

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155202	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/16/2016
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NAME OF PROVIDER OR SUPPLIER WATERS OF GREENCASTLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 HOSPITAL DR GREENCASTLE, IN 46135
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00202272.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00202272 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282 and F514.</p> <p>Survey dates: June 9, 10, 13, 14, 15, and 16, 2016</p> <p>Facility number: 000109 Provider number: 155202 AIM number: 100266290</p> <p>Census bed type: SNF/NF: 81 Total: 81</p> <p>Census payor type: Medicare: 8 Medicaid: 45 Other: 28 Total: 81</p> <p>Sample: 5</p> <p>These deficiencies reflects State findings</p>	F 0000	Preparations and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusion set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility respectfully requests paper compliance for this citation.	

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 0282 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 06/21/2016 by 29479.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review, the facility failed to ensure medications and incontinence interventions were in accordance with physician orders for 1 of 1 resident reviewed for following plan of care (Resident C)</p> <p>Findings include:</p> <p>The clinical record was reviewed for Resident C on 6/13/16 at 10:53 a.m. Diagnosis included but were not limited to, infection and inflammatory reaction due to right knee prosthesis and enlarged prostate without lower urinary tract symptoms.</p> <p>A care plan, dated 6/3/16, indicated,</p>	F 0282	<p>It is the policy of the facility to ensure that medication and incontinence interventions are in accordance with the physician's order as well as per the individual plan of care. Resident C no longer resides in the facility.</p> <p>Residents who reside in the facility have the potential to be affected by this finding. A facility wide audit was conducted to ensure that any resident in the facility who</p>	07/05/2016			

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	<p>"Problem- Has DX (diagnosis): BPH with need for condom (external) catheter." Interventions included, but were not limited to: catheter care every shift and prn (as needed) and change per facility policy or MD order</p> <p>Admission MDS assessment, completed on 6/6/16, indicated Resident C was marked as having an external catheter.</p> <p>A nurse's note, dated 6/3/16 at 1:40 a.m., indicated Resident C's condom catheter was in place.</p> <p>A nurse's note, dated 6/6/16 at 11:49 p.m., indicated Resident C's condom catheter was due to immobility due to knee hardware removal due to infection.</p> <p>A nurse's note, dated 6/7/16 at 3:22 a.m., indicated Resident C's catheter was patent and draining to gravity with yellow urine.</p> <p>Resident C's record did not indicate a physician's order for the exdwelling catheter.</p> <p>The record indicated a physician order dated 6/13/16, for Nystatin Powder (antifungal to treat fungal infections) applied to groin topically two times a day for skin treatment.</p>		<p>had a catheter had an order for the catheter and had the catheter assessed for medical necessity (supporting diagnosis) and all associated orders for catheter care and management as per policy. Further, facility wide skin assessments were done to identify any resident with a skin issue (these are done weekly as a routine). These residents had their orders reviewed to be certain that an appropriate treatment was ordered and available and being administered to promote healing of the area. Additionally, the care plans as well as the medication administration sheets and the treatment sheets were reviewed to see that they were accurate in regards to catheters and skin issues. At the daily CQI meetings all orders will be reviewed. Any new residents will have their admission assessments reviewed to be sure that any device or condition they are admitted with such as a condom catheter or a skin</p>	

