

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155352	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/05/2012
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NAME OF PROVIDER OR SUPPLIER ELKHART REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 MOREHOUSE AVE ELKHART, IN 46517
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F0000	<p>This visit was for the Investigation of Complaint IN00108156.</p> <p>Complaint IN00108156 - Substantiated. Federal/state deficiencies related to the allegations are cited at F322.</p> <p>Survey dates: 6/4-5/12</p> <p>Facility number : 000243 Provider number: 155352 AIM number: 100289830</p> <p>Survey team: Ellen Ruppel, RN</p> <p>Census bed type: SNF/NF: 52 Total: 52</p> <p>Census payor type: Medicare: 4 Medicaid: 45 Other: 3 Total: 52</p> <p>Sample: 4</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/08/12 by Suzanne</p>	F0000	<p>The preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statment of deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law. We respectfully request this Plan of Correction serve as ou allegation of compliance.</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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	Williams, RN			

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F0322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation, interviews and record review, the facility failed to assure appropriate gastrostomy/jejunostomy information was available to ensure 2 of 4 residents with feeding tubes in a sample of 4 were getting the correct flushes and care of the tubes. Residents B and E</p> <p>Findings include:</p> <p>1. During the orientation tour, on 6/4/12 at 8:50 a.m., with the Assistant Director of Nursing (ADON), Resident B was identified as being fed via gastrostomy tube.</p> <p>The resident was observed, on 6/5/12 at 7:25 a.m., while LPN #8 was administering medications. LPN#8 flushed the tube with water prior to administering the medications and when she turned to pick up a medicine cup with crushed medications in it, one of the caps on the three funnel tube "popped" open,</p>	F0322	<p>Immediate Corrective Action Resident B information on the trifunnel tube was obtained from the Gastroenterologist. Resident E record is closed. Potential to be affected: all residents receiving gastric tube feeding were observed and the 2 clinical record were reviewed to assure information for the type of tube feeding was present. The physician orders for feeding and flushes for each port were reviewed and new orders obtained if indicated to assure clarity of the order. The Medication Administration Administration Records were reviewed to assure accuracy of transcription of the order. Systemic Change: Any resident with a new gastric tube or change in the current orders will be reviewed by the charge nurse and additional tube information obtained if indicated. The DON or designee will review the orders and information during the Daily Clinical Meeting to</p>	06/22/2012			

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	<p>with liquid spilling out onto the bed. The amount was enough to soak the linens under the resident. The liquid was not thick and came from an access lumen not used for the feeding solution or medications. LPN#8 was queried if she had ever seen the cap open and liquid come out before and she indicated she had not.</p> <p>The ADON was queried, on 6/5/12 at 9:50 a.m., about the type of gastrostomy tube being used for Resident B and if any special instructions had been provided when the resident's tube was placed. She indicated the facility had no specific instructions related to the type of tube, just flush orders. She indicated the tube had not been changed since the resident's admission in March of 2011, and it flushed freely, with no problems in feeding solution or medications.</p> <p>The clinical record of Resident B had been reviewed, on 6/4/12 at 10:15 a.m., and indicated the resident had been admitted to the facility 3/15/11, with diagnoses including, but not limited to: metabolic encephalopathy, diabetes, dysphagia and congestive heart failure. The thinned record was reviewed on 6/5/12 at 10:00 a.m. The thinned record contained an operative report, dated 3/10/11, indicating, in part,"....an 18</p>		<p>assure the documentation is present on the clinical record. All nurses were educated on the requirement for manufacturer specific tube information, physician order clarity and transcription of specific flush orders by the ADON. Nurses were observed performing the actual tube administration of g tubes and will be re educated and observed for competency with a G/J tube when we have one in the facility. Method to Monitor: The DON or designee is responsible to audit the clinical record during the Daily Clinical Review for compliance. Non complance will result in one to one reeducation. Monthly the orders and the MAR will be audited by the charge nurse responsible for the monthly order change over. Any omission of information will be corrected immediately and reported to the DON. Observation of the competency of tube administration will be completed on three nurses each week for 4 weeks and then quartery observation for compliance. One on one re education will be provided for non compliance. Progressive disciplinary action will be taken for non compliance up to and including termination. The Quality Assurance Committee will review the audit outcomes monthly and develop additional action plans if indicated. Completion Date: June</p>				

