

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A011	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/24/2015
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NAME OF PROVIDER OR SUPPLIER ESPECIALLY KIDZ HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 2325 S MILLER ST SHELBYVILLE, IN 46176
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00175359 and Complaint IN00175434.</p> <p>Complaint IN00175359 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00175434 -- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: June 22, 23 and 24, 2015</p> <p>Facility number: 000273 Provider number: 155A011 AIM number: 100267870</p> <p>Census bed type: SNF/NF: 123 Total: 123</p> <p>Census payor type: Medicaid: 122 Other: 1 Total: 123</p> <p>Sample: 6</p> <p>This deficiency reflects state findings</p>	F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0315 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview and record review, the facility failed to follow the physician orders for the proper size of a urinary catheter to be used for intermittent catheterization for 1 of 2 residents observed for intermittent catheterization with 1 of 2 nurses in a sample of 6. This deficient practice has the potential to cause trauma to the urethra and could lead to a urinary tract infection or additional physical trauma to the urinary tract. (Resident #B)</p> <p>Findings include:</p> <p>During a care observation on 6-23-15 at 12:35 p.m., with Resident #B, LPN #1 was observed to utilize a sterile intermittent catheterization kit for the</p>	F 0315	<p>F157 Requires the facility to follow the physician orders for proper size of a urinary catheter to be used for intermittent catheterization.</p> <p>1. Resident B's physician order was clarified to ensure that a size 14 French urinary catheter can be utilized for intermittent catheterization.</p> <p>2. All residents have the potential to be affected. All residents physician orders were reviewed ensuring that physician orders are followed regarding catheter size. No concerns were noted. See below for corrective measures.</p> <p>3. The physician orders policy and procedure was reviewed with no changes made. (See attachment A) The staff was inserviced on the on the above procedure.</p>	06/25/2015

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	<p>physician ordered intermittent urinary catheterization. This kit contained a size 14 French urinary catheter. LPN #1 was observed to insert the size 14 French urinary catheter into Resident's urinary meatus in a sterile manner and obtained 300 milliliters of urine.</p> <p>Upon completion of the urinary catheterization, LPN #1 was queried as to what size of catheter had been used and what size of catheter was ordered for the resident's catheterization. She indicated she had used the size 14 French urinary catheter, instead of the physician ordered size 12 French urinary catheter. She indicated this was an oversight on her part.</p> <p>Resident #B's clinical record was reviewed on 6-22-15 at 12:10 p.m. It indicated his diagnoses included, but were not limited to, spastic quadriplegia and neurogenic bladder. A physician's order, with the original date of the order of 9-24-14, indicated he was to have intermittent urinary catheterization four times daily at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m., using a size 12 French urinary catheter.</p> <p>In an interview with the Director of Nursing on 6-24-15 at 1:30 p.m., he indicated LPN #1 had notified him of the</p>		<p>4. The DON or his designee will utilize the nursing monitoring tool daily times for weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained to ensure that the nurses are following physician orders when intermittently catheterizing a resident. An observation of at least 2 intermittent catheterization will be observed to ensure the physician order is being followed. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly.</p> <p>5. The above corrective measures will be completed on or before June 25, 2015.</p>	

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	<p>issue with the catheter size with Resident #B on 6-23-15. He indicated, "Since the order specified a certain size and the nurse didn't follow the order, it was an error." He indicated on 6-23-15, he did verify the facility had thirteen size 12 French urinary catheters available for use.</p> <p>3.1-41(a)(1)</p>				