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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155133 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 11/06/2015 |
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| NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS | STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201 |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00185556.</p> <p>Complaint IN00185556 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282 and F315.</p> <p>Survey dates: November 5 and 6, 2015</p> <p>Facility number : 000058 Provider number: 155133 AIM number: 100283340</p> <p>Census bed type: SNF/NF: 129 Total: 129</p> <p>Census payor type: Medicare: 16 Medicaid: 95 Other: 18 Total: 129</p> <p>Sample: 6</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on November 16, 2015.</p> | F 0000 | <p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/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 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.</p> | |
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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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| F 0282 SS=D Bldg. 00 | <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure physician orders were followed as written, related to the obtainment of ordered laboratory tests for urine culture with sensitivity, for 2 of 6 residents reviewed for physician orders. (Resident #D & #F)</p> <p>Findings include:</p> <p>1. Resident #D's medical record was reviewed on 11/05/2015 at 1:40 P.M., diagnosis included, but was not limited to, acute urinary tract infection (UTI). Review of the Physician's Order for Resident #D, dated 09/21/2015 indicated, "...send UA (urinalysis) and urine C & S (culture and sensitivity)".</p> <p>Review of the progress note, dated 09/21/2015, documented by LPN (Licensed Practical Nurse) #2 under "Physician's Order Note for Resident</p> | F 0282 | <p>F 282 SERVICES PROVIDED BY QUALIFIED PERSONS PER CARE PLAN</p> <p>I. Resident # F no longer resides in the facility. Resident # D was assessed and found to have no issues related to the alleged deficient practice. Resident # D is currently being followed by urology.</p> <p>II. All residents residing in the facility that have orders for urinalysis have the potential to be affected.</p> <p>III. Nursing staff and Unit Managers were provided education regarding process changes to ensure laboratory specimens are obtained timely and NP/MD notified of results. The Director of Nursing Services requested all scheduled laboratory requisitions currently in the system at the laboratory for the next 6 months. Any scheduled laboratory orders for residents were</p> | 11/13/2015 |

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| | <p>#D", indicated "...send UA, urine culture. Daughter notified".</p> <p>Review of a letter written by Urologist #1, dated 10/08/2015, indicated Resident #D was in the office for a scheduled cystoscopy and voiding trial. During this office visit, it was discovered that the order for the UA and urine C&S was never completed.</p> <p>During an interview on 11/05/2015 at 11:45 A.M., Hospital Staff #3 indicated no laboratory results for a UA and urine C&S were found for the month of September, 2015 for Resident #D.</p> <p>During an interview on 11/06/2015 at 10:40 A.M., LPN #2 indicated the order was written on 09/21/2015 for UA and urine C&S. LPN #2 further indicated he/she did not do the UA and urine C&S since the order was not marked stat or now. LPN #2 further indicated he/she would normally clarify physician orders if unsure of the date and time to be collected.</p> <p>2. Resident #F's medical record was reviewed on 11/06/2015 at 10:40 A.M., diagnosis included, but was not limited to, acute urinary tract infection (UTI). Review of Resident #F's Physician's</p> | | <p>all clarified to ensure the month to be ordered were correct. Charts were reviewed for current orders and audited to ensure they were obtained. Orders for urine specimens will be reviewed during IDT meeting to ensure that urine specimens were obtained as ordered. If possible, laboratory specimens will be obtained Monday through Friday before 5pm.</p> <p>IV. The Unit Manager/designee will audit all laboratory orders received to ensure that the laboratory specimen was obtained, or if resident refused or unable to obtain, that documentation is present regarding why specimen was not obtained and MD/NP and family were notified daily for 7 days per week. The audits will be on-going.</p> <p>The results of the audits will be presented by the Director of Nursing to the monthly Performance Improvement meeting to determine when the frequency of the audits may be reduced however, an audit will continue indefinitely.</p> | | | | |

