

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/01/2013
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NAME OF PROVIDER OR SUPPLIER  SYCAMORE SPRINGS REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 215 W HIGH ST LIBERTY, IN 47353
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F000000	<p>This visit was for the Investigation of Complaint IN00136952.</p> <p>Complaint IN00136952 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: 9/30 and 10/1/13.</p> <p>Facility number: 000510 Provider number: 155507 AIM number: 100285440</p> <p>Survey team: Barbara Gray RN</p> <p>Census bed type: SNF/NF: 33 Total: 33</p> <p>Census payor type: Medicare: 2 Medicaid: 28 Other: 3 Total: 33</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<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>	
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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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	Quality review completed on October 6, 2013, by Janelyn Kulik, RN.				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to follow the physician's order to place the correct size catheter, for 1 of 3 residents reviewed for catheter care. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's record was reviewed on 9/30/13 at 11:42 A.M. The resident's diagnoses included but were not limited to, myelomeninogocole with paraplegia, horse shoe kidney, neurogenic bladder, and recurrent urinary tract infections.</p> <p>Resident #A's significant change MDS (Minimum Data Set) assessment dated 5/29/13, indicated he was understood and had the ability to understand others. He scored 15 on his BIMS (Brief Interview for Mental Status) exam, indicating he was cognitively intact. He required limited assistance of 2 persons for bed mobility, transfers, and dressing. He did not walk. Appliances used</p>	F000282	<p>F282 Requires the facility to follow physician's order to place the correct size catheter.1. Resident A had his catheter replaced per physician's order2. All residents have the potential to be affected. All residents with catheters had their physician's order reviewed to ensure that the correct size catheter was in place.3. The physician's order policy and procedure was reviewed with no changes made. (See attachment A)The staff was inserviced on the on the above procedure.4. The DON will check all catheter orders daily and conduct rounds to ensure that the correct size catheter is inserted. The DON or her 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 for two consecutive quarters. The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly.5. The above corrective measures will be completed on or before October</p>	10/02/2013			

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	<p>included an indwelling Foley and/or intermittent catheterization.</p> <p>A physician's order for Resident #A dated 8/3/13, indicated the following: Resident #A would use a latex free 16 FR (French) Foley catheter with a 30 ml (milliliter) balloon for a diagnosis of neurogenic bladder.</p> <p>A physician's order for Resident #A dated 9/5/13, indicated the following: Resident #A's catheter had become dislodged. Staff were to reinsert another catheter.</p> <p>A physician's order for Resident #A dated 9/5/13, indicated the following: Resident #A had requested a 16 FR Foley catheter with a 30 ml balloon be placed. An 18 FR Foley catheter with a 30 ml balloon would be discontinued.</p> <p>A nurse's note for Resident #A documented by LPN #1 indicated the following: "Late entry 9/5/13. New catheter changed due to current catheter pulled out as resident transferred from bed to shower bed. I placed a 18 FR silicone 30 ml catheter and resident was not satisfied with catheter stating it was to big. Wanted another one placed only smaller. This nurse placed a 16 FR</p>		2, 2013				

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	<p>30 ml silicone catheter that resident had in his room. Moderate amount of bleeding was noted, however resident was made aware that this could occur. He stated he understood. DoN (Director of Nursing), ADON (Assistant Director of Nursing) and MD were made aware."</p> <p>An investigation statement documented by LPN #1 on 9/5/13, and provided by the ADON on 9/30/13 at 2:30 P.M., indicated the following: Resident #A's catheter had become dislodged. "I looked at the catheter to see what size catheter had been in place. I could not find what size it was so I had spoken to the DON and she had a 18 FR, 30 ml balloon. That is what I found in our supply of silicone catheters. I placed the catheter as ordered. A pleasant conversation without any signs or symptoms of problems or difficulty with the catheter. I left the room and went into another resident's room." A CNA informed LPN #1 Resident #A requested to see her. "When I went into resident's room, he stated that catheter was wrong size and wanted catheter changed again. I stated to him I used what we had and what was ordered. He said he had a size 16 FR in a drawer that can be used. I found the catheter and that is what I</p>						

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	<p>used. When placing new catheter there was some bleeding and resident was educated due to catheter being pulled out and replacing new catheter times 2, there would be some bleeding related to irritation inside the penis. He said he understood and was fine. I told him I would monitor the return and it should clear up."</p> <p>A "Treatment Error Report" for Resident #A dated 9/5/13, indicated the following: The nurse had misread Resident #A's catheter order and had placed an 18 FR indwelling Foley catheter instead of a 16 FR indwelling Foley catheter as ordered by the physician. Resident #A had discovered he had the wrong size of catheter placed and the order was rechecked by the nurse. A new physician's order was obtained to place the correct size catheter and watch for any concerns. Potential side effects to watch for included irritation of catheter and possible bleeding.</p> <p>On 9/30/13 at 12:16 P.M., LPN #1 indicated on 9/5/13, Resident #A's catheter balloon became dislodged on 9/5/13, and the balloon had been inflated. She indicated she had checked Resident #A's physician</p>				

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	<p>orders and he had an order for a 18 FR silicone catheter. She indicated she placed a new 18 FR silicone catheter. She indicated Resident #A did not have any blood in his urine and he did not complain of any pain. She indicated after placing the catheter, CNA #2 informed her Resident #A said he had the wrong size catheter in and wanted a smaller one put in. She indicated she obtained a physician's order for a 16 FR silicone catheter. She indicated she removed the 18 FR catheter and placed a 16 FR catheter he had available in his dresser drawer. She indicated he had some blood flow return in his urine. She indicated she informed Resident #A she would monitor his urine output. She indicated the bleeding had lessened by the end of the day and at the end of her shift Resident #A's urine was pale pink.</p> <p>On 9/30/13 at 3:10 P.M., Resident #A was observed seated in his wheelchair in the hallway with no catheter visible. He indicated he had been catheterizing himself for approximately a week and prior to that he had an indwelling Foley catheter. He indicated one day the catheter balloon became dislodged and he had to have another catheter</p>			

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	<p>placed. He indicated on the day his catheter became dislodged, a nurse placed the wrong size catheter in him and had to remove the catheter and re-insert the correct size. He indicated he had experienced some bleeding in his urine.</p> <p>On 10/1/13 at 10:03 A.M., LPN #1 indicated after Resident #A's catheter became dislodged on 9/5/13, she re-inserted a 18 FR catheter with a 30 ml balloon approximately 9:45 A.M., and re-inserted a 16 FR catheter with a 30 ml balloon approximately 10:00 A.M. She indicated she had initially misread Resident #A's physician order as a 18 FR catheter. She indicated after Resident #A informed her the catheter size was incorrect, she re-read his physician's order and realized he should have a 16 FR catheter.</p> <p>This federal tag relates to Complaint IN00136952.</p> <p>3.1-35(g)(2)</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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