is the practice of this provider to not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the State nurse aide resitry concerning abuse, neglect, mistreatment of a resident or misappropriation of their property. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A. The facility notified the police on 1-21-15. B. The facility held an all staff directed inservice on 2-3-15	02/21/2015

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	<p>interviewed they were unfamiliar with the specifics of the Elder Justice Act for 3 of 3 staff interviewed. (Employee #1, #2, and # 3)</p> <p>C. The facility failed to ensure thorough criminal history checks and reference checks prior to employment for 6 of 6 employee records reviewed for criminal history checks (Employees #8 and #9) and 4 of 6 (Employee #4, #5, #6 and #7) employee files reviewed for reference checks.</p> <p>Findings include:</p> <p>A. The facility indicated there had been an investigation for missing narcotics, Hydrocodone (a controlled narcotic), for Resident's "F" and "G." The facility indicated the incident date was 01-07-15 at approximately 1:20 p.m. The report indicated there were a total of 51 pills "unaccounted for."</p> <p>Although the ISDH (Indiana State Department of Health) as well as the Pharmacy, Medical Director, Corporate staff, families and resident's were notified, the facility failed to inform the local area Police department of the unaccounted for controlled medications.</p> <p>A review of the facility policy on</p>		<p>related to the Elder Justice Act.</p> <p>C. 100% of facility employee files have been audited to ensure reference checks have been initiated. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? 1. Directed re-education was provided to all staff related to the Elder Justice Act on 2-3-15. 2. Re-education was provided in writing to HR director related to obtaining reference checks and criminal history checks prior to employment. 3. The systemic change includes a) all new employee files will be audited within 7 days of hire by the HR director/designee. b) Assistant Administrator will audit 5 new hire files monthly x 12 months (utilize corporate HR EE file audit form) How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Assistant Administrator will audit 5 new hire files monthly x 12 months. The Staff Development Coordinator/Designee will interview 5 staff weekly x 4 weeks regarding the Elder Justice Act</p>		

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	<p>01-22-15 at 8:15 a.m., titled "Drug Security/Suspected Drug Diversion," undated indicated the following:</p> <p>"Policy - Any suspected diversion or substantial loss of drugs is to be reported and investigated immediately."</p> <p>"Procedure - 2. If suspected diversion, significant loss or suspected theft has occurred or is occurring, the nurse shall immediately notify the DON [Director of Nurses]... c) The facility, in turn, is obligated to notify local law enforcement."</p> <p>A review of the facility policy on 01-22-15 at 12:30 p.m., titled "Policy and Procedure for Reporting Reasonable Suspicion of a Crime Against a Resident," undated, indicated the following:</p> <p>"Policy Statement - CarDon and Associates, Inc., has implemented this Policy and Procedure for Reporting Reasonable Suspicion of a Crime Against a Resident in the interest of complying with all applicable laws and/or regulations, specifically the Elder Justice Act."</p> <p>"Reporting to the Local Law Enforcement Agency: The individuals</p>		<p>and 5 staff monthly thereafter. Any identified concerns from audits will be addressed immediately. The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Compliance Date: February 21, 2015</p>		

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	<p>responsibility is to report a reasonable suspicion of a crime to the local law enforcement entity."</p> <p>During an interview on 01-21-15 at 9:00 a.m., the Administrator indicated the local police had not been notified of the loss or suspected theft.</p> <p>B. On 01-21-15, employees were interviewed regarding the Elder Justice Act. The following responses were obtained.</p> <p>Employee #1 LPN indicated she was unsure of the Elder Justice Act. "It's been 2 years since they talked to us about that." The LPN indicated she was unsure of the reporting responsibilities or who to report suspicions of a crime.</p> <p>Employee #2 Accounting - "Yes I know about the Elder Justice Act - that is where the State says that residents have the right to food, shelter and medications."</p> <p>Employee #3 CNA - "Yes I've heard about the Elder Justice Act. It has to do with no abuse in the nursing homes." The employee indicated she was unsure of the reporting responsibilities.</p> <p>C. Employee files were reviewed on 1-20-15. The files indicated:</p>			

