

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155386	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/21/2012
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NAME OF PROVIDER OR SUPPLIER  LAURELS OF DEKALB	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W LIBERTY ST BUTLER, IN 46721
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 17, 18, 19, 20, &amp; 21, 2012</p> <p>Facility number: 000574 Provider number: 155386 AIM number: 100266430</p> <p>Survey team: Sue Brooker, RD-TC Rick Blain, RN Diane Nilson, RN Angie Strass, RN (June 18, 19, 20 &amp; 21, 2012)</p> <p>Census bed type: SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 1 Medicaid: 53 Other: 31 Total: 85</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 22,</p>	F0000	The Laurels of DeKalb wishes to have this submitted plan of correction stand as its allegation of compliance. The date of alleged compliance is 7/21/12. Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements. The Laurels of DeKalb respectfully requests a desk review for this survey in lieu of a survey revisit.	

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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	2012 by Bev Faulkner, RN				

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F0315 SS=D	<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 observation, interview and record review, the facility failed to keep catheter tubing off the floor to prevent the potential for urinary tract infections for 1 resident (Resident #67) of 3 residents who met the criteria for urinary catheter use.</p> <p>Findings include:</p> <p>Review of the clinical record for Resident #67 on 6/20/12 at 1:13 p.m., indicated the following: diagnoses included, but were not limited to, urinary retention, neurogenic bladder, and dementia.</p> <p>A physician's order for Resident #67, dated 2/17/12, indicated to straight cath (catheterize) resident with U/A (urinalysis) with C&amp;S (culture and sensitivity) if indicated.</p>	F0315	<p>Resident #67's catheter tubing was placed in a urinary drainage bag holder. No negative outcome resulted from this observation. All residents with catheters have been reviewed and issued a urinary drainage bag holder. Licensed Nurses and Nursing Assistants will be in-serviced by 7-5-12 on proper placement of catheter tubing. The Licensed Nurses will monitor and ensure catheter tubing is properly placed when doing their daily rounds. The Unit Managers/Designee will monitor compliance 3 times a week for 4 weeks, then weekly times 4 weeks then monthly thereafter. Variances will be corrected at the time of observation and additional education provided. The Director of Nursing will interview staff for competency of the placement of catheter tubing by testing 5 nursing staff members every month for 3 months and quarterly thereafter for 1 year. All new</p>	07/21/2012	

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	<p>A laboratory report for Resident #67, dated 2/17/12, indicated 4+ bacteria in her urine.</p> <p>A physician's order for Resident #67, dated 2/17/12, indicated Bactrim DS (antibiotic) BID times 10 days.</p> <p>A physician's order for Resident #67, dated 2/18/12, indicated to straight cath PRN (as needed) if she did not void in an 8 hour period.</p> <p>A physician's order for Resident #67, dated 2/19/12, indicated to anchor a Foley catheter (12 french, 30 cc) to drain by gravity.</p> <p>A physician's order for Resident #67, dated 2/24/12, indicated to discontinue Foley catheter and to straight cath q (every) 8 hours and PRN for inability to void.</p> <p>A physician's order for Resident #67, dated 3/2/12, indicated to continue to straight cath PRN q 8 hours as needed for inability to void.</p> <p>A physician's order for Resident #67, dated 3/6/12, indicated to anchor a Foley catheter, 14 french 30 cc. The physician order also indicated to discontinue the straight cath PRN</p>		<p>nursing staff will be educated on the proper placement of catheter tubing during orientation. The Director of Nursing will report the findings to the Quality Assurance Committee monthly for 3 months and then quarterly thereafter for 1 year. The Quality Assurance Committee will monitor any negative trends until resolved and initiate additional education and/or monitoring as the need is identified. The Medical Director will review the progress of findings and offer input as necessary. Continued compliance will be monitored through daily round observations and through the facility's quality assurance program. The Administrator is responsible for continued compliance with the regulation.</p>		

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	<p>orders.</p> <p>A physician's order for Resident #67, dated 3/24/12, indicated to discontinue 14 french 30 cc balloon Foley catheter and anchor a 14 french 5 cc balloon Foley catheter.</p> <p>A physician's order for Resident #67, dated 4/23/12, indicated a U/A with C&amp;S if indicated.</p> <p>A laboratory report for Resident #67, dated 4/24/12, indicated 3+ bacteria in her urine.</p> <p>A physician's order for Resident #67, dated 4/24/12, indicated Bactrim DS BID times 2 days pending culture results.</p> <p>A culture and sensitivity lab report for Resident #67, dated 4/26/12, indicated Pseudomonas aeruginosa and Morganella morganii bacteria in her urine.</p> <p>A physician's order for Resident #67, dated 4/26/12, indicated to continue Bactrim DS BID for 7 days and to start Levaquin 500 mg (milligrams) times 7 days.</p> <p>A physician's order for Resident #67, dated 5/1/12, indicated UTI stat 30 ml</p>				

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	<p>(milliliter) BID (twice a day) for 2 weeks then one per day.</p> <p>A physician's order for Resident #67, dated 5/28/12, indicated to discontinue a 14 french 5 cc (cubic centimeter) balloon Foley catheter and anchor a 16 french 30 cc balloon Foley catheter due to diagnosis of urinary retention.</p> <p>A facility care plan for Resident #67, dated 3/19/12, indicated the problem area of at risk for a UTI (urinary tract infection) related to indwelling Foley catheter due to urinary retention. Approaches to the problem included, but were not limited to, provide catheter care per protocol, and assess/document and report any signs or symptoms of an urinary tract infection.</p> <p>During an observation on the Secured Care Unit on 6/18/12 at 3:00 p.m., Resident #67 was observed up in her wheelchair. Certified Nursing Assistant (CNA) #1 was observed pushing her from her room through the hallway into the common area. Her catheter tubing was observed dragging on the floor.</p> <p>During an observation on the Secured Care Unit on 6/18/12 at 3:45 p.m.,</p>				

