

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155784	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/21/2013
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NAME OF PROVIDER OR SUPPLIER  MICHIANA HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 E DOUGLAS RD MISHAWAKA, IN 46545
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F000000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>This visit was in conjunction with the investigation with Complaint #IN000124071.</p> <p>Survey Dates: February 14, 15, 18, 19, 20, and 21, 2013</p> <p>Facility Number: 012329 Provider Number: 155784 AIM Number: 201002500</p> <p>Survey Team: Shauna Carlson, RN TC Julie Baumgartner, RN Shelly Vice, RN Honey Kuhn, RN (February 19 and 21, 2013)</p> <p>Census Bed Type: SNF: 37 SNF/NF: 47 Total: 84</p> <p>Census by Payor Type: Medicare: 29 Medicaid: 34 Other: 21 Total: 84</p> <p>These deficiencies reflect state</p>	F000000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or concussions contained in the Department's inspection report. Michiana Helath &amp; Rehabilitation respectfully requests a desk review of the following survey.</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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	findings cited in accordance with 410 IAC 16.2.  Quality Review completed on March 1, 2013, by Brenda Meredith, R.N.			

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F000156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>				

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>			

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record reviews and interviews, the facility failed to assure that 2 of 3 discharged residents sampled had received a notice of Medicare non-coverage 2 days prior to the change. This affected 2 of 3 discharged residents.</p> <p>Findings included:</p> <p>On 2/19/13 at 12:00 p.m., a record review was conducted of Medicare notice of non-coverage rights for appeal and service provisions.</p> <p>On 2/19/13 at 12:00 p.m., an interview was conducted with the Medical Records Director. It was noted that Resident #200 had not been given a notice of Medicare non-coverage.</p>	F000156	<p>F156</p> <p>It is the practice of this facility to notify Medicare beneficiaries of termination of Medicare Part A or Part B coverage. The notice is provided no later than two days before coverage of services is terminated</p> <p><b>Corrective Action:</b> The facility will issue the appropriate decision of termination notice to Medicare part A or Part B beneficiaries no later than two days before the coverage of services is terminated. Review of current Medicare beneficiaries has been done to ensure that appropriate termination notices were provided.</p> <p><b>How Others Identified:</b> All Residents have the potential to be affected. Residents residing in the facility will be addressed by following policy and procedure and re-educated and/or</p>	03/13/2013

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	<p>On 2/20/13 at 12:00 p.m., a record review was conducted of 2 additional discharge records. Resident #201 was noted to have received the notice for Medicare non-coverage of services on "2/11/13," with the "effective date of coverage of your service will end: 2/12/13."</p> <p>On 2/20/13 at 2:30 p.m., an interview was conducted with the Administrator. He indicated that Resident #200 had, "...not been given a notice and, I'm not sure to why... I can't give you a reason...." He also stated, "...something we (the facility) are going to have to work on...."</p> <p>On 2/20/13 at 2:30 p.m., a record review was conduct along with the Administrator of the "Procedure, Expedited Review, Notice of Medicare Non-Coverage." In this procedure it stated, "...Each... center will notify Medicare beneficiaries of its decision to terminate Medicare Part A of Part B coverage. This advance notification will provide to the beneficiary no later than two days before coverage of services is terminated...."</p> <p>3.1-4(a)(3)</p>		<p>disciplinary action of employees. <b>Preventative Measures:</b> The Clinical Reimbursement Coordinator will bring the appropriate notice forms to the weekly Medicare review meeting. Any Medicare Part A or Part B resident receiving services will reviewed for possible termination of services. The Clinical Reimbursement Coordinator will complete the appropriate termination letters for those residents identified as having a decision to terminate Medicare Part A or Part B coverage of service. The Social Service staff will present the appropriate forms to the identified residents no later than two days before the coverage of services is terminated for the resident to sign receipt of notice. Signed notices will be returned to the Clinical Reimbursement Coordinator and a copy placed in the residents business office file. <b>Monitoring:</b> The Clinical Reimbursement Coordinator will maintain a tracking log of Medicare beneficiaries. The log will track resident name, date of Medicare eligible coverage began, date that the resident was identified as non coverage decision, date that appropriate notice form was completed and given to Social Services, date notice was signed by the Medicare beneficiary and the date returned to the Clinical Reimbursement Coordinator. The</p>		

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			tracking log will be reviewed daily during morning meeting. Any trends will be reviewed and presented to the monthly Quality Performance committee to determine further action if needed. <b>System Changes:</b> Completed by 3/13/2013		

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F000224 SS=D	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROP RIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on observations and an interview, the facility failed to ensure one resident was free of mistreatment as she felt staff treated her in a rude manner. This affected 1 of 40 sampled residents. Resident #46</p> <p>Findings include:</p> <p>On 2/15/13 at 10:10 a.m., an interview was conducted with Resident #46 in her room. It was noted that CNA #1 had been "...rude in the way she talks to me..." It was also indicated that CNA was, "...rough with me when she gives me care...."</p> <p>On 2/15/13 at 10:10 a.m., an observation was noted of CNA #2. It was noted CNA#2 to be cleaning up the room of resident #46. CNA#2 moved about the room then proceeded to leave the room by slamming the door. Resident #46 stated, "... that happens all the time...."</p>	F000224	<p><b>F224</b> It is the practice of this facility to ensure the implementation of policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p><b>Corrective Action:</b> Resident #46 is stable with no signs or symptoms of psychosocial issues related to this stated verbal treatment. Staff to be re-educated about mistreatment, neglect, and abuse. To include knocking on doors before entering, proper tone and verbiage to use when speaking with residents or speaking about residents, and appropriate conversations when caring for residents. The facility will continue to follow policy and procedures related to prohibiting mistreatment, neglect, and abuse.</p> <p><b>How others identified:</b> Residents who reside at this facility have potential to be affected. Residents residing in the facility will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees</p>	03/23/2013	

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	<p>On 2/15/13 at 10:20 a.m., an observation was made of CNA #3. CNA #3 opened #46's room door, and loudly stated, "...you girls in here..." Upon seeing the Resident conversing with the surveyor, CNA #3 stated, "...I'm looking for the other girls..." and proceeded to close the door.</p> <p>On 2/15/13 at 10:21 a.m., an interview was conducted with Resident #46. It was indicated several CNA's had been treating her in a rough manner and over talking to one another during the care being provided for the activities of daily living care. It was stated, "...CNA #5 is the worst, the others are bad about it [ being rude] but CNA #5 is rough with me when she gives me care...They [the CNA's] talk really loud when they're in here about their lives and they complain about their jobs and how bad this place is to work... it makes me sad... for them and for myself...."</p> <p>On 2/20/13 at 10:00 a.m., a record review was conducted of an reportable incident dated "1/10/13." It was noted to include a questionnaire concerning the incident's investigation. Upon the investigation, Resident #46 was questioned for the following: "1. Anyone rude, loud,</p>		<p>who are found in violation. <b>Systemic Changes:</b> Staff to be re-educated about mistreatment, neglect, and abuse. To include knocking on doors before entering, proper tone and verbiage to use when speaking with residents or speaking about residents, and appropriate conversations when caring for residents. The UM, ADON, DON, or designee will monitor the staff to ensure proper tone, verbiage, and conversation. Also to ensure residents rights by knocking on doors before entering.</p> <p><b>Monitoring:</b> The UM, ADON, DON, or designee will use the monitoring log to ensure residents rights are being honored by staff knocking on doors before entering, proper tone and verbiage are being used and appropriate conversations when rendering care to the residents. The UM, ADON, DON, or designee will use a monitoring log to check compliance daily for 2 weeks, 3 times a week for 2 weeks, weekly for 4 weeks, then monthly for 4 months. This will be across all shifts and 7 days a week. Trends will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one to one re-education up to and including termination. Any identified trends will be forwarded to the administrator for review</p>		

