

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155696	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/24/2013
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NAME OF PROVIDER OR SUPPLIER BRIDGEPOINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 COLLEGE AVE VINCENNES, IN 47591
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F000000	<p>This visit was for the Investigation of Complaint IN00136474.</p> <p>Complaint IN00136474 - Substantiated, Federal/State deficiencies related to the allegations are cited at F312.</p> <p>Survey dates: September 23 and 24, 2013</p> <p>Facility number: 003237 Provider number: 155696 AIM number: 200374360</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 29 SNF/NF: 35 Residential: 23 Total: 87</p> <p>Census payor type: Medicare: 24 Medicaid: 25 Other: 38 Total: 87</p> <p>Sample: 6</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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	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 25, 2013, by Jodi Meyer, RN</p>			

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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed to ensure a resident received adequate ADL [activities of daily living] care, in that a hospital record documented the resident's unkempt appearance when first received in the emergency room, for 1 of 4 residents reviewed for ADL assistance, in a sample of 6. Resident A</p> <p>Findings include:</p> <p>1. On 9/23/13 at 2:30 P.M., during the initial tour, the Assistant Director of Nursing (ADON) indicated Resident A required a "tube feed" at night, and had a Foley catheter.</p> <p>On 9/24/13 at 10:20 A.M., a skin assessment on Resident A was requested. LPN # 1 removed a gauze dressing from around the resident's gastrostomy tube (g-tube). A small amount of redness was observed around the g-tube site and no drainage was observed. The resident was observed to have excoriated,</p>	F000312	Res A has current interventions for personal care involving g-tube site, pericare and oral care being delivered per plan of care and staff that care for him have been inserviced. Completion Date 10-24-13 Inservice for nursing staff related to ADL assistance and hygiene. Completion Date 10-24-13 DHS/Designee will monitor ADL delivery on 3 random residents including resident A: 5x/week for 4 weeks, 2x/week for 8 weeks, and weekly thereafter. Results of monitoring will be forwarded to QA committee monthly x6 months and quarterly thereafter for review and further recommendations.	10/24/2013			

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	<p>reddened buttocks and peri-area.</p> <p>The clinical record of Resident A was reviewed on 9/24/13 at 10:40 A.M. Diagnoses included, but were not limited to, dementia, dysphagia (difficulty swallowing), and chronic urinary tract infection.</p> <p>Admission Physician orders, dated 8/10/13, included: "Carmex apply to chapped lips PRN [as needed]; F/C [Foley catheter] care q [every] shift; Calazime protectant paste apply topically to penis excoriation daily and as needed; Calazime protectant paste apply topically to reddened buttocks twice daily and as needed."</p> <p>An admission Minimum Data Set (MDS) assessment, dated 8/16/13, indicated the resident required extensive assistance of two+ staff for bed mobility, transfer, dressing, and toilet use; and extensive assistance of one staff for personal hygiene. The MDS assessment indicated the resident was totally dependent on two+ staff for bathing.</p> <p>A Physician's order, dated 8/24/13, indicated, "Foam drsg [dressing] to excoriated buttocks. [Change] q 3 days et [and] PRN loosed [sic] or soiled."</p>				

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	<p>A resident care plan, dated 8/29/13, indicated: "Problems, ADL Self-Care Deficit AEB [as evidenced by]: Needs assistance or is dependent in Bed mobility, Transfer, Dressing, Eating GT feedings, Toilet Use, Personal hygiene, Bathing, At risk for developing complications associated with decreased ADL self-performance R/T [related to] Dementia, dysphagia, Anxiety, Weakness, Pain, hearing deficit, limited ROM [range of motion] of all extremities...Interventions, Assist with personal hygiene as needed including oral/denture care...."</p> <p>An additional resident care plan, dated 8/29/13, indicated: "Alteration in urinary elimination AEB: Indwelling catheter...Interventions, Provide catheter care with soap and water every shift...."</p> <p>An additional resident care plan, dated 8/29/13, indicated: "Resident has a tube feeding R/T Dysphagia/Aspiration...Interventions, Provide skin care to insertion site PRN...."</p> <p>Nurse's Notes included the following notations:</p> <p>8/31/13 at 4:00 P.M.: "Pt. [patient] in</p>				

