

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155761	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER BROWNSBURG MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2 E TILDEN BROWNSBURG, IN 46112
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00183241 and Complaint IN00183558.</p> <p>This visit was in conjunction with Complaint IN00183939.</p> <p>Complaint IN00183241- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00183558- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 1, 2, 5, 6, 7, 8 & 9, 2015.</p> <p>Facility number: 011367 Provider number: 155761 AIM number: 200851590</p> <p>Census bed type: SNF: 16 SNF/NF: 106 Total: 122</p> <p>Census payor type: Medicare: 19 Medicaid: 63</p>	F 0000	The creation and submission of the Plan of Correction does not constitute an admission by this provider of any any conclusion set forth in the statement of deficiencies, or of any violation or regulation. This provider respectfully requests that the 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEU OF A POST SURVEY REVIEW on or after October 27, 2015.	

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 0315 SS=D Bldg. 00	<p>Other: 40 Total: 122</p> <p>These deficiencies reflect State findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 10/13/15 by 29479.</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 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 observation, interview, and record review, the facility failed to ensure services were provided to prevent potential urinary tract infection for 1 of 3 residents reviewed for urinary catheters (Resident #21).</p> <p>Findings include:</p> <p>During an observation on 10/6/2015 at 11:36 a.m., Resident #21's Foley catheter drainage bag and tubing were observed on the floor next to the her bed.</p>	F 0315	<p>F315 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Resident #21 successfully completed her rehab and returned home and is no longer a patient at the facility</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All resident with catheters have the potential to be affected. An audit of all the</p>	10/27/2015

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	<p>During an observation on 10/7/2015 at 2:48 p.m., Resident #21's Foley catheter drainage bag and tubing were observed on the floor next to her bed.</p> <p>Resident #21's record was reviewed on 10/7/2015 at 2:00 p.m. A Minimum Data Set (MDS) assessment, dated 9/5/2015, indicated Resident #21 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15 and had an indwelling Foley catheter.</p> <p>A urinary catheter care plan, dated 6/25/2015, indicated Resident #21 required an indwelling urinary catheter. A nursing intervention indicated Resident #21's catheter tubing or any part of the draining system should not touch the floor.</p> <p>During an interview on 10/7/2015 at 2:48 p.m., Resident #21 indicated the Certified Nursing Assistant (CNA) placed the Foley catheter drainage bag on the floor after she emptied it.</p> <p>During an interview on 10/7/2015 at 2:50 p.m., CNA #1 indicated Resident #21's Foley catheter bag should not be placed on the floor.</p> <p>During an interview on 10/7/2015 at 3:00</p>		<p>residents with catheters found them all to be hanging from the bed or wheelchair in privacy bags that do not touch the ground. The DNS and/or designee will conduct a staff in-service on catheter care on October 10th and 17th, 2015 and ongoing. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The DNS and/or designee will conduct a staff in-service on catheter care on October 10th and 17th, 2015 and ongoing. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place? To ensure compliance, the DNS/ Designee is responsible for completion of the catheter care CQI tool, weekly x 4 weeks, bimonthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to assure compliance.</p>		

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	<p>p.m., Unit Manager #2 indicated Resident #21's Foley catheter bag should not have been placed on the floor.</p> <p>During an interview on 10/9/2015 at 11:49 a.m., the Administrator indicated the facility did not have a policy specific to Foley catheter interventions for infection control.</p> <p>A policy titled "Bladder Program", dated 11/2014, and identified as current by Unit Manager #2 on 10/9/2015 at 11:49 a.m., indicated, "Residents with Foley Catheters...Residents who have an indwelling urinary catheter will be assessed upon admission or when a new order for indwelling urinary catheter is received and during care plan review...."</p> <p>3.1-41(a)(2)</p>			