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	<p>The medication administration record lacked documentation of the Nystatin Powder being administered to Resident C prior to his discharge to the hospital on 6/13/16.</p> <p>A hospital social work progress note, dated June 13, 2016 at 8:56 a.m., indicated the hospital social worker spoke with the facility Director of Nursing (DON) and the DON indicated, "...pt [patient] was seen by medical director, [physician named] on Friday (6/10/16)...Per DON's review of chart...Ordered Nystantin for thrush on 6/10...There was also a one-time order for Nystantin powder for for (sic) the groin area; this has been ordered from the pharmacy but not yet received"</p> <p>An emergency department progress note, dated June 13, 2016 at 5:26 p.m., indicated Resident B had a skin rash described as, "rash in perineum however, no open areas noted." The record indicated the resident was not in acute distress and had "MULTIPLE ERYTHERMATOUS (abnormal redness of the skin) RASH, MOST LIKELY CANDIDIASIS (fungal infection related to yeast)."</p> <p>During an interview on 6/13/16 at 12:14</p>		<p>issue is properly addressed with an appropriate order and then care planning. New orders for these issues will be reviewed as well for appropriate care planning. This process will be ongoing. The DON/Designee will monitor 10 residents weekly to see that the resident's devices are in place and that any skin issues are accurately identified, assessed and have orders and care planning in place as appropriate. Any concerns will be addressed as found. This monitoring will continue until 4 consecutive weeks of zero negative findings is achieved. After that, monitoring will occur with 5 residents weekly for a period of not less than 6 months to ensure ongoing compliance. Afterwards, random monitoring will occur.</p> <p>At a in-service held for nurses on 6/29/16, the following was reviewed:</p>	

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	<p>p.m., the Minimum Data Set (MDS) Coordinator indicated, Resident C had come to their facility with a condom (exdwelling) catheter in place from the hospital.</p> <p>During an interview on 6/13/16 at 1:31 p.m., the DON indicated she was made aware on the evening of 6/9/16 by Resident C's wife that he had a skin area of concern. The DON indicated she assessed Resident C's skin that evening. She indicated his bilateral groin area was "yeasty looking and wet." She also indicated his top layer of skin just "rolled off." The DON indicated the physician was notified on 6/10/16 about the skin area, and was unsure as to why the medication order was not placed into the computer system until 6/13/16.</p> <p>During an interview on 6/13/16 at 1:35 p.m., the DON indicated Resident C was admitted to their facility with an external catheter in place. She indicated she had spoken to a nurse at the hospital because she needed to make sure she had the correct size of catheters to take care of the resident when he arrived to the facility.</p> <p>During an interview on 6/16/16 at 2:05 p.m., the Medical Director and attending physician indicated, he was not aware</p>		<p>A.) Following Physician Orders—(catheter usage/skin issues/meds/treatments)</p> <p>B.) Administering ordered meds timely</p> <p>C.) What to do if a med is not available</p> <p>D.) Care planning</p> <p>E.) Documentation</p> <p>F.) Q & A</p> <p>Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated.</p> <p>At the monthly Q A meetings the results of the monitoring by the DON/Designee will be reviewed. Any patterns will be identified, however any concerns will have been addressed as found. If needed, an Action Plan will be written by the committee.</p>	

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	<p>Resident C had a condom (exdwelling) catheter upon admission to the facility.</p> <p>A facility policy dated 7/1/11, identified as current and titled, "Admission Orders," provided by the Administrator on 6/14/16 at 7:55 a.m., included but not limited to, "... 1. Orders are to be obtained on day of admission in one of the following was: a. Attending physician writes orders in person. b. Nurse receives admission orders via telephone, in which case "via telephone" is indicated by nurse signature...."</p> <p>A facility policy dated 2/2/15, identified as current and titled, "Physician Notification of Resident Change of Condition," provided by the Administrator on 6/14/16 at 7:55 a.m., included but not limited to, "...1. Physician notification is to included but is not limited to: Symptoms of any infectious process...."</p> <p>This federal tag relates to complaint IN00202272.</p> <p>3.1-35(g)(2)</p>		Any Action Plan will be monitored weekly by the Administrator until resolution.		