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	<p>Employee #4 - Hired on 10-20-14 as a Dietary Aide lacked the needed reference checks prior to employment.</p> <p>Employee #5 - Hired on 10-01-14 as an LPN (Licensed Practical Nurse) lacked the needed reference checks prior to employment.</p> <p>Employee #6 - Hired as a Registered Nurse on 09-17-14 lacked the needed reference checks prior to employment.</p> <p>Employee #7 - Hired as a Registered Nurse on 08-20-14 lacked the needed reference checks prior to employment.</p> <p>Employee #8 - Hired as a Registered Nurse. The nurse lived in California prior to relocating to Indiana. A review of the employee file lacked Criminal history checks in Indiana, California or reference checks prior to employment.</p> <p>Employee #9 - Hired as a Licensed Practical Nurse. The record indicated a "previous action" had been taken against this license. The employee record contained a handwritten notation that indicated the nurse had a theft report in the state of Michigan before relocating to Indiana. The employee file lacked a criminal history check for the State of</p>			

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	<p>Michigan to validate the previous action or if other charges were against this nurses license.</p> <p>A review of the facility policy on 01-21-15 at 8:15 a.m., titled "Abuse Prevention," and undated, indicated the following:</p> <p>"Policy Statement - It is the policy of CarDon &amp; Associates to provide each resident with an environment that is free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion. We have established policies and procedures that will provide facility personnel with the knowledge and training to further ensure each resident is treated with individual respect and dignity."</p> <p>"The following Guidelines outline the components of our Abuse Prevention Program: Background Screening Investigations - Our facility will not knowingly hire any individual who has a history of abusing other persons. This facility will conduct employment background screening checks, reference checks and criminal conviction investigation checks on individuals make application for employment with this facility. The personnel director or other person designated by the administrator,</p>			
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	<p>will conduct employment background checks, making application for employment with this facility. Such investigation will be initiated prior to employment or offer of employment. When conducting background investigation, our facility may consult any or all of the following agencies: a. Local, state, and/or federal law enforcement agencies... 7. Prior convictions of offenses other than abuse, neglect, mistreatment of individuals, and/or theft of property may not necessarily disqualify an applicant from employment with our facility. Serious consideration will be given to the position applied for, the seriousness of the offense, and how recently the offense was committed."</p> <p>"Policy Interpretation and Implementation - Should a suspected violation or substantiated incident of mistreatment, neglect, injuries of an unknown source, or abuse (including resident to resident abuse) or suspicion of crime be reported, the facility administrator, or his/her designee, will immediately notify the following persons or agencies of such incident: e. Law Enforcement Officials; coordinate with law enforcement as needed and if crime related; or the suspicion of crime exists... 7. Adopt Elder Justice Act and</p>						

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F000282 SS=D	<p>Reporting of Crime to include postings. Annual in-servicing to include reporting requirements and process, what constitutes a crime, and prohibitions against retaliation for reporting. "</p> <p>This Federal tag relates to Complaint IN00162358.</p> <p>3.1-14(a) 3.1-28(c)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview the facility failed to ensure a resident received the physician ordered medication timely for a urinary tract infection for 1 of 3 resident's review for implementing physician orders in regard to antibiotic treatment for urinary tract infections in a sample of 5. (Resident "A").</p> <p>Findings include:  The record for Resident "A" was</p>	F000282	F282 Services by Qualified Person/Per Care Plan It is the practice of this provider to ensure services are provided or arranged by the facility by qualified persons in accordance with each resident's written plan of care. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? •Resident A received the antibiotic on 12-30-14. •Discipline was completed for the staff involved and education completed for all licensed nurses initiated	02/21/2015	

