

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155732	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/07/2014
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NAME OF PROVIDER OR SUPPLIER RIVEROAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1244 VAIL ST PRINCETON, IN 47670
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F000000	<p>This visit was for the Investigation of Complaint IN00146799.</p> <p>Complaint IN00146799 - Substantiated, Federal/State deficiencies are cited at F309.</p> <p>Survey dates: April 4 and 7, 2014</p> <p>Facility number: 004130 Provider number: 155732 AIM number: 200491050</p> <p>Survey team: Anne Marie Crays, RN-TC</p> <p>Census bed type: SNF: 21 SNF/NF: 36 Residential: 33 Total: 90</p> <p>Census payor type: Medicare: 12 Medicaid: 18 Other: 60 Total: 90</p> <p>Sample: 3 Residential sample: 3</p>	F000000		
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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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	<p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 9, 2014, by Janelyn Kulik, RN.</p>			

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 track and record bowel movements in a resident who was being treated for a gastrointestinal infection causing diarrhea, for 1 of 3 residents reviewed with infections, in a sample of 3. (Resident #)D</p> <p>Findings include:</p> <p>1. The clinical record of Resident #D was reviewed on 4/4/14 at 11:25 A.M.</p> <p>A Minimum Data Set [MDS] Assessment, dated 1/27/14, indicated Resident #D scored a 14 out of 15 for a brief interview of mental status, with 15 indicating no memory problem. The resident required extensive assistance of two+ staff for transfer, and extensive assistance of one staff for toilet use and personal hygiene. The MDS assessment indicated Resident #D was frequently incontinent of bowel.</p>	F000309	Resident D's infection has resolved and she no longer has diarrhea. There were no other residents affected by the deficient practice and thorough inservicing and corrective action will ensure that those residents with infections causing diarrhea will have tracking and recording of bowel movements. Nursing staff will be inserviced on bowel tracking and recording policy and expectations. Systemic change will be the unit manager overseeing the report of residents that have had no bowel movement in 3 days with the intervention that was instituted as a result and their initials when effective results are achieved or what further interventions the physician has ordered. DHS/designee will audit bowel records and medication administration/effectiveness compliance weekly for compliance with company policy. Results of audit will be forwarded to the QA committee monthly for six months and quarterly thereafter.	05/07/2014	

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	<p>Nurse's notes included the following notations:</p> <p>1/27/14 at 3:30 P.M.: "Notified MD patient having frequent loose BMs [bowel movements] [with] strong odor. Awaiting orders."</p> <p>1/29/14 at 3:00 A.M.: "Stool specimen obtained for [check] for C-diff [infection] per orders...."</p> <p>2/1/14 at 3:30 P.M.: "Verbal order per [name of physician], Flagyl [antibiotic] 500 mg...x 10 days, C-diff positive...."</p> <p>Documentation indicated the resident received the Flagyl for 10 days. Nurse's notes continued:</p> <p>2/16/14 at 6:00 A.M.: "Lg [large] amts [amounts] foul smelling loose stools cont. [continue]."</p> <p>An Infection Assessment, dated 2/16/14, indicated: "Type of infection: gastro intestinal (GI), Symptoms: diarrhea, Treatment required...Flagyl 500 mg...x 10 days."</p> <p>The resident received Flagyl for 10 days.</p> <p>Nurse's notes, dated 2/27/14 at 3:30</p>			
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	<p>P.M., indicated, "At 0300 [3:00 A.M.] res [resident] c/o [complained of] nausea [and] vomited lg amount of emesis on the floor...faxed physician...."</p> <p>Nurse's notes, dated 3/2/14 at 12:30 P.M., indicated, "V.O. [verbal order] per [name of physician] Vanco [antibiotic] 125 mg po q [every] 6 [hours] x 14 days then 125 mg q 12 [hours] x 7 days then 125 mg q day x 7 days for C-diff. Update [name of physician] when complete."</p> <p>An Infection Assessment, dated 3/2/14, indicated, "Type of infection: GI, Symptoms: diarrhea, Treatment required: Y [yes]...Infection update, Lab/culture results: C-diff [positive]...."</p> <p>Documentation indicated the resident's Vancomycin was to be completed and a stool specimen obtained on 3/31/14.</p> <p>On 4/7/14 at 9:00 A.M., LPN # 1 provided a computerized record of Resident #D's bowel movements from 3/24/14 through 4/7/14. The record indicated Resident #D had 1 medium bowel movement on 4/4/14. Every other date indicated the resident had "No bowel movement."</p>				

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	<p>On 4/7/14 at 1:15 P.M., during interview with LPN # 1, she indicated she had asked the nurses why the resident's bowel movements had not been documented, especially in a resident who was being treated for a C-diff infection. LPN # 1 indicated staff should have documented the resident's bowel movements on some kind of record.</p> <p>On 4/7/14 at 1:55 P.M., during interview with LPN # 1, she indicated day shift staff or the Unit Manager runs off a BM report daily, which indicates which residents have and have not had BMs.</p> <p>2. On 4/7/14 at 1:30 P.M., LPN # 1 provided a copy of the current facility policy on "Guidelines for Residents With Constipation," undated. The policy included: "Purpose: To ensure residents have regular elimination patterns and/or do not have complications from decreased elimination...Procedure:...Monitor daily bowel movements and record elimination. Nurse aids [sic] should report any unusual elimination pattern such as diarrhea...to the nurse. If recorded eliminations indicate resident has not had a bowel movement in three days a nursing</p>						

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	<p>assessment should be completed...Results of the nursing assessment should be communicated to the physician...."</p> <p>This Federal tag relates to Complaint IN00146799.</p> <p>3.1-37(a)</p>			
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