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	<p>bed, urine sample delivered to [hospital] around 1400 [2:00 P.M.] to screen for possible UTI [urinary tract infection]. Symptoms = general malaise, cold chills...."</p> <p>8/31/13 at 7:35 P.M.: "Results received, notified [physician], new orders received to transfer pt. to [hospital]...."</p> <p>8/31/13 at 8:10 P.M.: "[Name of ambulance service] arrived. Pt. transferred...."</p> <p>An Emergency Room record indicated: "Date: 8-31-13, Time Seen: 2034 [8:34 P.M.]...Chief complaint: UTI...Resides @ Nursing Home...Eyes, green conjunctival exudate [drainage] bilateral...PEG tube [not] clean/drng [drainage]...buttocks are moderately excoriated...."</p> <p>Hospital "Nursing Continuation Notes," dated 8/31/13 at 8:47 P.M., indicated, "Upon arrival to ER, Pt was found to be unkempt. Pt had multiple sheets under him and a diaper between his legs (which was not fastened). Pt was noted to have copious amounts of a pink cream on his buttocks, peri-area, and inguinal area. The cream was so thick in</p>			

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	<p>areas that it was difficult to provide hygiene to these areas without causing distress to his skin while attempting to remove it. Pt had thick, green drainage from both eyes and had a thick mucus [sic]-type film over his teeth and tongue. Pt's lips were covered in dry, scaly [sic] skin. Pt had a strong body odor. Indwelling FC had mucus on it around the insertion site extending approx 2-3 inches below the insertion site. Pt had a thick crust around his PEG tube, which was open and draining stomach contents from in (in which Pt was lying in). Pt provided oral hygiene and washed face well. This RN cleaned around Pt's PEG tube. Skin around PEG tube is slightly excoriated. Attempted to clean barrier cream from Pt's buttocks and peri-area. In attempting to remove it, Pt's skin was becoming more excoriated. The rest of the Pt's body was cleansed...."</p> <p>A Hospital History and Physical, dated 9/1/13 at 12:09 A.M., included: "...General Appearance...Both his conjunctiva are injected [sic] and there is some mucoid drainage noted from both eyes...I could visualize his palate [roof of mouth] which was noted to have some pasty secretions...There is erythema [redness] over his sacrum...."</p>			

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	<p>On 9/24/13 at 12:30 P.M., during interview with the Executive Director, she indicated she was aware the hospital had concerns regarding Resident A's care, and the facility had been educating staff 1:1 on care issues of oral care, Foley catheter care, and g-tube site care.</p> <p>2. On 9/24/13 at 1:30 P.M., the Executive Director provided the following current facility policies:</p> <p>"Guidelines for Use of Incontinence Products and/or under pads," undated, included: "...Unless otherwise indicated incontinent residents will utilize incontinent products 24 hrs/day with no pad underneath them...."</p> <p>"Guidelines for GT JT Site Maintenance," undated, included: "...The stoma site should be assessed at least once every shift. Give site care as needed, at least once daily. Dressings around the site may not be necessary. Any drainage, redness...should be reported to the nursing supervisor and the resident's physician...."</p> <p>"Guidelines for Urinary Catheter Care," undated, included: "...Provide</p>			

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	<p>perineal care to the incontinent resident to prevent skin rashes and breakdown...Be observant of skin irritation...."</p> <p>"Oral Care Guidelines," dated June 2010, included: "Oral hygiene is the practice of keeping the mouth and teeth clean to prevent dental problems and bad breath...Procedure to be performed with am and pm care, PRN and as per request of resident...."</p> <p>This Federal tag relates to Complaint IN00136474.</p> <p>3.1-38(a)(3)</p>			

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