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	<p>reviewed on 01-20-15 at 12:50 p.m. Diagnoses included, but were not limited to, Parkinson's disease, history of urinary tract infections with sepsis, dysphagia, paralysis, and diabetes mellitus. These diagnoses remained current at the time of the record review.</p> <p>A review of the nursing progress notes indicated the following:</p> <p>"12-25-14 at 2:22 p.m., indicated "res. [Resident] [family member] was in to see res. earlier and stated res. urine looked cloudy, and would like a UA [urinalysis] done on res. Writer assessed res. urine. 500 c.c. [cubic centimeters] yellow urine in bag, mucous noted in tubing. Urine did not appear cloudy. NP [Nurse Practitioner] notified. UA per family request. Res. [spouse] notified. Changed catheter with 18 fr [french] coude cath. [catheter], and new drainage bag, unable to obtain enough urine now for sample. Will cont. [continue] to check and obtain sample for UA to be sent tomorrow d/t [due to] lab close &lt;sic&gt; today for holiday."</p> <p>"12-25-14 at 7:05 p.m. Urine obtained, golden yellow in color, no visible particles, slight odor noted. Lab [laboratory] faxed specimen ready for pick up."</p>		<p>immediately. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>•All residents who have physician orders to treat an antibiotic could be effected by the deficient practice. •An audit of residents with chronic urinary tract infections over the past 90 days was completed and updates to nutritional assessments completed by the RD including hydration needs. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? •A directed inservice will be provided to nursing staff on 2-3-15 including signs/symptoms of UTI's, addressing fluid needs during an infection, and starting medications timely, as well as accessing medications from the EDK . •All new orders are reviewed by the medical records nurse Monday thru Friday and the weekend supervisor on Saturday and Sunday to ensure new orders for Antibiotics are initiated timely. All new orders are discussed with the nurse management team Monday through Friday and reviewed Saturday and Sunday by the weekend supervisor. •The administration compliance report is reviewed daily by the ADON or weekend supervisor, for non compliance with physician orders</p>				

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	<p>The record indicated the urinalysis results were faxed (facsimile) to the facility on 12-26-14 and indicated the resident had abnormal protein, was cloudy in appearance, and red blood cells were 21 -50. The culture and sensitivity was received at the facility on 12-29-14 at 11:18 a.m., and indicated the organisms included E. coli (Escherichia coli) &gt; (greater than) 100,000 and mixed gram positive and mixed negative - Morganella Morganii. The physician ordered Doxycycline (an antibiotic) 100 mg [milligrams] two times a day for 10 days.</p> <p>The nursing staff failed to administer the physician ordered medication timely and the resident did not receive the medication until 8:00 a.m., the following day (12-30-14) although the medication was available in the Emergency Drug Kit when the physician order was obtained..</p> <p>During an interview on 01-22-15 at 10:00 a.m., the Administrator verified the resident did not receive the antibiotic timely.</p> <p>This Federal tag relates to Complaint IN00162069.</p> <p>3.1-35(g)(2)</p>		<p>or discrepancies. •Any discrepancies identified on the administration compliance report are called to physicians and observations opened for resident assessment for 24 hours. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? •An audit tool will be used weekly x 3 months, monthly x 3 months, quarterly thereafter, to ensure all residents plans of care are being followed for those residents requiring antibiotics. •Any identified areas lacking from audits will be addressed immediately. •Employees not adhering to policy will be re-educated up to and including termination. •The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Compliance Date: February 21, 2015</p>				

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F000327 SS=G	<p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>Based on record review and interview the facility failed to ensure the hydration needs of a resident, in that when a resident's condition began to decline, the facility nursing staff failed to assess hydration needs and provide sufficient fluids to meet hydration needs for 1 of 3 residents sampled for urinary tract infections and hydration needs in a sample of 5. (Resident "A")</p> <p>This deficient practice resulted the resident transported to the local area hospital for a change in mental status and required intravenous fluids.</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 01-20-15 at 12:50 p.m. Diagnoses included, but were not limited to, Parkinson's disease, history of urinary tract infections with sepsis, dysphagia, paralysis, and diabetes mellitus. The resident had an indwelling catheter. These diagnoses remained current at the time of the record review.</p>	F000327	<p>F327 Sufficient Fluid to maintain hydration It is the practice of this provider to ensure that residents receive sufficient fluid intake to maintain proper hydration and health.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> <li>•Resident A does not reside in the facility any longer. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</li> <li>•All residents who have a urinary tract infection have potential to be effected by the alleged deficient practice.</li> <li>•An audit of residents with chronic urinary tract infections over the past 90 days was completed and updates to nutritional assessments completed by the RD including hydration needs.</li> </ul> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> <li>•The RD will ensure all residents with UTI's are reviewed for appropriate hydration needs.</li> <li>•Charge nurses will be held accountable to monitor resident fluid needs every shift</li> <li>•C.n.a.'s will be held accountable to document intake every shift</li> <li>•Licensed staff were re-educated via a corporate directed in-service on Treatment of UTI's/Change of Condition/hydration needs on 2-3-15.</li> <li>•Nursing management will review intake and output daily to ensure appropriate changes of condition events are identified</li> </ul> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> <li>•An audit tool will be utilized by medical records/designee Monday through Friday and on Saturday and Sunday by the weekend managers to ensure intake/outputs are appropriate.</li> <li>•Any identified areas from audits will be addressed immediately.</li> <li>•Employees not adhering to policy will be re-educated up to and including termination.</li> <li>•The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</li> </ul> <p>Compliance Date: February 21, 2015</p>	02/21/2015			

