

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155630	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/13/2015
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NAME OF PROVIDER OR SUPPLIER FLATROCK RIVER LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 904 E 11TH ST RUSHVILLE, IN 46173
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00170260.</p> <p>Complaint IN00170260 - Substantiated. Federal/state deficiency related to the allegations are cited at F309 as past non compliance.</p> <p>Survey dates: May 11, 12 and 13, 2015</p> <p>Facility number: 001126 Provider number: 155630 AIM number: 200011300</p> <p>Census bed type: SNF/NF: 55 Residential: 8 Total: 63</p> <p>Census payor type: Medicare: 2 Medicaid: 39 Other: 14 Total: 55</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

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 0309 SS=G Bldg. 00	<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 interview and record review, the facility failed to ensure a resident with confusion, abnormal urine dipstick results (type of urine test conducted for possible infection) and fever received appropriate and timely follow up assessments to include monitoring of vital signs of blood pressure (BP), temperature and pulse rate, checking of urine for color, odor and amount and for pain or confusion which resulted in a hospitalization for a urinary tract infection (UTI) and pyelonephritis (serious kidney infection) for 1 of 3 residents reviewed for UTI. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record of Resident #B was reviewed on 5-12-15 at 10:00 a.m. Her diagnoses included diabetes, arthritis and a history of UTI and pyelonephritis.</p> <p>Review of the nursing notes, dated 10-30-14 at 10:03 p.m., indicated the</p>	F 0309		

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	<p>resident's temperature was elevated at 102.9 degrees. Corresponding notes at this time indicated, "Administered tylenol [sic] at 7:30 p.m. and applied cold wash clothe [sic] to head." No other vital signs were indicated to have been obtained; no documentation was present to address any concerns such as pain, discomfort or confusion. No documentation was present to indicate the resident's physician was notified of the elevated temperature.</p> <p>The next note, dated at 10-31-14 at 3:33 a.m., indicated a full set of vital signs (BP, pulse, heart rate, temperature and oxygen saturation) were obtained with the vital signs within a normal range.</p> <p>No additional documentation was present until 3 days later on 11-3-14. On this date at 2:49 p.m., a full set of vital signs were documented, again within normal range. A notation on 11-3-14 at 2:50 p.m., indicated the resident had "increased confusion," and a urine dipstick was conducted with abnormal results indicating the presence of leukocytes, nitrites, protein, glucose and ketones. It indicated the physician was faxed this information.</p> <p>A "Restorative Nsg [sic] Assessment," dated 11-3-14 at 11:05 a.m., indicated the</p>			

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	<p>resident was "very weak and confused today," and the nurse was waiting on a fax from the physician.</p> <p>A notation on 11-5-14 at 1:50 p.m., indicated a new physician's order was received, which included to obtain a urinalysis with a culture and sensitivity (test to identify a UTI, as well as the causative organism). In review of the laboratory report for the corresponding urinalysis, the urine was not collected until the following day on 11-6-14 at 4:41 p.m. The nursing notes did not include any information regarding obtaining of the urine or the appearance and quality of the urine specimen obtained.</p> <p>Vital signs were not documented from 11-3-14 at 2:49 p.m., until 11-7-14 at 3:30 a.m. The nursing notes failed to indicate any assessments of the resident's ability to urinate or the quality and quantity of her urine from 10-30-14 until discharge on 11-8-14.</p> <p>On 11-7-14 at 3:30 a.m., the nursing notes indicated the resident had an elevated temperature of 103.7 degrees. It indicated the resident was administered Tylenol at that time and a cool cloth was applied to her forehead and axilla (under arm area). A follow up temperature at</p>			

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	<p>5:50 a.m., indicated the temperature had decreased to 101.2 degrees, but still above normal range. No other vital signs or assessments of the resident's general status were documented at this time, only the resident's temperature.</p> <p>No documentation was present to indicate the resident's attending physician had been made aware of the elevated temperature on the morning of 11-7-14. The only other notation on 11-7-14 was a "Restorative Nsg [sic] Assessment" at 11:35 a.m., which indicated the nurse was waiting to hear back from the physician regarding a possible UTI related to the resident's confusion and weakness.</p> <p>No additional vital signs or assessments of the resident's general status were documented on 11-7-14.</p> <p>On 11-8-14 at 4:40 a.m., the resident's nursing notes indicated she had a grossly elevated temperature of 105.7 degrees with elevated BP and pulse for which she was administered Tylenol. The notes indicated she vomited a small amount of fluid, which also contained the Tylenol, within 2 minutes after receiving the medication. The physician was notified of the situation at 4:50 a.m., and the resident was transferred to the local</p>			

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	<p>emergency room at 5:05 a.m.</p> <p>A review of the local hospital's admission "History and Physical," dated 11-8-14 at 9:40 a.m., indicated Resident #B was admitted to the hospital with diagnoses of an UTI and pyelonephritis. An initial complete blood count on 11-8-14 at 6:00 a.m., indicated her white blood cell (blood cells that fight infection) was at a critically elevated level.</p> <p>In an interview with the Executive Director on 5-13-15 at 8:30 a.m., he indicated Resident #B's care related to the events of October and November, 2014 had been reviewed by the facility. He provided a copy of an email from the corporate office to review. He indicated the email was in regard to areas of care for Resident #B that could have been improved during this time.</p> <p>The "Long-Term Care Pocket Guide for Infection Control, A Resource for Frontline Staff," (copyright 2008) indicated the most common UTI symptoms for elderly, nursing home residents can include unexplained deterioration of physical function, change in mental status, new or worsening cognitive impairments or increased confusion, decline in mobility, new or increase in urinary incontinence or</p>			

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	<p>change in the appearance, color or odor of the urine. It indicated a long-term care resident may not develop a fever with a urinary tract infection. It indicated all long-term care facilities "should develop, adopt and adhere to an evidence-based policy for identifying and managing potential urinary tract infections...Related procedures must address issues such as: documentation to support a diagnosis of symptomatic UTI, accurate and precise monitoring of the resident's condition, accurate and precise documentation of signs, symptoms and other findings, criteria for physician notifications by phone and fax, minimum information to report to the physician..."</p> <p>This survey resulted in past non-compliance that began on 10-30-2014. The past non compliance deficient practice was corrected 12-5-14 after the facility implemented a systemic plan. Nurses involved in the error have been individually counseled, facility nursing staff had been retrained in December, 2014 after the facility identification of the concern. Other resident 's with clinical indications of UTI as noted on 24 hour report records were reviewed to ensure all other assessments and follow up had occurred timely and the facility reviewed current policies and procedures and have</p>			

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R 0000 Bldg. 00	<p>determined they remain appropriate.</p> <p>This Federal tag relates to Complaint IN00170260.</p> <p>3.1-37(a)</p> <p>This visit was for the Investigation of Complaint IN00171951.</p> <p>Complaint IN00171951 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Residential Census: 8 Sample: 3</p> <p>Flatrock River Lodge was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00171951.</p>	R 0000			