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	<p>Resident #67 was observed up in her wheelchair propelling herself from the common area through the hallway toward her room. CNA #2 was observed to assist moving her wheelchair around a table. Her catheter tubing was observed dragging on the floor.</p> <p>During an observation on the Secured Care Unit on 6/20/12 at 11:22 a.m., Resident #67 was observed seated at the dining table in her wheelchair in the dining area waiting for lunch. Her catheter tubing was observed resting on the floor.</p> <p>The Director of Nursing and the Administrator were interviewed on 6/21/12 at 9:30 a.m. During the interview they indicated catheter tubing should be suspended underneath a resident's wheelchair and should not touch the floor.</p> <p>A current facility policy "Catheter Care", with a revision date of 7/09 and provided by the Director of Nursing on 6/21/12 at 9:30 a.m., indicated "...Catheter care reduces urinary tract infections...Hang the catheter bag below...the level of the bladder if the guest is out of bed...." The policy did not indicate the catheter tubing should be suspended</p>						

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	above the floor.  3.1-41(a)(2)				

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and record review, the facility failed to store food appropriately to prevent possible contamination in the dry storage area, the coolers, the walk-in freezer, and in the kitchen, potentially affecting 85 out of 85 residents who ate meals served by the facility kitchen.</p> <p>Findings include:</p> <p>During an observation of the facility kitchen on 6/17/12 at 4:45 p.m., the following was observed:</p> <ul style="list-style-type: none"> <li>- a case containing 10 brick packs of Med Pass 2.0 (nutritional supplement) was on the floor of the dry storage area</li> <li>- a case containing 6 number 10 cans of mandarin oranges was on the floor of the dry storage area</li> <li>- a case containing 6 number 10 cans of sweet potatoes was on the floor of</li> </ul>	F0371	<p>No Residents were identified during the observation.</p> <p>All cans and food items observed on the floor were relocated to appropriate storage.</p> <p>The remaining undated food items were discarded. No negative outcome resulted from this observation.</p> <p>The Dietary Staff will be in-serviced by the Dietary Manager by 7-5-12 regarding the facility's policies on Frozen, Refrigerated and Dry Storage and labeling and dating food items.</p> <p>The Dietary Cook will monitor frozen refrigerated and dry storage of food items, and labeling and dating of food items daily times 4 weeks then monthly thereafter. The Dietary Manager/Designee will monitor findings 3 times per week for 4 weeks then monthly thereafter. Variances will be corrected at the time of observation.</p> <p>The Dietary Manager/Designee will report the findings to the</p>	07/21/2012			

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	<p>the dry storage area</p> <ul style="list-style-type: none"> <li>-a case of 12 plastic bottles of prune juice was on floor in dry storage area</li> <li>-a case of 6 bags of french fried potatoes was on the floor of the walk-in freezer</li> <li>-a tray containing 15 bowls of sherbet, not covered and not dated, was on a shelf in the walk-in freezer</li> <li>-a bowl of prunes, a piece of cherry pie, and a tray containing 10 bowls of peaches not covered and not dated, were on shelves in a cooler</li> <li>-three bowls of pureed food, not covered and not dated, was on top of the microwave in the facility kitchen</li> </ul> <p>During an observation of the assist dining room on 6/17/12 at 5:45 p.m., the three bowls of pureed food were observed to be served.</p> <p>The Dietary Manager was interviewed on 6/17/12 at 5:46 p.m. During the interview she indicated the bowls of pureed food observed on top of the microwave in the kitchen contained baby food that was served to a resident who had a physician's order for jarred baby food. She also</p>		<p>Quality Assurance Committee monthly for 3 months and then quarterly thereafter for 1 year.</p> <p>The Quality Assurance Committee will monitor any negative trends until resolved and initiate additional education and/or monitoring as the need is identified. The Medical Director will review the progress of findings and offer input as necessary.</p> <p>Continued compliance will be monitored through daily sanitation observations, monthly sanitation rounds and through the facility's quality assurance program.</p> <p>The Administrator is responsible for continued compliance with the regulation.</p>		

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	<p>indicated the bowls were to be kept inside the microwave until they were needed for meal service.</p> <p>The Dietary Manager was interviewed on 6/19/12 at 11:30 a.m. During the interview she indicated food should not be stored on the floor of the dry storage areas and walk-in freezer. She also indicated all food should be covered, labeled, and dated in the coolers. She further indicated the facility received food from their distributor on Tuesday and Friday so cases of food should have been put up prior to Sunday afternoon.</p> <p>A current facility policy "Dry Storage and Supplies," dated 4/10 and provided by the Dietary Manager on 6/20/12 at 1:05 p.m., indicated "...All non-perishable foods shall be stored in a manner that optimizes food safety and quality,,,Product shall be stored on storeroom shelving which is no less than six (6) inches from the floor...."</p> <p>A current facility policy "Refrigerated Storage," dated 4/10 and provided by the Dietary Manager on 6/20/12 at 1:10 p.m., indicated "...Perishable foods shall be stored in a manner that optimizes food safety and quality...All pre-dished items shall be covered to</p>				

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	<p>prevent off-flavoring, drying or cross-contamination while refrigerated...."</p> <p>A current facility policy "Frozen Storage," dated 4/10 and provided by the Administrator on 6/20/12 at 3:30 p.m., indicated"...Frozen foods shall be stored in a manner that optimizes food safety and quality...Walk-in freezers shall have food stored on shelving at least six (6) inches above the freezer floor...."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>				