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	<p>Fluids needs for this resident as formulated by the Registered Dietitian on 07-09-14 were 2000 - 2400 c.c. daily.</p> <p>A review of the nursing progress notes indicated the following: "12-25-14 at 2:22 p.m., indicated "res. [Resident] [family member] was in to see res. earlier and stated res. urine looked cloudy, and would like a UA [urinalysis] done on res. Writer assessed res. urine. 500 c.c. [cubic centimeters] yellow urine in bag, mucous noted in tubing. Urine did not appear cloudy. NP [Nurse Practitioner] notified. UA per family request. Res. [spouse] notified. Changed catheter with 18 fr [french] coude cath. [catheter], and new drainage bag, unable to obtain enough urine now for sample. Will cont. [continue] to check and obtain sample for UA to be sent tomorrow d/t [due to] lab close &lt;sic&gt; today for holiday."</p> <p>"12-25-14 at 7:05 p.m. Urine obtained, golden yellow in color, no visible particles, slight odor noted. Lab [laboratory] faxed specimen ready for pick up."</p> <p>"12-30-14 at 12:18 p.m. Res. sitting at table in dining room. Res. not eating, not responding to verbal stimuli in room. Res. asked direct questions by writer.</p>			

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	<p>Res. right eye open and would move toward direction of writer. Left eye closed. Responds to sternal rub. B/P [blood pressure] 114/63, pulse 118. Res. with food in mouth, unable to get res. to swallow food. Res. assisted to bed per two staff. ... Page out to NP."</p> <p>"12-30-14 at 1:00 p.m. NP returned call with orders to send res. to ER [emergency room]."</p> <p>A review of the resident's daily fluid intake from the time the urinalysis was obtained and the resident had a change in condition on 12-30-14 were as follows:</p> <p>"12-25-14 = 1940 c.c." "12-26-14 = 600 c.c." "12-27-14 = 1200 c.c." "12-28-14 = 840 c.c." "12-29-14 = 1100 c.c." "12-30-14 = 360 c.c."</p> <p>The resident was transported to a local area hospital due to a change in condition where it was determined the resident had elevated electrolytes due to dehydration which required intravenous fluids to be administered.</p> <p>The Emergency Room documentation dated 12-30-14, indicated the resident had previous admission's to the local area</p>				

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	<p>hospital for acute renal failure due to dehydration and obstruction.</p> <p>The local area hospital comprehensive metabolic profile indicated that at the time the resident presented at the Emergency Department on 12-30-14, the BUN (blood urea nitrogen) level was "26" - "H" [high] (normal range 8 - 21).</p> <p>The Hospital admission notes indicated, "Current present illness" was "severe at onset, associated fever, dysuria, and dry mucous membranes. Toxic/metabolic encephalopathy in the setting of sepsis from complicated UTI [urinary tract infection]."</p> <p>The "Differential Diagnoses" included "electrolyte imbalance, fever, weakness, urinary tract infection, urosepsis and confusion."</p> <p>"Neurological: slow, lethargic and stuporous with a white blood cell count of 14,000 and mild to moderate pyuria. Mental status change is likely related to urinary tract infection and underlying Parkinson's and comorbidities."</p> <p>The resident was started on intravenous fluids for acute renal failure and dehydration.</p>				

