

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155131	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/08/2014
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NAME OF PROVIDER OR SUPPLIER  MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP CODE 7935 CALUMET AVE MUNSTER, IN 46321
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F000000	<p>This visit was for the Investigation of Complaint IN00155605.</p> <p>Complaint IN00155605- Substantiated. Federal/State deficiency related to the allegations is cited at F-505.</p> <p>Survey date: September 8, 2014</p> <p>Facility number: 000056 Provider number: 155131 AIM number: 100289450</p> <p>Survey Team: Janet Adams, RN-TC</p> <p>Census bed type: SNF: 22 SNF/NF: 175 Total: 197</p> <p>Census Payor type: Medicare: 36 Medicaid: 106 Other: 55 Total: 197</p> <p>Sample: 7</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC</p>	F000000		

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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F000505 SS=D	<p>16.2-3.1.</p> <p>Quality review completed on September 8,2014, by Janelyn Kulik, RN.</p> <p>483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings. Based on observation, record review, and interview, the facility failed to ensure the Physician was notified of abnormal laboratory test results in a timely manner for 1 of 3 residents reviewed for UTI's (Urinary Tract Infections) in the sample of 7. (Resident #C)</p> <p>Findings include:</p> <p>On 9/8/14 at 10:15 a.m., Resident #C was observed in her room. The resident was awake and sitting in a chair.</p> <p>The record for Resident #C was reviewed on 9/8/14 at 3:15 p.m. The resident's diagnoses included, but were not limited to, senile dementia, anemia, and renal failure.</p> <p>Review of the 7/16/14 quarterly Minimum Data Set assessment indicated</p>	F000505	<p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>What corrective actions will be accomplished for those residents found to have affected by the deficient practice; Resident C is no longer receiving antibiotic therapy and is free from signs and symptoms of infection. How the facility will identify other resident having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents who have orders for urinalysis with cultures have potential to be affected by the same alleged deficient practice. An audit of resident with orders for laboratory tests was completed to ascertain abnormal results were reported to the physician in a timely manner. No</p>	09/24/2014

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	<p>the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident was occasionally incontinent of urine.</p> <p>The current Physician orders were reviewed. An order was written on 8/19/14 to obtain a urine specimen for a urinalysis and culture and sensitivity laboratory test. Another order was written on 8/28/14 for the resident to receive Ciprofloxacin (an antibiotic) 500 milligrams twice a day for 10 days.</p> <p>Review of the 8/2014 Laboratory tests results indicated a urine specimen for a urine culture was collected on 8/19/14 at 1:25 p.m. The report indicated the the urine specimen was positive for 50,000-100,00 cfu/ml Klebsiella pneumoniae (an infection). The report indicated the above results were final on 8/21/14 and the report was printed at the facility on 8/21/14 at 10:49 a.m. There was a facility stamp on the second page of the report which indicated the RN notified the Physician of the results on 8/28/14 at 10:00 a.m. and new orders were received.</p> <p>The 8/1/14 Medication Flow sheet record was reviewed. The record indicated</p>		<p>other untimely notifications were identified. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; The Director of Nursing/In-service Director re-educated licensed nursing staff on the policy titled "Change in a Resident's Condition or Status", including the parameters for timely notification to the physician of any abnormal laboratory results, also including urinalysis and culture sensitivity results.</p> <p>The Director of Nursing/In-service Director also re-educated the nursing managers on facility policy and procedure for notifying the attending physician of a resident's abnormal laboratory results, including urinalysis and culture results. Facility has instituted an audit system to be completed by the unit managers/designee for timely physician notification of abnormal laboratory results, including urinalysis and culture results. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e. what quality assurance programs will be put into place;</p> <p>The nursing managers/designee will audit 15 residents' laboratory results per nursing floor weekly to ensure abnormal results are reported to the physician in a timely manner. The Director of Nursing will review the audits weekly for completion of</p>		

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	<p>Ciprofloxacin 500 milligrams twice a day for 10 days was ordered on 8/28/14. The first dose of the Ciprofloxacin was signed out as administered on 8/28/14 at 5:00 p.m.</p> <p>The 8/2014 Nursing Progress Notes were reviewed. There was no documentation of the Physician being notified of the above laboratory test results between 8/21/14 and 8/27/14. An entry made on 8/28/14 at 10:30 a.m. indicated the Physician was notified of the urinalysis and culture and sensitivity results.</p> <p>A Physician Progress Note dated 8/21/14 was reviewed. There was no documentation of the the urine culture results.</p> <p>When interviewed on 9/8/14 at 4:30 p.m., the Director of Nursing indicated the facility received the results of the urine culture and sensitivity results on 8/21/14 and the Physician should have been notified of the results at that time. The Director of Nursing indicated the resident's Physician visits regularly every Thursday and the Physician signed the results of the urine culture on 8/28/14.</p> <p>The facility policy titled "Change in a Resident's Condition or Status" was reviewed on 9/8/14 at 11:45 a.m. The</p>		<p>notifications, providing education or counseling for any identified instances of non-compliance.</p> <p>The Director of Nursing/designee will present a summary of the audit findings to the Quality Assurance committee monthly for the next nine months. The Quality Assurance committee will provide recommendations for improvement should any trends be identified. Continued auditing will be done quarterly thereafter or as determined appropriate by the Quality Assurance Committee.</p>	

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	<p>policy had a revised date of August 2008. The Director of Nursing indicated the policy was current. The policy indicated the the resident's attending Physician or the on-call Physician were to be notified when there was a need to alter the resident's medical treatment significantly. The policy also indicated the notification was to be made " as soon as possible (within twenty-four (24) hours of a change occurring in the resident's medical/mental condition of status.)"</p> <p>This Federal tag relates to Complaint IN00155605.</p> <p>3.1-49(f)(2)</p>				