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	<p>yelling at you?". Resident #46 noted to answer, "1 aide-rough who works days [CNA's name]" This was CNA #1. When asked to say what the word "rough" meant, Resident #46 noted, "Pulled on brief today and it hurt, rolling."</p> <p>On 2/21/13 at 10:30 a.m., an observation was made of CNA #2 leaving Resident #46's room. CNA #2 was carrying clear plastic bags and slammed the door. CNA #2 approached CNA #6 and stated, "...she's driving me craaaazzy... she expects me to handle every little thing..." The conversation was audible from 10 feet away outside of Resident #46's room.</p> <p>On 2/21/13 at 2:30 p.m., a record review was conducted of the Abuse Prohibition and Abuse Policy/Procedure. It indicated that all resident were to be free from verbal and physical abuse.</p> <p>On 2/21/13 at 2:30 p.m., it was noted that there was no report of Resident #46's complaints by the facility.</p> <p>3.1-27(b)</p>		<p>and presented to QA to determine further educational needs. <b>Completed By:</b> March 23, 2013</p>				

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>1. Based on record review and interview, the facility failed to ensure staff were knowledgeable related to what constitutes abuse for 3 of 8 employees (Certified Nursing Assistant's #1, #2, #3) and reporting of alleged abuse (Certified Nursing Assistant's #1, #3, #4, #5 and Registered Nurse #1) for 4 of 8 employees interviewed for abuse.</p> <p>1. Findings include:</p> <p>On 2-20-13 at 8:53 AM, an interview with Employee CNA (Certified Nursing Assistant)#1 indicated physical, yelling and confinement as the types of abuse. She also indicated she would report abuse to the DON (Director of Nursing).</p> <p>On 2-20-13 at 10:22 AM, an interview with Employee CNA #2 indicated physical, mental, financial, sexual, verbal as the types of abuse.</p> <p>On 2-21-13 at 9:40 AM, an interview with Employee CNA #3 indicated</p>	F000226	<p><b>F226</b> It is the practice of this facility to ensure the implementation of policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p><b>Corrective Action:</b> Staff to be re-educated on all the different types of abuse, (verbal, involuntary seclusion, physical, mental, neglect, misappropriation, and sexual), how, when, and who to report all abuse.</p> <p><b>How others identified:</b> Residents who reside at this facility have potential to be affected. Residents residing in the facility will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees who are found in violation.</p> <p><b>Systemic Changes:</b> Staff to be re-educated on the different types of abuse including, who to report abuse and when to report any and all types of abuse.</p> <p><b>Monitoring:</b> The UM, ADON, DON, or designee will monitor the staff to ensure they know the different types of abuse, how, when, and who to report abuse. The UM, ADON, DON, or</p>	03/23/2013			

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	<p>sexual, verbal, harassment, intimidating as the types of abuse. At 9:45 AM, CNA #3 also indicated she would report abuse to her nurse.</p> <p>On 2-20-13 at 1:38 AM, an interview with Employee CNA #5 indicated she would report abuse to the DON.</p> <p>On 2-20-13 at 2:40 PM, an interview with Employee RN #1 indicated he would report abuse to the DON.</p> <p>On 2-21-13 at 8 AM, an interview with the Administrator indicated that he expects staff to immediately report all abuse allegations to him.</p> <p>On 2-21-13 at 10 AM, an interview with Employee CNA #4 indicated she would report abuse to the DON.</p> <p>On 2-20-13 at 10:13 AM, the facility policy on abuse (Clinical Administrative Manual effective 10-1999, revised 1-07, 7-10) was received from the Administrator as current. The facility policy on abuse (1.1.3 Section A) lists the definitions for misappropriation of resident property, injuries of unknown source, verbal abuse, physical abuse, sexual abuse, and mental/emotional abuse. The facility policy on abuse (1.1.1 Section A) "ESHI (Center) requires</p>		<p>designee will use a monitoring log to check compliance daily for 2 weeks, 3 times a week for 2 weeks, weekly for 4 weeks, then monthly for 4 months. This will be across all shifts and 7 days a week. Trends will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one to one re-education up to and including termination. Any identified trends will be forwarded to the administrator for review and presented to QA to determine further educational needs.</p> <p><b>Completed By:</b> March 23, 2013</p>				

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	<p>facilities to report these alleged violations to the Administrator and DON/designee immediately."</p> <p>On 2-21-13 at 3:13 PM, the Bill of Resident Rights was received from the Clinical Educator. Bill of Resident Rights-General Page 5 of 6, effective July 1, 2009 under Resident Behavior- Center Practices "Abuse. You have the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion."</p> <p>On 2-21-13 at 2:17 PM, the Clinical Educator indicated that all employees are trained on the Abuse Policy during orientation and during in-services.</p> <p>3.1-28 (c)</p>				

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F000241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>1).Based on interviews and observations, the facility failed to promote care to Resident #46 that supported her dignity right. Resident #46 was spoken to in a ill-mannered, disrespectful manner. This affected 1 of 14 residents sampled.</p> <p>Findings included:</p> <p>1).On 2/15/13 at 10:10 a.m. an observation was noted of CNA (Certified Nursing Assistant) #2. It was noted CNA#2 to be cleaning up the room of resident #46. CNA#2 moved about the room then proceeded to leave the room by slamming the door. Resident #46 stated, "... that happens all the time...."</p> <p>On 02/15/2013 at 10:12 a.m., an interview was conducted with Resident #46 in her room. It was stated by Resident #46 in response to questioning about the provision of dignity and respect of the immediate caregivers of her care, "... not</p>	F000241	<p><b>F241</b> It is the practice of this facility to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p><b>Corrective Action:</b> Resident #46 is stable with no signs or symptoms of psychosocial issues related to this stated verbal treatment. Staff to be re-educated on the appropriate conversations to have with co-workers while caring for a resident.</p> <p><b>How others identified:</b> Residents who reside at this facility have potential to be affected. Residents residing in the facility will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees who are found in violation.</p> <p><b>Systemic Changes:</b> Staff to be re-educated on proper entering and exiting a residents room. Proper tone, verbiage and conversations to have while rendering care to the residents.</p> <p><b>Monitoring:</b> The UM, ADON, DON, or designee will monitor the staff to ensure they know and are</p>	03/23/2013			

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	<p>always... just now, the aides come in and talk non stop when they're caring for me... you can't stop them to let them know what I need... they don't like it sometimes... this happens more often than I like... the day shift does it [the most]...I have problems with CNA #1...." CNA #2 entered the room, knocked and firmly questioned if the ..."the other girls are in here..." CNA #3 "...it takes two of them to get me up and put me back to bed, while the two of them are supposedly taking care of me, they aren't paying attention to me rather, complaining about their jobs and what's going on with their lives: They complain about the their working conditions, this makes me feel bad... for them, and myself...."</p> <p>On 2/15/13 at 10:20 a.m., an observation was made of CNA #3. CNA #3 opened #46's room door, and loudly stated, "...you girls in here..." Upon seeing the Resident conversing with the surveyor, CNA #3 stated, "...I'm looking for the other girls..." and proceeded to close the door.</p> <p>On 2/15/13 at 10:21 a.m., an interview was conducted with Resident #46. It was indicated several CNA's had been treating her in a rough manner and over talking to</p>		<p>providing appropriate conversations while rendering care to residents. The UM, ADON, DON, or designee will use a monitoring log to check compliance daily for 2 weeks, 3 times a week for 2 weeks, weekly for 4 weeks, then monthly for 4 months. This will be across all shifts and 7 days a week Trends will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one to one re-education up to and including termination. Any identified trends will be forwarded to the administrator for review and presented to QA to determine further educational needs.</p> <p><b>Completed By:</b> March 23, 2013</p>				