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	<p>During an interview on 01-20-15 at 1:45 p.m., a concerned family member voiced frustration that the nursing staff did not assess the continued hydration needs of the resident, when the resident had a history of urinary tract infections and the needed to stay hydrated.</p> <p>2. A review of the facility policy on 01-21-15 at 8:15 a.m., dated as "revised" 11/12, titled "Hydration Monitoring," indicated the following:</p> <p>"Purpose" To aid each resident in receiving sufficient fluid intake to maintain hydration in accordance with calculated fluid needs."</p> <p>"Policy: It is the policy of this facility to monitor the resident's fluid balance in accordance assessed needs or problems."</p> <p>"Examples of resident problems or needs which may (underscored) require hydration monitoring: 1. Significant weight variances or identified nutritional risk. 2. Diagnosed with dementia or other mental impairment which prevents communicating needs or obtaining fluids independently. 3. Functional impairments which prevent independent access to fluids... 5. Signs and symptoms of dehydration: weight loss, unusually dry skin, dry mucous membranes, dry</p>				

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	<p>cracked tongue, cracked lips, poor skin turgor, excessive thirst, fever, malaise, abnormal lab values (elevated Hbg [hemoglobin], K+ [potassium], Cl [chloride], Na+ [sodium], albumin, transferrin, BUN [blood urea nitrogen] or urine specific gravity), abnormally low urinary output, highly concentrated urine."</p> <p>"Procedure: Fluids needs will be calculated by the Dietary manager or the Registered Dietician. Fluids will be provided on meal trays, with between meal nourishments, medication administration, during activities programming, and offered frequently during care and resident contact. A minimum of 60% of the residents daily fluid needs will be provided on the resident's meal trays within a 24 hour period. A dehydration assessment will be completed upon admission and with significant changes in condition to assist in identifying risk factors and development of the plan of care. A plan of care shell be developed to address any hydration concerns. This plan of care will be developed utilizing the clinical conditions and risk factors identified, taking into account the estimated fluid needs of the resident. When indicated, shift and 24 hour fluid intake totals shall be calculated and analyzed by a licensed</p>			

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F000441 SS=E	<p>nurse...The attending physician shall be notified of significant hydration concerns."</p> <p>This Federal tag relates to Complaint IN00162069.</p> <p>3.1-46(b)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or</p>						

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	<p>their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on record review the facility failed to ensure an affective infection control program, in that when resident's were identified with urinary tract infections, the facility failed to maintain documentation of the causative organism, which could identify effective infection control measures and education of it's nursing staff for 1 of 1 programs reviewed.</p> <p>This deficient practice affected 3 of 3 resident's reviewed for urinary tract infections in a sample of 5. (Residents "A", "C" and "D")</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 01-20-15 at 12:50 p.m. Diagnoses included, but were not limited to, Parkinsons disease, history of urinary tract infections with sepsis, dysphagia, paralysis, and diabetes mellitus. These diagnoses remained current at the time of the record review.</p>	F000441	<p>F441 Infection Control, Prevent Spread, Linens It is the practice of this provider to maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? •Resident A no longer resides at the facility. Residents C and D plans of care have been updated to reflect a review of the completed infection control tracking log back 90 days. •Discipline was completed for the staff involved and education completed to ensure the log is complete at all times. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? •All residents who have infections have the potential to be effected. •The infection logs were completed back to October 1,</p>	02/21/2015			

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	<p>A review of the nursing progress notes indicated the following: "12-25-14 at 2:22 p.m., indicated "res. [Resident] [family member] was in to see res. earlier and stated res. urine looked cloudy, and would like a UA [urinalysis] done on res. Writer assessed res. urine. 500 c.c. [cubic centimeters] yellow urine in bag, mucous noted in tubing. Urine did not appear cloudy. NP [Nurse Practitioner] notified. UA per family request. Res. [spouse] notified. Changed catheter with 18 fr [french] coude cath. [catheter], and new drainage bag, unable to obtain enough urine now for sample. Will cont. [continue] to check and obtain sample for UA to be sent tomorrow d/t [due to] lab close &lt;sic&gt; today for holiday."</p> <p>"12-25-14 7:05 p.m. Urine obtained, golden yellow in color, no visible particles, slight odor noted. Lab [laboratory] faxed specimen ready for pick up."</p> <p>The record indicated the urinalysis results were faxed (faxsimle) to the facility on 12-26-14 and indicated the resident had abnormal protein, the urine was cloudy in appearance, red blood cells were 21 -50.</p> <p>The culture and sensitivity was received</p>		<p>2014, and reviewed at Quality Assurance with the Medical Director. Plans of Care for those residents were updated per the Medical Directors recommendation. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? •The SDC is responsible for completion of the infection control log. The DON will monitor the log on a monthly basis. •The infection control log will be reviewed and trended at the monthly QA meeting. •Any identified areas will be reviewed with the medical director and resident plans of care updated. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? •The infection control log will be reviewed, and trended at the monthly QA meeting. •Any identified areas be reviewed with the medical director. •Employees not adhering to policy will be re-educated up to and including termination. •The corporate consultant will review monthly QA meetings upon her monthly visit to ensure logs are complete. Compliance Date: February 21, 2015</p>				

