

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155266	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/21/2013
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1649 SPY RUN AVENUE FORT WAYNE, IN 46805
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F000000	<p>This visit was for the Investigation of Complaint IN00126101.</p> <p>Complaint IN00126101-Substantiated. Federal/state deficiencies related to the allegations are cited at F315.</p> <p>Survey dates: March 20, and 21, 2013</p> <p>Facility number: 000167 Provider number: 155266 AIM number: 100273740</p> <p>Survey team: Christine Fodrea, RN TC</p> <p>Census bed type: SNF/NF: 61 Total: 61</p> <p>Census payor type: Medicare: 5 Medicaid: 51 Other: 5 Total: 61</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Corrective action for residents affected: I. Resident T, U and V were all assessed for symptoms of infection and are documented in the nurse's notes.</p> <p>Other residents having the potential to be affected and corrective action:II. All residents that are currently receiving antibiotics are at risk. 100 % chart audit of all residents with current infections was completed by the DON/ADON. Residents were re-assessed and documentation was noted in the residents chart. Measures to ensure practice does not recur:</p> <p>III. Licensed nursing staff was in-serviced on assessing and documentation of infections and antibiotic therapy by the DON. All residents on antibiotics are put on "alert charting" to ensure assessment and documentation is completed every shift. See attached sheet. All residents with "condition changes" i.e. UTI, are being audited and discussed in change of condition meetings daily Monday thru Friday.</p> <p>Corrective action to be monitored by: IV. Charting/documentation/assessing will be monitored by the DON/ADON/Designee daily Monday thru Friday. All results of such charting will be discussed in morning meeting daily Monday thru Friday, and such results will be forwarded to the monthly QI</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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	Quality review completed on March 22, 2013 by Randy Fry RN.		meeting for review and response. V. Systemic changes to be completed by: 4/4/13	

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F000315 SS=D	<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 interview and record review, the facility failed to assess urinary status while on an antibiotic for urinary tract infection for 3 of 3 residents reviewed with urinary tract infections in a sample of 3. (Resident #T, Resident #U, and Resident #V)</p> <p>Findings include:</p> <p>1. Resident #T's record was reviewed 3-20-2013 at 2:30 PM. Resident #T's diagnoses included, but were not limited to, dementia, depression and diabetes.</p> <p>Nurse's notes dated 3-14-2013 at 1:30 PM indicated Resident #T was sent to emergency room at the request of the family due to nausea and vomiting.</p>	F000315	<p>Corrective action for residents affected: I. Resident T, U and V were all assessed for symptoms of infection and are documented in the nurse's notes.</p> <p>Other residents having the potential to be affected and corrective action:II. All residents that are currently receiving antibiotics are at risk. 100 % chart audit of all residents with current infections was completed by the DON/ADON. Residents were re-assessed and documentation was noted in the residents chart. Measures to ensure practice does not recur:</p> <p>III. Licensed nursing staff was in-serviced on assessing and documentation of infections and antibiotic therapy by the DON. All residents on antibiotics are put on "alert charting" to ensure assessment and documentation is completed every shift. See attached sheet. All residents with "condition changes" i.e. UTI, are being audited and discussed in</p>	04/04/2013			

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	<p>A readmission physician's order from the emergency room dated 3-14-2013 indicated to begin giving Zofran (an antiemetic) 4 milligrams (mg) every 6 hours for nausea as needed and to begin Levaquin (an antibiotic) 500 mg every day for 7 days . There was not an indication for the antibiotic.</p> <p>A urine lab result from the hospital indicated 6-10 white blood cells and 4+ bacteria were noted in the urine. There were no nitrites.</p> <p>Nurse's notes on readmission to the facility indicated Resident #T was ordered an antibiotic for treatment of a urinary tract infection. There was no indication in the notes the color, clarity, or odor of Resident #T's urine.</p> <p>Nurse's notes between 3-15-2013 and 3-20-2013 indicated Resident #T was taking an antibiotic for a UTI (urinary tract infection) and there were no adverse effects from the medication, but there were no notes the urine had been assessed.</p> <p>In an interview on 3-20-2013 at 2:56 PM, LPN #1 indicated the state of the urine should have been noted in the nurse's notes.</p> <p>2. Resident #U's record was reviewed</p>		<p>change of condition meetings daily Monday thru Friday for six months to ensure ongoing compliance. Corrective action to be monitored by: IV. Charting/documentation/assessing will be monitored by the DON/ADON/Designee daily Monday thru Friday. All results of such charting will be discussed in morning meeting daily Monday thru Friday, and such results will be forwarded to the monthly for six months to the QI meeting for review and response. Subsequent plans of correction will be written as deemed necessary to ensure ongoing compliance. V. Systemic changes to be completed by: 4/4/13</p>				

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	<p>3-20-2013 at 1:43 PM. Resident #U's diagnoses included, but were not limited to, high blood pressure, depression and anemia.</p> <p>Physician readmit orders dated 3-14-2013 indicated Resident #U returned from the hospital with an order for Keflex (an antibiotic) 500 mg daily for 10 days to treat a UTI.</p> <p>Nurse's notes between 3-14-2013 and 3-20-2013 indicated Resident #U was taking an antibiotic for a UTI, there were no adverse effects from the medication, but there were no notes the urine had been assessed.</p> <p>3. Resident #V's record was reviewed 3-21-2013 at 11:00 AM. Resident #V's diagnoses included, but were not limited to, congestive heart failure, depression and anemia.</p> <p>Physician orders dated 3-8-2013 indicated Resident #V had acute sinusitis and a UTI. An order for Cipro (an antibiotic) 250 mg bid for 10 days was given.</p> <p>Nurse's notes between 3-8-2013 and 3-21-2013 indicated Resident #V was taking an antibiotic for a UTI, there were no adverse effects from the medication, but there were no notes</p>				

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	<p>the urine had been assessed.</p> <p>In an interview on 3-21-2013 at 11:15 AM, LPN #2 indicated the character of the urine should have been included in the nurse's notes while the resident was on an antibiotic.</p> <p>In an interview on 3-21-2013 at 11:30 AM, the Director of Nursing indicated nurses should be charting the character of the urine while the resident is on an antibiotic.</p> <p>This Federal tag relates to complaint IN 00126101.</p> <p>3.1-41(a)(2)</p>			