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	<p>one another during the care being provided for the activities of daily living care. It was stated, "...CNA #5 is the worst, the others are bad about it [being rude] but CNA #5 is rough with me when she gives me care...They [the CNA's] talk really loud when they're in here about their lives and they complain about their jobs and how bad this place is to work... it makes me sad... for them and for myself..."</p> <p>On 2/21/13 at 10:30 a.m., an observation was made of CNA #2 leaving Resident #46's room. CNA #2 was carrying clear plastic bags and slammed the door. CNA #2 approached CNA #6 and stated, "...she's driving me craaaazzy... she expects me to handle every little thing...." The conversation was audible from 10 feet away outside of Resident #46's room.</p> <p>On 2/21/13 at 2:00 p.m., an interview was conducted with the Director of Nursing. It was indicated that verbal abuse of any kind was not tolerated by this facility.</p> <p>3.1-3(t)</p>						

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F000279 SS=D	<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 reviews and interviews, the facility failed to ensure a "CATHETER PLAN OF CARE" was specific to the needs of 1 of 3 residents reviewed for catheter care plans in a sample of 3. (Resident "B")</p> <p>Finding includes:</p> <p>The record of resident "B" was reviewed on 02/19/13 at 10:30 a.m. Resident "B" was admitted to the facility on 01/22/12, with diagnoses including, but not limited to, neurogenic bladder, paraplegia, DVT</p>	F000279	<p><b>F279</b> It is the practice of this facility to use the results of an assessment to develop, review and revise the resident's comprehensive plan of care. It is the practice of this facility to develop a comprehensive care plan for each resident that includes measureable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. <b>Corrective Action:</b> Resident B care plans reviewed and updated to reflect current status. Licensed nurses will be re-educated on</p>	03/23/2013	

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	<p>(Deep Vein Thrombosis: blood clot), and anemia. Resident "B" had an A/C (anchored catheter) for urine output upon admission. Resident "B" was alert and orientated. Resident "B" was able to move and adjust his catheter without assistance. Resident "B" was being treated for a UTI.</p> <p>Review of the most most recent MDS assessment (Minimum Data Set: a tool to assist in planning resident care), dated 01/02/13, indicated Resident "B" required extensive assists of 2 more persons for personal hygiene and toileting (catheter care) needs.</p> <p>Review of the Physician's Order Sheet, dated 02/01/13, indicated: "01/21/12 CATH CARE EVERY SHIFT" "FOLEY CATH FLUSH W [with]/60 CC [centimeters] NS [Normal Saline] EVERY SHIFT AND PRN [as needed]"</p> <p>Review of a "CATHETER PLAN OF CARE", initiated on 12/22/11, indicated: "Daily Indwelling Catheter Care: Refer to Lipincott Manual of Nursing Practice"</p> <p>The care plan did not include the</p>		<p>developing and updating care plans to reflect residents current status.</p> <p><b>How others identified:</b> Residents with catheters my be affected by this practice. A one time audit completed to ensure care plans reflect residents current status.</p> <p><b>Systemic Changes:</b> Licensed nurses will be re-educated on proper catheter irrigation procedure according to Lippencot Manual of Nursing Practice with a proper return demonstration.</p> <p><b>Monitoring:</b> Unit managers will review care plans with each new catheter and ensure appropriateness. ADON, DON and/or designee will review during clinical meeting to ensure care plans reflect current status. The UM, ADON, DON, or designee will use a monitoring log to check compliance daily for 2 weeks, 3 times a week for 2 weeks, weekly for 4 weeks, then monthly for 4 months. New nurses will be educated on this skill and a return demonstration completed successfully. Also, done annually with licensed nurses during skills validation. Trends will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one to one re-education up to and including termination. Any identified trends will be forwarded to the administrator for</p>		

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	<p>specific care to be provided by staff to Resident "B" in regards to the Lippencott Manual of Nursing Practice."</p> <p>The care plan then continued to list assessment cues, including but not limited to, checking the catheter, placement of the drainage bag, tubing, emptying the drainage bag, description of the urine output, and offering oral fluids to the resident.</p> <p>The ADNS (Assistant Director Nursing Services) was interviewed, on 02/20/13 at 2:00 p.m., in regards to the facility's Catheter Care and Catheter Irrigation Care Plans. The ADNS, when queried, indicated the staff refer to the "Lippencott Manual of Nursing Practice located on the unit, for direction. Reference to the provided manual, Chapter 21: RENAL AND URINARY DISORDERS, indicated: "PROCEDURE: Nursing Action: Care of the indwelling catheter 1. Clean around the area where catheter enters urethral meatus...with soap and water during the daily bath to remove debris..."</p> <p>"PROCEDURE: Nursing Action: To irrigate the catheter... 1. Wash hands. Put on gloves.</p>		<p>review and presented to QA to determine further educational needs. <b>Completed By:</b> March 23, 2013</p>				

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	<p>2. Using aseptic technique, pour sterile irrigating solution into sterile container.</p> <p>3. Clean around the catheter and drainage tubing connection with sterile gauze pads soaked in povidine-iodine solution.</p> <p>4. Disconnect catheter from drainage tubing. Cover tubing with a sterile cap.</p> <p>5. Place a sterile drainage basin under the catheter.</p> <p>6. Connect a large-volume syringe to the catheter and irrigate catheter using prescribed amount of sterile irrigant.</p> <p>7. Remove syringe and place end of catheter over drainage basin, allowing returning fluid to drain into basin.</p> <p>8. Repeat irrigation procedure until fluid is clear or according to physician's directives.</p> <p>9. Disinfect the distal end of the catheter and end of drainage tubing; reconnect the catheter and tubing. Remove gloves. Wash hands."</p> <p>This Federal tag relates to Complaint IN00124071.</p> <p>3.1-35(b)(1)</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interviews, record reviews and interviews, the facility failed to assure that those receiving a Coumadin, anti-coagulation chemical therapy, were not offered green leafy vegetables with meals for Resident's #129 and Resident #46. This affected 2 of 20 residents reviewed for receiving Coumadin, anti-coagulation chemical therapy.</p> <p>Findings included:</p> <p>1). On 2/15/13 at 11:00 a.m., an interview was conducted with Resident #129. She indicated that she was receiving a "blood thinner... that requires me to not eat green leafy vegetables... I like them, the diet slip says I don't, yet I do... I've mentioned this to the nursing staff and the dietary staff, yet they keep sending this to me... why do they do that...I was told, as long as I am taking this Coumadin medicine to not eat green leafy vegetables... is this something that the facility doesn't</p>	F000309	<p>F309</p> <p>It is the practice of this facility to ensure each resident receive and the facility provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care. The facility was allegedly non-compliant in assuring that those residents receiving a Coumadin therapy were not offered green leafy vegetables with meals.</p> <p><b>Corrective Action:</b> A complete chart review was conducted by the Resigerted Dietician for those residents identified as receiving Coumadin therapy. These residents were educated and provided materials that indicate the need to keep a consistent intake of vitamin K while on anti-coagulant therapy. These residents were also informed that the menu cycle use by the facility promotes a steady intake of vitamin K.</p> <p><b>How Others Identified:</b> All residents have the potential to</p>	03/15/2013			