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F 0514 SS=D Bldg. 00	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review the facility failed to ensure complete and accurate documentation was maintained for 1 of 3 residents reviewed for documentation of a controlled medication (Resident C).</p> <p>Finding includes:</p> <p>Resident C's clinical record was reviewed on 6/13/16 at 10:53 a.m., diagnosis included but not limited to, infection and inflammatory reaction due to internal right knee prosthesis. The most recent Minimum Data Set (MDS) assessment was completed on 6/6/16. The assessment identified the resident was cognitively intact at decision making skills.</p>			F 0514	<p>It is the policy of the facility to complete and accurate documentation is in place and maintained for residents on controlled substances. Resident C has their meds signed out on both the narcotic book record as well as the medication administration sheet. The effectiveness of the pain med is also documented.</p> <p>All residents who reside in the facility and who receive controlled substances have the potential to be affected by</p>		07/05/2016

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	<p>The record indicated a physician order, dated 6/2/16, for Hydrocodone-Acetaminophen (pain medication) tablet 5-325 mg (milligram), give two tablets by mouth every four hours as needed for severe pain.</p> <p>A facility document titled, "Control Drug Receipt/Record/Disposition Form" was provided by the DON on 6/13/16 at 12:14 p.m. The record indicated Resident C received pain medication 19 times from the dates of 6/3/16 thru 6/12/16.</p> <p>Review of medication administration record (MAR) indicated Resident C received 6 doses of pain medication from 6/2/16 thru 6/12/16 and the medication was effective in relieving pain. The record lacked documentation of resident receiving the other doses that were signed out of the narcotic book by the staff nurse.</p> <p>During an interview on 6/13/16 at 12:25 p.m., the Director of Nursing (DON) indicated Resident C asked for pain medication every 4 hours. She further indicated his pain medication was signed out of narcotic book, but the nursing staff had not always documented the medication administration or its effectiveness into the computer system</p>		<p>this finding. The DON/Designee will monitor controlled substances that are signed out of the narcotic record to see that all doses are entered in the medication administration record as well. Further, documentation of the effectiveness of the prn meds will be verified. Note: Residents on regularly scheduled controlled substances will be monitored for pain management effectiveness.</p> <p>Any concerns will be addressed as found. This monitoring will be done for 3 residents 5 days weekly in each of the 4 sections (Moonlight Bay, Misty Lane East, Misty Lane West and Clearwater Cove). This will include some weekend days. The monitoring will continue until 4 consecutive weeks of zero negative findings is achieved. After that, monitoring will occur for 2 residents 3 days weekly (in all 4 sections) for a period of not less than 6 months to ensure</p>	

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	<p>During an interview on 6/13/16 at 12:25 p.m., LPN #1 indicated she had not documented the pain medication administration and effectiveness into the computer system for Resident C.</p> <p>During an interview on 6/13/16 at 2:48 p.m., the DON indicated staff should have signed out the narcotic medication in the book and also should have documented the medication administration and effectiveness in the computer system.</p> <p>An undated policy, identified as current, titled, "Controlled Substances Storage and Handling", provided by the Administrator on 6/14/16 at 7:55 a.m., included but not limited to, "... a. Record each dose at the time of administration on the following:</p> <ol style="list-style-type: none"> 1. MAR <ol style="list-style-type: none"> a. Date b. Time c. Initial of nurse administering dose d. If a PRN order, document effectiveness 2. Controlled Substances Count sheet <ol style="list-style-type: none"> 1. Date 2. Time 3. Signature of nurse who administered dose 4. number of dose remaining" 		<p>ongoing compliance.</p> <p>After that, random monitoring will occur.</p> <p>At an in-service held 6/29/16, for nursing staff who administer meds the following was reviewed:</p> <ol style="list-style-type: none"> A.) Medication Administration--Policy & Procedure for Controlled Substances B.) Documentation requirements for controlled substance administration C.) Documentation of the effectiveness of an administered controlled substance D.) Med errors—as related to documentation E.) Q and A <p>Any staff who fail to comply with the points of the</p>	

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	This Federal tag relates to complaint IN00202272. 3.1-50(a)(2)		in-service will be further educated and/or progressively disciplined as indicated. At the monthly Q. A. meetings, the results of the DON/Designee documentation of controlled substance administration will be reviewed. Any concerns will have been addressed as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any Action Plan will be monitored by the Administration weekly until resolution.		