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	<p>French trifunnel percutaneous gastrostomy tube placed. The securing balloon was insufflated with saline and snugged against the anterior gastric wall."</p> <p>The facility had no specific information regarding the trifunnel tube. The physician was notified, on 6/5/12 at 1:00 p.m., and the resident was sent to the hospital for replacement of the tube. She returned at 3:50 p.m., on 6/5/12, with a new trifunnel tube in place and the ADON requested information regarding the specific tube. No information had been sent back when the resident returned with the new tube.</p> <p>2. The closed clinical record of Resident E was reviewed, on 6/4/12 at 10:55 a.m., and indicated the resident had been admitted to the facility on 3/23/12, with diagnoses including, but not limited to: encephalopathy, status epilepticus, mental retardation and diabetes. She was admitted with a jejunostomy/gastrostomy tube for feeding. The record indicated she had been sent to the hospital on 3/27/12 for aspiration pneumonia, returned to the facility on 4/4/12, sent back to the hospital on 4/10/12 and again on 4/19/12 for occlusion of the feeding tube. She had been sent to the hospital on 5/4/12 when the tube became occluded again.</p>		30, 2012				

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	<p>The record indicated the orders, dated 4/19/12 at 1:45 p.m., instructed facility staff to continue 40 cc per hour for three days with the feeding via the jejunostomy tube and to increase to 45 cc per hour if no nausea or vomiting. The order included to change the flush to 150 cc of water every four hours.</p> <p>The same order form indicated the gastrostomy tube was to be flushed with 50 cc of water before and after medication administration, with 5 to 30 cc between each medication.</p> <p>Review of the Medication Administration Record (MAR) for April and May 2012, indicated the order had been transcribed to read "150 CC FLUSH G-TUBE EVERY 4 HOURS." The order had been for the J tube.</p> <p>The May 2012, MAR indicated 150 cc g-tube flushes every 4 hours and 50 cc flushes before and after medications and 5-10 cc between each medication. It also contained instructions to flush the g and j tubes with 30 cc of water every 4 hours and after residual checks and medication passes.</p> <p>Undated instructions in the record indicated: "1. Has 2 ports: Labeled GASTRIC and JEJUNUM.</p>				

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	<p>2. GASTRIC is for medications.</p> <p>3. JEJUNUM is for feeding.</p> <p>4. NO medications go in JEJUNUM. If GASTRIC is plugged and you are unable to unplug you will need to call MD (Gastroenterologist at [hospital name]) to get further orders.</p> <p>5. Dissolve omperasole in 30 ml of orange juice, Pharmacist said it helps to keep granules from clumping. New order will be for packets that dissolve easily in water.</p> <p>6. Do one med at a time, dissolve in warm water and flush with min (minimum) 30mls (milliliters) of water after each med."</p> <p>Nurses notes, dated 4/28/12 at 1:55 a.m., indicated "Peg tube patent et (and) flushing s (without) difficulty. HOB (head of bed) ^ (up) 40 (degrees). Peg tube infusing (with) Glucerna @ (at) 45 cc/hr." The entry did not specify which was being flushed.</p> <p>Nurses notes, dated 12 a.m., on 4/30/12, indicated, "Resident tube flushing s (without) difficulties 0 (no) residual noted." The entry was not specific regarding which was being flushed.</p> <p>Three nurses who had cared for Resident E were queried about the flushing of the two tubes.</p>						

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	<p>LPN #5 indicated, on 6/5/12 at 6:00 a.m., she had flushed both the g and j-tubes, when Resident E lived in the facility.</p> <p>LPN #7 was queried on 6/5/12 at 6:40 a.m., about the flushing of Resident E's tubes. She indicated she flushed only the g-tube and not the j-tube</p> <p>LPN #6 was queried at 8:45 a.m., on 6/5/12, regarding how she had flushed Resident E's g and j tubes. She indicated she flushed only the j-tube and not the g-tube.</p> <p>This federal tag relates to Complaint IN00108156.</p> <p>3.1-44(a)(2)</p>						