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| | <p>orders, provided by the Administrator on 11/06/2015 at 10:47 A.M., indicated an order, dated 10/22/2015, for a repeat urine culture and sensitivity. No lab results were available for the order dated 10/22/2015.</p> <p>Review of the Urine Culture results, dated 10/15/2015, indicated Resident #F's final report was more than 3 colony morphotypes. "Suggest repeat specimen if clinically indicated".</p> <p>The Progress Notes were provided by the Administrator on 11/06/2015 at 11:55 A.M. A progress note, dated 10/22/2015, indicated a Physician's order for "...Urine C&S - repeat..." Progress notes dated between 10/15/2015 and 10/24/2015 indicated Resident #F was alert and oriented to self, with periods of confusion.</p> <p>An interview was conducted on 11/06/2015 at 10:35 A.M. with Unit Manager #5. He indicated the order, dated 10/22/2015, for a urine culture and sensitivity was not collected.</p> <p>The current "Laboratory, Radiology, and other Diagnostic Services" policy, dated 08/31/2012, was provided by the Administrator on 11/06/2015 at 11:00</p> | | | |

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| F 0315 SS=D Bldg. 00 | <p>A.M. The policy indicated, "...The facility is responsible for: a. Providing or obtaining laboratory, radiology and other diagnostic services only when ordered by the attending physician..."</p> <p>3.1-35(g)(2)</p> <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 provide appropriate treatment and services to prevent urinary tract infections, related to ordered laboratory tests for urine culture with sensitivity, for 2 of 6 residents reviewed for urinary tract infections. (Resident #D & #F)</p> <p>Findings include:</p> <p>1. Resident #D's medical record was reviewed on 11/05/2015 at 1:40 P.M., diagnoses included, but were not limited</p> | F 0315 | <p>F 315 No catheter/Prevent UTI/Restore Bladder I.</p> <p>Resident # F no longer resides in the facility. Resident # D was assessed and found to have no issues related to the alleged deficient practice. Resident # D is currently being followed by urology. II. All residents residing in the facility that have orders for urinalysis have the potential to be affected. III. Nursing staff and Unit Managers were provided education regarding process changes to ensure laboratory specimens are obtained timely and NP/MD notified of results. The Director of Nursing Services</p> | 11/13/2015 |

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| | <p>to, acute urinary tract infection (UTI), accidental falls, CVA (cerebrovascular accident), failure to thrive, and diabetes.</p> <p>Quarterly Minimum Data Set (MDS) assessment, dated 09/12/2015, indicated a Brief Interview for Mental Status (BIMS) score of 12, indicating Resident #D was mildly cognitively impaired. The MDS assessment further indicated that Resident #D had an indwelling catheter (urinary catheter).</p> <p>Review of Urologist #1's office note, dated 09/21/2015, indicated Resident #D was diagnosed with acute cystitis and orders were placed with the facility, requesting collection of a urinalysis and urine culture and sensitivity.</p> <p>Review of the Physician Orders for Resident #D, dated 09/21/2015 indicated, "...send UA (urinalysis) and urine C & S (urine culture and sensitivity)".</p> <p>Review of the progress note, dated 09/21/2015, documented by LPN (Licensed Practical Nurse) #2 under Physician's Order Note for Resident #D, indicated, "...send UA, urine culture. Daughter notified".</p> <p>Review of a letter written by Urologist #1, dated 10/08/2015, indicated Resident</p> | | <p>requested all scheduled laboratory requisitions currently in the system at the laboratory for the next 6 months. Any scheduled laboratory orders for residents were all clarified to ensure the month to be ordered were correct. Charts were reviewed for current orders and audited to ensure they were obtained. Orders for urine specimens will be reviewed during IDT meeting to ensure that urine specimens were obtained as ordered. If possible, laboratory specimens will be obtained Monday through Friday before 5pm. IV. The Unit Manager/designee will audit all laboratory orders received to ensure that the laboratory specimen was obtained, or if resident refused or unable to obtain, that documentation is present regarding why specimen was not obtained and MD/NP and family were notified daily for 7 days per week. The audits will be on-going. The results of the audits will be presented by the Director of Nursing to the monthly Performance Improvement meeting to determine when the frequency of the audits may be reduced however, an audit will continue indefinitely.</p> | | | | |

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| | <p>#D was in the office for a scheduled cystoscopy and voiding trial. During this office visit, it was discovered that the order for the UA and urine C&S was never completed.</p> <p>Review of the Urologist #1's office note, dated 10/08/2015, indicated Resident #D was in the office for acute cystitis. The urine culture, ordered on 09/21/2015, was not sent as ordered at last visit. Resident #D had cloudy urine and large leukocytes on the UA that was collected in the office on 10/08/2015. Resident #D was scheduled to have a cystoscopy performed at the next scheduled visit if the resident did not have a urinary tract infection.</p> <p>Review of the Patient Infection Report, dated 10/28/2015, indicated Resident #D had signs and symptoms of a urinary tract infection.</p> <p>Review of the progress note under Health Status Note for Resident #D, dated 10/29/2015 at 7:28 A.M., indicated Resident #D had a U/A C&S obtained per straight catheter.</p> <p>Review of the Urine Culture results, dated 10/29/2015, indicated Resident #D's final report was greater than 100,000 cfu/ml (Colony Forming</p> | | | |