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	<p>at the facility on 12-29-14 at 11:18 a.m., and indicated the organisms included E. coli (Escherichia coli) &gt; (greater than) 100,000 and mixed gram positive and mixed negative - Morgnella Morganii. The physician ordered Doxycycline (an antibiotic) 100 mg [millegrams] two times a day for 10 days.</p> <p>A chart review, identified Resident "A" with a urinary tract infection, however the resident information was not included for the December 2014 Monthly Infection Control Log.</p> <p>2. The record for Resident "C" was reviewed on 01-20-15 at 12:30 p.m. Diagnoses included, but were not limited to, epilepsy, neurogenic bladder, recurrent urinary tract infections, and paralysis. The resident had an indwelling urinary catheter. These diagnoses remained current at the time of the record review.</p> <p>The resident's Minimum Data Set Assessment, dated 11-11-14, indicated the resident was incontinent of bowel and required extensive assistance with Activities of Daily Living including hygiene.</p> <p>The Monthly Surveillance report identified the resident with urinary tract</p>						

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	<p>infections on the following dates: 12-04-14, 12-05-14, 12-08-14, 12-24-14, 12-30-14. The urinary tract infection dated 12-04-14 indicated the infection was a "carryover" and the resident had physician orders for Bactrim (an antibiotic).</p> <p>The record indicated on 12-05-14, the antibiotic was changed to Macrobid (an antibiotic). The resident had physician orders to continue with the Macrobid through 12-14-14.</p> <p>The report indicated the resident presented with "dark urine with sediment," and a urinalysis was completed. The physician ordered Cephalexin (an antibiotic) for the resident on 12-30-14 with a "stop date" on 01-06-15.</p> <p>The Monthly report lacked information related to the causative agent for the urinary tract infections, if the infections were Nosocomial, if this was a "true infection," or if infection was care planned.</p> <p>Further review of the resident's clinical record indicated E. Coli (Escheria Coli) was the causative agent with each infection.</p>				

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	<p>The resident was transported to a local area hospital on 01-10-15. The hospital report indicated the resident's urine was cloudy, positive for nitrites, small amount of blood in urine, a large amount of Leuk Esterase, many bacteria and many mucus. The hospital identified causative agents included E. Coli, K. Pneumonia and E. faecalis.</p> <p>3. The record for Resident "D" was reviewed on 01-21-15 at 12:30 p.m. diagnoses included, but were not limited to, Parkinsons disease, cerebral vascular accident, congestive heart failure, urinary retention and a history of urinary tract infections. These diagnoses remained current at the time of the record review.</p> <p>A review of the Infection Control Surveillance Data for December 2014 identified the resident with symptoms which included "burning" upon urination. The resident was diagnosed with a urinary tract infection on 12-07-14 and the resident had physician orders for an antibiotic, Amikacin, to start on 12-07-14 with a "stop" date of 12-08-14. On 12-08-14 the antibiotic was continued by the physician thru 12-14-14. The surveillance data lacked the causative agent/culture results if the infection was Nosocomial or not, if it was a "true infection," or if the infection was care</p>						

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	<p>planned.</p> <p>4. A review of the Infection Control Surveillance Data for the month of December, 2014 lacked identified "causative agent code/culture results," for urinary tract infections.</p> <p>The report identified 25 residents with urinary tract infections. The report lacked the identified "causative agent code/culture results," for 24 of the urinary tract infections.</p> <p>In addition the Surveillance Log lacked information if the infection was identified as Nosocomial or not, for 14 of the urinary tract infections.</p> <p>This Federal Tag relates to Complaint IN00162069.</p> <p>3.1-18(b)(1)(A) 3.1-18(b)(1)(B)</p>				