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	<p>know?!..." She also indicated that when she receives green leafy vegetables on her meal try, she removes the item. She has at times in the past received a "...salad and a green vegetable, and I removed those and told the nurses that I'm not to eat those, and would like something else, and nothing was every given to replace these, so... I didn't eat very much on those occasions..." Resident #129 indicated,"...I eat all of meals in my room by my choice...."</p> <p>On 2/18/13 at 9:00 a.m., a record review was completed of Resident #129's clinical medical record. It sated that Coumadin therapy was being prescribed. Appropriate Laboratory blood tests were being completed, with follow up's to abnormal's and chemical medicines were adjusted by the medical doctor. Nutritional services were being monitored by a registered dietician with progress notes indicating this Resident's prescription of Coumadin therapy.</p> <p>On 2/20/13 at 8:30 a.m., an interview was conducted with the Educational Director. It was noted that the teaching of Coumadin therapy was not certain. It was noted that this facility did not have an, "... actual</p>		<p>be affected. Residents residing in the facility will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees.</p> <p><b>Preventative Measures:</b> Residents identified on a anti-coagulant therapy program will be assessed by the Registered Dietician upon admission Education of diet related to anti-coagulant therapy will be provided to the resident and/or resident's power of attorney. Materials given will be documented in the dietary section of the resident record. Nutritional Services Manger will in-service the dietary staff of the importance and significance to accurately follow information on the resident dietary ticket.</p> <p><b>Monitoring:</b> Registered Dietician will obtain the weekly Coumadin systems check and cross check to ensure residents receiving anti-coagulant therapy have been educated on maintaining consistent vitamin K in their diet. Any trends will be reviewed and presented to the monthly Quality Performance committee to determine further action if needed.</p> <p><b>System Changes:</b> 3/15/2013</p>		

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	<p>nursing policy and procedure for administering Coumadin...."</p> <p>On 2/20/13 at 9:00 a.m. a clinical chart record review was made for Resident #129. The care plan was reviewed titled, " Anticoagulation Therapy Plan of Care." It noted under interventions, " Avoid Drugs/ Food which decrease INR. Provide close monitoring if used." and "Avoid Drugs and/or Food which may increase or decrease INR. Provide close monitoring for both."</p> <p>On 2/20/13 at 9:05 a.m. a clinical chart review was conducted for Resident #129. The PT/INR orders and blood test values were reviewed. The Medical doctors orders corresponded on the lab results for close monitoring of the chemical medication adjustments.</p> <p>On 2/20/13 at 9:10 a.m. a record review of the form titled, "Nutrition Risk Data Collection and Assessment" noted under column titled, "Food/ Preference/ Issues. See Food Pref. (preference) form."</p> <p>On 2/20/13 at 9:10 a.m. a record review of the form titled, " Food Preference Record," dated, "1/30/13." It indicated under column titled, "</p>			

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	<p>Food Dislikes-Circle or write dislikes." The items: Broccoli, Brussel Sprouts, Spinach greens were circled. Handwritten in was, "No green Veggies."</p> <p>On 2/20/13 at 1:00 p.m. an observation was made of the 100 hall room tray dirty dish rack. This was where the meal trays were placed after Resident's consumption. Resident #129's meal tray was observed. The menu included broccoli spears. The plate was empty. The diet menu tray lunch slip was reviewed.</p> <p>On 2/20/13 at 1:02 p.m., an observation was made of Resident #129's meal tray lunch. It was a 3 x 4 inch piece of white paper with the Residents name at the top with the station and room number. Below the residents name the diet was listed along with restrictions and "dislikes." It stated," Resident #129's name, station/hall, room number/ bed number: Regular, Limit high fat foods, no added salt, low cholesterol foods, Dislikes: Peanut butter, broccoli, brussel sprouts, green veggies, milk."</p> <p>On 2/20/13 at 2:00 p.m., an interview was conducted with the 100 hall Unit Manager. It was stated in response to</p>			

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	<p>the question of 'whose responsibility is it to assure that those on coumadin therapy do not receive green leafy vegetables on the meal trays that are delivered to the Resident's?' It was stated, "... that is the dietary's responsibility...When I was on the other hall, we [nursing services] kept a reminder taped to the nurses station... we don't have that down here..."</p> <p>On 2/20/13 at 2:30 p.m., an interview was conducted with the Dietary Manager. It was noted that Coumadin therapy was managed by restricting potassium. Green leafy vegetables were not identified as a restriction in relation to Coumadin Therapy.</p> <p>On 2/20/13 at 3:00 p.m., an interview was conducted with Resident #129. It was noted that the "dislikes" mentioned on the diet sheet were not "dislikes" yet rather a mandate from medical education that Coumadin levels would not be accurate if routinely consumed. It was stated,"... I like all those foods, I always have, but I was educated to NOT eat green leafy vegetables and it's been up to me to regulate this from my dining tray... what about those who cannot speak up like I can... I'm certain their</p>						

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	<p>getting these too...when it says dislike and it's on the tray, I'm thinking I'm probably being given this because there isn't any thing else?"</p> <p>On 2/22/13 at 10:30 a.m., an interview was conducted with a Registered Dietician in the facility. It was noted that a form titled, "Michiana Health and Rehab. Menu Nutritional Analysis- Weekly Summary Report. Menu Set- Year-Cycle. Week name- Week 2. Therapeutic Menu- Regular." On this form was the nutritional analysis of the following components of food ingested by the meals offered by the facility: "... K [Vitamin K] mg [milligrams]. Weekly averages 2900.3 milligrams daily." It was stated, "...this facility has no specifics for diet restrictions. This is monitored with this nutritional analysis... we [the facility] try to keep the Vitamin K in a range of 2700 to 3000 milligrams...therefore, we do not have to specifically monitor the actual green leafy vegetables that are offered, due to we already have addressed that in our menus and serving sizes offered to each resident...." It was noted that this information had not been provided to the resident #129 nor the nursing staff. The dietary department and the</p>						

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	<p>Registered Dietician supplied this information and controlled this variable. It was also noted in conjunction to the "Food Preference Record" that the Dietician is the one whom completes this form as noted by the Registered Dieticians signature at the bottom of the page.</p> <p>On 2/21/13 at 2:30 p.m., an interview was conducted with Director of Nursing. It was noted the the nursing staff are to use the resource Lippincott Manual for directions for clinical matters. It was also indicated that there was not an awareness of the provision for the Lippencott Manuals for the nursing staff to utilize at their respective stations. It was indicated that all nursing staff was to use her personal office for acquiring this Manual where one was kept. It was also noted that her office was locked during the off hours of the working schedule and weekends. It was also noted that a key to her office was available by "someone."</p> <p>On 2/21/13 at 3:00 p.m., a record review was conducted of the Lippencott Manual of Nursing Practice Handbook Third Edition. It was noted on page 56, "...Box A-1. Selected Substances that interact with Coumadin. Substances that</p>				

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	<p>decrease Coumadin Effect...Vitamin K-Rich foods."</p> <p>On 2/21/13 at 3:05 p.m., an interview was conducted with Resident #129. It was noted, "... I had no idea...I'm in this room, just relying on them [facility staff] to be sure what I'm in her for is being closely watched.... I'd like them to put something on the meal ticket that says that I'm on Coumadin... and to not send me green leafy vegetables.... I feel as if I'm the one doing the monitoring and no one really knows...."</p> <p>3.1-35(b)(1)</p>			
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F000315 SS=G	<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 observations, record reviews and interviews, the facility failed to assure catheter care was provided in a manner to prevent infection for a resident with a history of UTI (Urinary Tract Infection) for 1 of 3 residents in a sample of 3 with a urinary catheter. (Resident "B")</p> <p>Finding includes:</p> <p>The record of resident "B" was reviewed on 02/19/13 at 10:30 a.m. Resident "B" was admitted to the facility on 01/22/12, with diagnoses including, but not limited to, neurogenic bladder, paraplegia, DVT (Deep Vein Thrombosis: blood clot), and anemia. Resident "B" had an A/C (anchored catheter) for urine output upon admission. Resident "B" was alert and orientated. Resident "B" was able to move and adjust his catheter</p>	F000315	<p><b>F315</b> It is the practice of this facility to 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><b>Corrective Action:</b> RN #15 was immediately re-educated on catheter irrigation with a successful return demonstration. Licensed nurses will be re-educated on catheter irrigation and care.</p> <p><b>How others identified:</b> Residents with catheters may be affected by this practice. A one time audit completed to ensure care plans reflect residents current status.</p> <p><b>Systemic Changes:</b> Licensed</p>	03/23/2013	