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| | <p>Units/milliliter) Escherichia coli (E. Coli is a bacterium that can cause urinary tract infections).</p> <p>Review of the progress note under Infection Note for Resident #D, dated 11/1/2015 at 6:55 P.M., indicated Resident #D continued ATB (antibiotic) for UTI.</p> <p>Review of the Comprehensive Physician's Order Sheet, dated 10/08/2015, by the DON, indicated there was a late entry, "D/C (discontinue) send U/A urine C&S from 09/21/2015, done in office".</p> <p>During an interview on 11/05/2015 at 2:00 P.M., Urologist Assistant #4 indicated the facility was not advised on 10/08/2015 to discontinue the urine tests that were supposed to be completed on 09/21/2015.</p> <p>During an interview on 11/05/2015 at 11:45 A.M., Hospital Staff #3 indicated no laboratory results for a UA and urine C&S were found for the month of September, 2015 for Resident #D.</p> <p>During an interview on 11/05/2015 at 2:46 P.M., Unit Manager #5 indicated he was instructed to contact Urologist #1's office and clarify the orders for the</p> | | | |

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| | <p>cystoscopy and voiding trial, whether it was to be done in the office or in the facility. Unit Manager #5 indicated nothing was discussed concerning the UA and urine C&S.</p> <p>During an interview on 11/06/2015 at 10:40 A.M., LPN #2 indicated the order was written on 09/21/2015 for U/A and urine C&S. LPN #2 further indicated he/she did not do the U/A and urine C&S since the order was not marked stat or now. LPN #2 further indicated he/she would normally clarify physician orders if unsure of the date and time to be collected.2. Record review of Resident #F's Physician's orders, provided by the Administrator on 11/06/2015 at 10:47 A.M., indicated an order, dated 10/22/2015, for a repeat urine culture and sensitivity. No lab results were available for the order dated 10/22/2015. An order dated 10/28/2015 with a time of "1630" (4:30 P.M.) for a urinalysis, culture and sensitivity was noted. The lab results for the order, dated 10/28/2015, indicated the specimen was collected on 10/30/2015 at 1:44 A.M. and received by the lab at 12:44 P.M. Review of the Urine Culture results,</p> | | | |

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| | <p>dated 10/15/2015, indicated Resident #F's final report was more than 3 colony morphotypes. "Suggest repeat specimen if clinically indicated".</p> <p>The Progress Notes were provided by the Administrator on 11/06/2015 at 11:55 A.M. A progress note, dated 10/22/2015, indicated a Physician's order for "...Urine C&S - repeat..." Progress notes dated between 10/15/2015 and 10/24/2015 indicated Resident #F was alert and oriented to self with periods of confusion. Review of the Urine Culture results, dated 10/30/2015, indicated Resident #F's final report was greater than 100,000 cfu/ml (Colony Forming Units/milliliter) Enterobacter Cloacae (a bacterium that can cause urinary tract infections).</p> <p>An interview was conducted on 11/06/2015 at 10:35 A.M. with Unit Manager #5. He indicated the order dated 10/22/2015 for a urine culture and sensitivity was not completed. He further indicated when a urinalysis and culture and sensitivity were ordered it was typically collected immediately if the resident was having signs and symptoms or if the order was a Stat order. If it was not a Stat order, the night shift usually collected the specimen during the night or in the morning. He indicated the</p> | | | |

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| | <p>nurses give a 24 hour report at the end of each shift that includes the general conditions of the residents and any new orders or pertinent information for each resident.</p> <p>The current "Laboratory, Radiology, and other Diagnostic Services" policy, dated 08/31/2012, was provided by the Administrator on 11/06/2015 at 11:00 A.M. The policy indicated, "...Laboratory and radiology services are provided to: Monitor a condition... The facility is responsible for: a. Providing or obtaining laboratory, radiology and other diagnostic services only when ordered by the attending physician..."</p> <p>3.1-41(a)(2)</p> | | | |