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	<p>without assistance. Resident "B" was being treated for a UTI. Resident "B" had been treated for a UTI on 01/12/13, 01/18/13, and 02/07/13.</p> <p>Review of the Physician's Order Sheet, dated 02/01/13, indicated: "01/21/12 CATH CARE EVERY SHIFT" "FOLEY CATH FLUSH W (with)/60 CC (centimeters) NS (Normal Saline) EVERY SHIFT AND PRN (as needed)"</p> <p>On 02/20/13 at 1:00 p.m., RN #15, the unit's full time RN, was observed to provide catheter care and catheter irrigation for Resident "B". RN #15 indicated she was the usual nurse who did the cath care and irrigation. RN #15 washed her hands and opened the sterile bottle of Normal Saline and the irrigation syringe without incident. RN #15 was then observed to disconnect the catheter drainage tubing from the catheter and proceed to irrigate the bladder through the catheter with the syringe and Normal Saline, then reconnect the catheter to the catheter drainage tubing without cleansing the area of connection.</p> <p>RN #15 then gave a clear and</p>		<p>nurses will be re-educated on proper catheter irrigation procedure according to Lippencot Manual of Nursing Practice with a proper return demonstration.</p> <p><b>Monitoring:</b> The UM, ETD, ADON, DON, or designee will monitor one nurse per day for proper technique of catheter irrigation. Both the observer and the nurse will sign the paper that indicates proper procedure was done correctly. One nurse per day, Monday through Friday, for 2 weeks, one nurse 3 times per week, Monday through Friday for 4 weeks. One nurse once a week for 4 weeks then monthly for 4 months. This will be across all shifts. If there is no resident with a scheduled irrigation, the nurse will simulate a return demonstration with the manquin. Trends will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one to one re-education up to and including termination. Any identified trends will be forwarded to the administrator for review and presented to QA to determine further educational needs.</p> <p><b>Completed By:</b> March 23, 2013</p>		

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	<p>accurate assessment of checking the urine for color, clarity, flow and checking the catheter, tubing, and drainage bag for positioning. RN #15 indicated the assessment as the process for providing for cath care for Resident "B."</p> <p>The ADNS (Assistant Director Nursing Services) was interviewed, on 02/20/13 at 2:00 p.m., in regards to the facility's Catheter Care and Catheter Irrigation Policy and Procedures. The ADNS provided, at the time, a "PROCEDURE: Indwelling Urinary Catheters: 07/2012". The procedure did not address catheter care or catheter irrigation. The ADNS, when queried, indicated the staff refer to the "Lippencott Manual of Nursing Practice located on the unit, for direction. Reference to the provided manual, Chapter 21: RENAL AND URINARY DISORDERS, indicated:</p> <p>"PROCEDURE: Nursing Action: Care of the indwelling catheter 1. Clean around the area where catheter enters urethral meatus...with soap and water during the daily bath to remove debris..."</p> <p>"PROCEDURE: Nursing Action: To irrigate the catheter... 1. Wash hands. Put on gloves.</p>			

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	<p>2. Using aseptic technique, pour sterile irrigating solution into sterile container.</p> <p>3. Clean around the catheter and drainage tubing connection with sterile gauze pads soaked in povidine-iodine solution.</p> <p>4. Disconnect catheter from drainage tubing. Cover tubing with a sterile cap.</p> <p>5. Place a sterile drainage basin under the catheter.</p> <p>6. Connect a large-volume syringe to the catheter and irrigate catheter using prescribed amount of sterile irrigant.</p> <p>7. Remove syringe and place end of catheter over drainage basin, allowing returning fluid to drain into basin.</p> <p>8. Repeat irrigation procedure until fluid is clear or according to physician's directives.</p> <p>9. Disinfect the distal end of the catheter and end of drainage tubing; reconnect the catheter and tubing. Remove gloves. Wash hands."</p> <p>RN #15 was interviewed on 02/20/13 at 2:30 p.m. RN #15 indicated she was the full time day nurse who normally cared for Resident "B" and provided the catheter care and catheter irrigation as previously observed.</p>			

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	<p>This Federal tag relates to Complaint IN00124071.</p> <p>4.1-4(a)(2)</p>			

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F000356 SS=C	<p><b>483.30(e) POSTED NURSE STAFFING INFORMATION</b></p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview and record review, the facility failed to post the current daily resident census on the Daily Nurse Staffing Form for 6 of 6 days the posting was observed. (2/14, 2/15, 2/18, 2/19, 2/20, 2/21)</p>	F000356	F356  It is the practice of this facility to post nursing staffing data on a daily basis in a clear and readable format in a prominent place readily accessible to resident and	03/13/2013			

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	<p>Findings include:</p> <p>The "Daily Nurse Staffing Form" was observed and reviewed during the 6 days of the survey (2/14, 2/15, 2/18, 2/19, 2/20, 2/21). The posting included the total number of RN's (Registered Nurses), LPN's (Licensed Practical Nurses), and CNA's (Certified Nurse Aides) and the total and actual hours worked. The posting did not include the daily resident census at the start of each shift.</p> <p>During an interview on 2/21/13 at 3:20 P.M., the Administrator indicated resident census should be on the daily staffing form in the space provided for this information and its not.</p> <p>3.1-13(a)</p>		<p>visitors.</p> <p><b>Corrective Action:</b> The facility will ensure that the correct census data appears on the nursing staffing posting form. The facility scheduler will be responsible for entering census data on the nursing staffing form.</p> <p><b>How Others Identified:</b> All residents have the potential to be affected. Residents residing in the facility will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees.</p> <p><b>Monitoring:</b> The scheduler/designee will post the nursing staffing data for the day to include correct census data. The Administrator/Designee will validate accuracy of form after morning stand up meeting. Any trends will be reviewed and presented to the monthly Quality Performance committee to determine further action if needed.</p> <p><b>System Changes:</b> Completed by 3/13/2013</p>		

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F000371 SS=E	<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 Based on observations, record reviews and interviews, the facility failed to assure 3 of 4 Resident nourishment refrigerators were quality controlled for accurate temperatures to assure foods would be stored adequately preventing food borne illnesses. This affected Hall's 100, 200, and 400. This potentially affected Residents: #250, #140, #175, #147, #27, #3, #47, #26, #118, #52 who's food was stored in these refrigerators. It potentially affected all residents receiving nourishments on the 100, 200, and 400.</p> <p>Finding includes:  On 2/19/13 at 9:40 a.m., an observation was made of the nourishment refrigerators for halls 100, 200, 300 and 400 with the Environmental Manager and the Laundry Supervisor.  On 2/19/13 at 9:45 a.m., an observation was made of the</p>	F000371	<p>F371  It is the practice of this facility to store, prepare distribute and serve food under sanitary conditions. The facility was allegedly non-complaint in the proper temping of refrigerators used for storing resident food. <b>Corrective Action:</b> Thermometers have been replaced in refrigerators. Temperature log sheets have been amended to reflect proper temping procedure on both sides of the log. Dietary staff have been re-educated to report missing or broken thermometers and on appropriate temping and logging of temperatures. <b>How Others Identified:</b> All residents have the potential to be affected. Residents residing in the facility will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees. <b>Preventative Measures:</b> Dietary staff re-educated on proper temping and documentation of temps on log for refrigerators on the nursing units. <b>Monitoring:</b></p>	03/15/2013			

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	nourishment refrigerator on hall 400. A two-sectioned Refrigerator/ Freezer was identified as containing resident nourishments. It was observed to have a quality form taped to the front of the freezer unit. It was noted to hold the quality control readings for the month of February 2013. The columns were observed to have thermometer readings handwritten for the appropriate days of the month. The title of the form was titled, "Refrigeration Temperature Log. Instructions: Prior to posting this log, label each column with the appropriate equipment name. Each day, record temperatures for all equipment on the a.m. and the p.m. shifts, and initial. The refrigeration temperature should be 41* [degrees] of below, the freezer temperature should be zero degrees or below. If any temperature exceeds these critical limits, report discrepancies immediately to the Nutrition Services Manager or Supervisor." This form was two sided which held the identical template form for recording temperature readings for quality control on both sides. Except that the directives noted above were not transcribed to the back-side of the form. The front of the form recorded the first 15 days of the calendar month. The backside recorder the		The Nutritional Services Manger or his designee will audit log sheet daily for 2 weeks, then twice a week for 2 weeks and then weekly thereafter for compliance. Non –compliance will result in one to one re-education of staff. Any trends will be reviewed and presented to the monthly Quality Performance committee to determine further action if needed. <b>System Change:</b> 3/15/2013		

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	<p>last 16 days of the calendar month. When the front side of the form was completed through the 15th of the calendar month, the quality controller would flip the from to the back side and tape it to the front of the freezer unit. This disallowed the quality controller to visualize the directives noted above for accuracy and notification of abnormal readings.</p> <p>On 2/19/13 at 9:45 a.m., the temperature of the 400 hall freezer was read by the Maintenance Director of the freezer thermometer. It read at 22*(degrees). It was noted by the Maintenance Director that the thermometer was broken. The temperature of the 400 hall refrigerator was read by the Maintenance Director. It read 43* degrees. It was indicated by the Maintenance Director that this was not an accurate reading. A list of groceries contained in the refrigerator and freezer was provided: The refrigerator contained: 5 tomato soups, 7 chicken and noodle soups, crackers, cookies, 3 peanut butter and jelly sandwiches, 9 mighty shakes, 3 bologna sandwiches, 6 sodas, 8 apple sauces, 3 yogurts, 1 gallon milk, 1/2 gallon lactose free milk, 1 liter of lemonade, 1 liter of fruit punch, 1 liter of cranberry juice and 1</p>						

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	<p>carafe of prune juice. The freezer contained: 3 chocolate nutritional treats and popcicles. The refrigerator also included the following Resident's personal food items: Resident #26: potato salad, cheese cake, chicken salad, buttermilk, cream cheese, butter and mayo; Resident #118 Chicken; Resident #52: 4 jello cups and 3 Gatorades.</p> <p>On 2/19/13 at 10:00 a.m., an observation was made of the nourishment refrigerator on hall 200. It was noted by the Maintenance Director that the thermometer was missing from the refrigerator and could not be accurately temped. The temperature quality control log did not provide the directives for quality control as noted above. A list of groceries contained in both the refrigerator and freezer was provided: The refrigerator contained: cookies, crackers, 5 tomato soups, 4 chicken noodle soup, hot cocoa, 7-deli sandwiches, honey, cranberry/orange/apple/ waters, cranberry nectar, 8 nepros, 3 yogurts, 2 applesauce's, 1 gallon milk, 1 liter cranberry juice, 1 liter of fruit punch, 1 liter lemonade, 1 carafe of orange juice, 1 carafe of prune juice, 1 carafe of apple juice. The refrigerator also included the following Resident's</p>			

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	<p>personal food items: Resident #250: 2 orange juices, 4 yogurts, raspberries: Resident #175: Greek yogurt: Resident #147: grapes, cherry pie, oranges, 1 gallon skim milk: Resident #27 loaded potato soup, vanilla iced coffee.</p> <p>On 2/19/13 at 10:10 a.m., an observation was made of the nourishment refrigerator on hall 100. It was noted by the Maintenance Director and the Laundry Supervisor, to not have a thermometer in either the freezer nor the refrigerator. A list of groceries contained in both the refrigerator and freezer was provided: This included Resident #140 pop; The refrigerator contained nourishments: 3 bananas, 6 chicken and noodle soups, 6 tomato soups, cookies, hot chocolate, tea bags, 5 vanilla health shakes, 8 chocolate health shakes, 5 strawberry health shakes, 8 ham sandwiches, 4 peanut butter sandwiches, nectar water, nectar apple juice, 4 yogurts, 5 sodas, 5 apple sauces, 1 carafe cranberry juice, 1 liter lemonade, 1 carafe of orange juice, 1 gallon of milk, 1 1/2 gallon of milk, 1/4 liter of orange juice and a carafe of apple juice.; The freezer contained: 1 vanilla ice cream cup, 1 chocolate ice cream cup, 8 chocolate nut treats, 1 orange nut</p>			

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	<p>treat, 2 vanilla health shakes, 3 chocolate shakes.</p> <p>On 2/19/13 at 11:55 a.m., an interview was conducted with the Dietary Service manager. It was noted the the form was not accurate and should include the directives on, "...both sides of the paper, which I will make sure gets done yet today..." It was also indicated the the thermometers were missing and some broken and this would be changed as well. A list of all groceries for the freezer/ refrigerator units of all halls was provided.</p> <p>3.1-21(i)(1)</p>			

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F000425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on observations, interviews and record reviews, the facility failed to provide Ambien as routinely prescribed to Resident #129. This affected 1 of 7 residents sampled.</p> <p>Findings included:</p> <p>On 2/15/13 at 11:00 a.m., an interview was conducted with Resident #129. She indicated that she was not receiving her Ambien (sleeping aid prescribed for Insomnia) as prescribed at nighttime. It was stated, "...They [the facility] have not given me my sleeping pill Ambien for</p>	F000425	<p><b>F425</b> It is the practice of this facility to provide routine and emergency drugs and biologicals to its residents, or obtain them and provide pharmaceutical services to meet the needs of each resident.</p> <p><b>Corrective Action:</b> Resident #129 is stable with no signs or symptoms of physical, mental, or psychosocial issues related to missed dose of medication. Licensed nurses have been re-educated on what to do if a med is unavailable.</p> <p><b>How others identified:</b> Residents who reside at this facility have potential to be affected. Residents residing in</p>	03/23/2013	

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	<p>several nights... this has caused me a great deal of sleeping problems... I asked them why couldn't they simply get me my medicine, and I was told they can only get 16 tablets at a time and there was no more to be had... I cannot believe this... I came in with a prescription when I arrived and they had it filled at [local pharmacy], I believe... and I know there was more than that in that bottle...."</p> <p>On 2/18/13 at 9:00 a.m., a record review was completed of Resident #129's clinical medical record. It was noted that 3 prescriptions had been completed for Ambien. The following are the prescriptions noted in the chart:</p> <ol style="list-style-type: none"> <li>1. Dated 1/4/13 (admission date 1/6/13). Prescription signed by a Medical Doctor from (local hospital.) It indicated No refills. It was for a 15 day supply of 2-5 mg (milligrams) tablets to be given at bedtime every night.</li> <li>2. Dated 1/14/13. Prescription signed by a Medical Director. It indicated 2 refills. It was for a 30 day supply of 1-10 mg (milligram) tablet to be given at bedtime every night.</li> <li>3. Dated 2/15/13. Prescription was a</li> </ol>		<p>the facility will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees who are found in violation.</p> <p><b>Systemic Changes:</b> Licensed nurses will be re-educated on What to do if medication are not available, proper med administration as to avoid "holes" in the MAR, proper documentation when giving a controlled medication. How to initiate a count sheet when narc. Medication is delivered from pharmacy, how to get medication out of the EDK.</p> <p><b>Monitoring:</b> The UM/or designee will monitor the Mars versus the Narc sheets for nurse compliance with documentation checks on no less than 10 residents. The UM/or designee will also complete spot with checks on no less than 10 alert &amp; oriented residents to ensure that they are receiving ordered medications. The UM, ADON, DON, or designee will use a monitoring log to check compliance daily for 2 weeks, 3 times a week for 2 weeks, weekly for 4 weeks, then monthly for 4 months. Trends will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one to one re-education up to and including termination. Any identified trends will be</p>		

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	<p>faxed notification for "Request for CIII-V continuance of therapy prescription" from facility's contracted pharmacy signed by a Medical Director. This form had a notification date of "2/9/11," a faxed to the facility date of "2/11/13," a faxed date of "2/14/13," to the Prescribing doctors office, and a prescribing order signature of, "2/15/13." It indicated No refills. It was for a 30 day supply of 1-10 mg (milligram) tablet to be given at bedtime every night.</p> <p>On 2/20/13 at 9:00 a.m., the Medication Administration Records (MAR) were reviewed for Resident #129. It was noted on the MAR that initials of those administering the Ambien for the months of February 2013 were fully completed. It was noted on the MAR that initials of those administering the Ambien for the months of January 2013, were missing in the dates of 18, 19, 29, and 30th days. On the backside of the MAR for January 2013 it was noted, "...1/29/13. Initials of staff. PO [by mouth]. Medications: Ambien. Reason: not available. Signature of staff." No other notation was provided for missing dosing.</p> <p>On 2/20/13 at 9:00 a.m. the Pharmacy receipts of medication</p>		<p>forwarded to the administrator for review and presented to QA to determine further educational needs.</p> <p><b>Completed By:</b> March 23, 2013</p>				

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	<p>were reviewed of the dates from 1/6/13 to the 2/20/13. It was noted that the pharmacy had delivered the following amounts of Ambien on the following dates:</p> <ol style="list-style-type: none"> <li>1. Dated 1/30/13. Ambien 10 mg tablets. 7 each. delivered 1/30/13 at 12:48 p.m.</li> <li>2. Dated 2/4/13. Ambien 10 mg tablets. Notation: "...The medication listed below has been reordered too soon and will be sent on the future release date. If you need any of these orders on the next delivery tote, please circle each order and sign(authority to bill facility). then fax to pharmacy. Release date: 2/5/13. Date last shipped: 1/30/13.</li> <li>3. Dated 2/5/13. Ambien 10 mg tablets. 7 each. delivered 2/5/13 at 11:25 a.m.</li> <li>4. Dated 2/14/13. Ambien 10 mg tablets. 7 each. delivered 2/14/13 at 14:05 p.m.</li> </ol> <p>On 2/20/13 at 9:00 a.m., an observation was made of the narcotic cart for Resident #129 with Nurse LPN #2 and Unit Manager LPN. A pill pop-card was noted to have 1 remaining Ambien 10 mg tablet for</p>			
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	<p>use on the 20th night of February. There was no further stock of Ambien noted at that time.</p> <p>On 2/20/13 at 9:15 a.m., an interview and observation with LPN#2 and Unit Manager of Hall 100 LPN was conducted of the "Disposition of unused medication" sheets. Five(5) sheets were reviewed. The following dates were provided:</p> <p>1). Rx.(Prescription) #2694071-03437. dated 1/9/13. Resident #129's name. Ambien 5 mg tablets. Give two (2) tab Q(every) hs(hour of sleep). Quantity: 26. Dates of administration included:</p> <ol style="list-style-type: none"> <li>1. 1/9/13</li> <li>2. 1/10/13.</li> <li>3. 1/11/13.</li> <li>4. 1/12/13.</li> <li>5. 1/13/13.</li> <li>6. 1/14/13.</li> <li>7. 1/15/13.</li> <li>8. 1/16/13.</li> <li>9. 1/18/13.</li> <li>10. 1/20/13.</li> <li>11. 1/22/13.</li> <li>12. 1/23/13.</li> <li>13. 1/24/13.</li> </ol> <p>All dosing was: "ii" (Two). Times: "9p"</p> <p>2) Rx. #900428968. Dated 1/14/13. Resident #129's name. Ambien 10</p>						

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	<p>mg tablets. Give one (1) tab Q(every) hs(hour of sleep). Quantity: 7. Dates of administration included:</p> <ol style="list-style-type: none"> <li>1/17/13.</li> <li>1/19/13.</li> <li>marked through with a slash and ERROR written in.</li> <li>1/21/13.</li> <li>1/25/13.</li> <li>1/26/13.</li> <li>1/27/13.</li> <li>1/28/13.</li> </ol> <p>All dosing's are "i" (one). Times either "9p" or "8p."</p> <p>3.) Rx. #900436761. dated 1/30/13. Resident #129's name. Ambien 10mg tablets. Give one (1) tab Q(every) hs(hour of sleep). Quantity: 7. Dates of administration included:</p> <ol style="list-style-type: none"> <li>1/31/13.</li> <li>1/31/13.</li> <li>2/1/13.</li> <li>2/2/13.</li> <li>2/3/13.</li> <li>2/4/13.</li> <li>2/5/13.</li> </ol> <p>All dosing's are "i" (one). Times are all "9 p."</p> <p>4). Rx. #900436961. dated 2/5/13. Resident #129's name. Ambien 10 mg tablets. Give one (1) tab Q(every)</p>			

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	<p>hs(hour of sleep). Quantity: 7. Dates of administration included:</p> <ol style="list-style-type: none"> <li>2/6/13. Time administered: "8p."</li> <li>2/7/13. Time administered: "8p."</li> <li>2/8/13. Time administered: "8p."</li> <li>2/9/13. Time administered: "9p."</li> <li>2/10/13. Time administered: "9p."</li> <li>2/11/13. Time administered: "10p."</li> <li>2/12/13. Time administered: "9p."</li> </ol> <p>All dosing's are "i" (one).</p> <p>5.) Rx. #900436961. dated 2/14/13. Resident #129's name. Ambien 10mg tablets. Give one (1) tab Q(every) hs(hour of sleep). Quantity: 7. Dates of administration included:</p> <ol style="list-style-type: none"> <li>2/14/13.</li> <li>2/15/13.</li> <li>2/16/13.</li> <li>2/17/13.</li> <li>2/18/13.</li> <li>2/19/13</li> </ol> <p>"1 pill remaining in current narcotic count."</p> <p>On 2/20/13 at 2:00 p.m., an interview was conducted with the 100 hall Unit Manager. It was indicated the the facility had received a , "...late/ after hours fill for Ambien from (local pharmacy) when Resident #46 had been admitted... we (nursing staff) were told to use up the bottle</p>			
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	<p>medication before going into the pop cards for this medicine... the disposition sheets indicate that we didn't do that because of the dates going back and forth between the bottle and a pop card...the pharmacy is notified of an off hour prescription needed and they have a runner who picks it up from a local pharmacy and delivers it to us... we also have an EDK (emergency drug kit) that nursing can fill off hour medication needs from... nurses are the only ones with a key... the pharmacy keeps track of all that is taken and refilled from the EDK..."</p> <p>On 2/20/13 at 3:00 p.m., an interview was conducted with Resident #129. It was noted that she did recall receiving," ...2 pills at first , then 1 pill later on... I missed 2 complete nights of medicine... I remember that... I'm not confusing this... I know because I layed here awake all night long... I told those nurses it was really important because I cannot rest without my sleeping pill..."</p> <p>On 2/21/13 at 2:30 p.m., an interview was conducted with Director of Nursing. The MAR, Disposition of Unused medication form used for dispensing narcotics, pharmacy delivery receipts and written doctor</p>			

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	<p>prescriptions for Resident #129 concerning the Ambien medicine were reviewed. It was noted that the count was not correct in that there were 4 dates that Ambien was not been given to Resident #129 and they were unaccounted for by the facility. The following dates are:</p> <p>Dates: 1/7 and 1/8/2013, did not have an accounting administration signature on the Disposition of Unused medications form.</p> <p>Dates: 1/17 and 1/18/2013, were not signed out as having been administered to Resident #129 on the MAR yet were signed out on the Disposition of unused medications form as having been given.</p> <p>Date: 1/29/13, was signed out as not given due to, "not available" on the back of the MAR.</p> <p>Dates: 1/31/13, appear twice on the Disposition of Unused medication form #3.</p> <p>Dates: 1/30 and 1/31/13, initials for administration on the MAR are missing; Ambien for dates 1/30/13, and 1/31/13, are assumed to have been given to the Resident #129 due to the fact that there are 2- 1/31/13,</p>						

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	<p>dates accounted for on the Disposition of Unused medication forms for this date of time period.</p> <p>Date: 2/13/13, did not have an accounting administration signature on the Disposition of Unused medications form. It did appear in the initials for administration on the MAR for February.</p> <p>It was concluded during this interview that the facility had failed to provide 6 dates; 1/7, 1/8, 1/7, 1/18, 1/29, and 2/13, as having not been given to Resident #129.</p> <p>On 2/21/13 at 2:30 p.m., an interview was conducted with Director of Nursing. It was indicated that the facility had not provided the medication Ambien as it had been prescribed by the doctor.</p> <p>On 2/21/13 at 3:05 p.m., an interview was conducted with Resident #129. It was noted, "... I had no idea...I'm in this room, just relying on them [facility staff] to be sure what I'm in her for is being closely watched... I know I missed two consecutive nights, that I won't forget soon, I know they bring me my pills in a separate cup than the rest of my med's... I know my</p>			

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	<p>medications..."</p> <p>3.1-25(e)(2)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155784		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/21/2013	
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F000441 SS=D	<p><b>483.65</b> <b>INFECTION CONTROL, PREVENT SPREAD, LINENS</b> 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 their food, if direct contact will transmit the disease. (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 observation, record reviews and interviews, the facility failed to</p>	F000441	<b>F441</b> It is the practice of this facility to establish and maintain	03/23/2013			

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	<p>ensure catheter care and catheter irrigations were provided in accordance to the facility's policy to prevent infection for 1 of 3 residents in a sample of 3 reviewed for catheter care. (Resident "B")</p> <p>Finding includes:</p> <p>The record of resident "B" was reviewed on 02/19/13 at 10:30 a.m. Resident "B" was admitted to the facility on 01/22/12 with diagnoses including, but not limited to, neurogenic bladder, paraplegia, DVT (Deep Vein Thrombosis: blood clot), and anemia. Resident "B" had an A/C (anchored catheter) for urine output upon admission. Resident "B" was alert and orientated. Resident "B" was able to move and adjust his catheter without assistance. Resident "B" had been treated for a UTI on 01/12/13, 01/18/13, and 02/07/13.</p> <p>Review of the Physician's Order Sheet, dated 02/01/13, indicated: "01/21/12 CATH CARE EVERY SHIFT" "FOLEY CATH FLUSH W (with)/60 CC (centimeters) NS (Normal Saline) EVERY SHIFT AND PRN (as needed)"</p> <p>On 02/20/13 at 1:00 p.m., RN #15,</p>		<p>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><b>Corrective Action:</b> RN #15 was immediately re-educated on catheter irrigation with a successful return demonstration. Licensed nurses will be re-educated on catheter irrigation and care.</p> <p><b>How others identified:</b> Residents with catheters may be affected by this practice. A one time audit completed to ensure care plans reflect residents current status.</p> <p><b>Systemic Changes:</b> Licensed nurses will be re-educated on proper catheter irrigation procedure according to Lippencot Manual of Nursing Practice with a proper return demonstration.</p> <p><b>Monitoring:</b> The UM, ETD, ADON, DON, or designee will monitor one nurse per day for proper technique of catheter irrigation. Both the observer and the nurse will sign the paper that indicates proper procedure was done correctly. One nurse per day Monday through Friday for 2 weeks, one nurse 3 times per week, Monday through Friday for 4 weeks. One nurse once a week for 4 weeks then monthly for 4 months. This will be across all shifts. If there is no resident with a scheduled irrigation, the</p>		

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	<p>the unit's full time RN, was observed to provide catheter care and catheter irrigation for Resident "B". RN #15 indicated she was the usual nurse who did the cath care and irrigation. RN #15 washed her hands and opened the sterile bottle of Normal Saline and the irrigation syringe without incident. RN #15 was then observed to disconnect the catheter drainage tubing from the catheter and proceed to irrigate the bladder through the catheter with the syringe and Normal Saline, then reconnect the catheter to the catheter drainage tubing without cleansing the area of connection.</p> <p>RN #15 then gave a clear and accurate assessment of checking the urine for color, clarity, flow and checking the catheter, tubing, and drainage bag for positioning. RN #15 indicated the assessment as the process for providing for cath care for Resident "B".</p> <p>The ADNS (Assistant Director Nursing Services) was interviewed, on 02/20/13 at 2:00 p.m., in regards to the facility's Catheter Care and Catheter Irrigation Policy and Procedures. The ADNS provided, at the time, a "PROCEDURE: Indwelling Urinary Catheters: 07/2012." The</p>		<p>nurse will simulate a return demonstration with the mannequin. Trends will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one to one re-education up to and including termination. Any identified trends will be forwarded to the administrator for review and presented to QA to determine further educational needs.</p> <p><b>Completed By:</b> March 23, 2013</p>	

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	<p>procedure did not address catheter care or catheter irrigation. The ADNS, when queried, indicated the staff refer to the "Lippencott Manual of Nursing Practice located on the unit, for direction. Reference to the provided manual, Chapter 21: RENAL AND URINARY DISORDERS, indicated:</p> <p>"PROCEDURE: Nursing Action: Care of the indwelling catheter</p> <ol style="list-style-type: none"> <li>1. Clean around the area where catheter enters urethral meatus...with soap and water during the daily bath to remove debris..."</li> </ol> <p>"PROCEDURE: Nursing Action: To irrigate the catheter...</p> <ol style="list-style-type: none"> <li>1. Wash hands. Put on gloves.</li> <li>2. Using aseptic technique, pour sterile irrigating solution into sterile container.</li> <li>3. Clean around the catheter and drainage tubing connection with sterile gauze pads soaked in povidine-iodine solution.</li> <li>4. Disconnect catheter from drainage tubing. Cover tubing with a sterile cap.</li> <li>5. Place a sterile drainage basin under the catheter.</li> <li>6. Connect a large-volume syringe to the catheter and irrigate catheter using prescribed amount of sterile irrigant.</li> </ol>			

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	<p>7. Remove syringe and place end of catheter over drainage basin, allowing returning fluid to drain into basin.</p> <p>8. Repeat irrigation procedure until fluid is clear or according to physician's directives.</p> <p>9. Disinfect the distal end of the catheter and end of drainage tubing; reconnect the catheter and tubing. Remove gloves. Wash hands."</p> <p>RN #15 was interviewed on 02/20/13 at 2:30 p.m. RN #15 indicated she was the full time day nurse who normally cared for Resident "B" and provided the catheter care and catheter irrigation as previously observed.</p> <p>The DNS (Director Nursing Services) was interviewed on 02/21/13 at 8:45 a.m. The DNS indicated the resident had been treated for occasional UTI's from admission until 01/2013. The DNS indicated Resident "B" had incurred several UTI's since 01/2013. The DNS was queried if the facility had identified a cause for the increase. The DNS indicated although the UTI frequency had been noted, the facility had not yet addressed the issue. The DNS indicated being unaware, until 02/20/13, regarding the procedure being used for catheter care and catheter irrigation for</p>			

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	<p>Resident "B."</p> <p>This Federal tag relates to Complaint IN00124071.</p> <p>3.1-18(b)(1)(A) 3.1-18(b)(4)</p>			
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