STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/07/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND HEALTH CARE CENTER	7519 WINCHESTER RD FORT WAYNE, IN 46819

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaints IN00128348, and IN00128660. Complaint IN00128348 Substantiated. Federal/ State deficiencies related to the allegations are cited at F253, F 282, F309, and F327. Complaint IN00128660 Substantiated. Federal/ State deficiencies related to the allegations are cited at F253, and F309. Survey dates: May 6, and 7, 2013 Facility number : 000250 Provider number: 155359 AIM number: 100289980 Survey team: Christine Fodrea, RN Census bed type: SNF/NF: 53 Total: 53 Census payor type: Medicare: 2 Medicaid: 46 Other: 5 Total: 53	F000000	This Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of Deficiencies. This Plan of Correction is prepared soley because it is required by State and Federal law. Date of Compliance 5/30/13.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sample: 5 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on May 9, 2013 by Randy Fry RN.			

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F000282 SS=D	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 follow the care plan for catheter and hydration for 1 of 5 residents reviewed for adherence to care plan interventions in a sample of 5. (Resident #J) Findings include: Resident #J's record was reviewed 5-6-2013 at 2:13 PM. Resident #J's diagnoses included but were not limited to: diabetes, depression, and multiple sclerosis. 1. A care plan titled Supra pubic catheter dated 12-07-2010 with a target date of 5-18-2013 indicated Resident #J was to be observed for signs and symptoms of UTI, fever, chills, cloudy, concentrated, foul or strong smelling urine. A Nurse's Note dated 4-16-2013 at 11 AM indicated Resident #J's urine was yellow with a large amount of sediment. No further assessment of Resident #J's urine was noted in the	F000282	F 2821. The facility is unable to apply specific corrective action resident "J" no longer resides at this facility.2.Resident Care Plans for foley catheters and interventions for I/O have been revised as indicated , intake and output will be initiated per doctor orders. 3. Re- education to nursing staff will be completed on 5/21/12 on hydration, intake and output and observation of urine ,odor, consistency and appearance.Nurses will also be re-educated on Care Plans by MDS or designee. Audits will be completed weekly times 4 weeks on catheter residents and then monthly times 6 month to achieve 100% compliance. Director of Clinical Service or designee will monitor.4. Results of these audits will be forwarded to the Facility Risk Management Quality Improvement (RMOI) for further review and recommendations.	05/30/2013

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	Nurse's Notes. In an interview on 5-6-2013 at 2:34 PM, LPN #2 indicated the characteristics of Resident #J's urine should have been documented. 2. A care plan titled hydration dated 12-07-2010 with a target date of 5-18-2013 indicated to monitor intake and output of Resident #J. A review of Resident #J's Medical Record did not reveal intake and output had been documented. In an interview on 5-7-2013 at 10;31 AM, the Nurse Consultant indicated intake and output had not been monitored because the physician had not ordered it. The Nurse Consultant further indicated if the care plan intervention was to monitor intake and output, it should have been monitored. A current policy titled Care Plan with an effective date of 9-1-2011 provided by the Administrator on 5-7-2013 at 11 AM indicated "5. All staff must be familiar with with each resident's Care Plan and all approaches must be implemented." This Federal tag relates to Complaint			

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	IN00128348. 3.1- 35(g)(2)			

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F000309 SS=D	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. Based on interview and record review the facility failed to assess urinary status and hydration status for 1 of 3 residents reviewed for assessment in a sample of 5. (Resident #J) Findings include: Resident #J's record was reviewed 5-6-2013 at 2:13 PM. Resident #J's diagnoses included but were not limited to: diabetes, depression, and multiple sclerosis. Nurse's notes dated 4-16-2013 at 11 AM indicated Resident #J's urine was cloudy with a large amount of sediment. The physician was notified, and an antibiotic started for a urinary tract infection. The note indicated resident #J's skin was warm and dry, but there was no mention of the condition of the mucous membranes or skin turgor. A Nurse's Note dated 4-16-2013 at 4 PM indicated Resident #J's	F000309	F3091.Resident #J no longer resides in facility.2. Assessments were completed on all residents with catheters for urinary status and hydration status.Care Plans will be reviewed and updated if necessary on all catheter residents, intake and output will be initiated per doctor orders. Skin assessments will also be reviewed per Policy and Procedure for dehydration. 3. Re- education to nursing staff will be completed on 5/21/12 on hydration, intake and output and observation of urine ,odor, consistency and appearance and skin assessments for dehydration. Nurses have been educated on following Care Plans. Audits will be completed weekly times 4 weeks on catheter residents and then monthly times 6 month to achieve 100% compliance. Director of Clinical Service or designee will monitor.4. Results of these audits will be forwarded to the Facility Risk Management Quality Improvement (RMOI) for further review and recommendations.	05/30/2013

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	temperature was 102.9, but there was no indication of the characteristics Resident #J's urine. The note did not indicate the condition of the skin or mucous membranes. A Nurse's Note dated 4-16-2013 at 8 PM indicated Resident J's temperature was 102.7, Tylenol was given, but there was no indication of the characteristics of Resident #J's urine. The note did not indicate the condition of the skin or mucous membranes. A Nurse's Note dated 4-17-2013 at 3 AM indicated Resident #J had yelled all night. There was no temperature documented, and no characteristics of urine were indicated. A Nurse's note dated 4-17-2013 at 9 AM indicated Resident #J's temperature was 103.2, but no characteristics of urine were documented. The note did not indicate the condition of the mucous membranes. In an interview on 5-7-2013 at 2:34 PM, LPN #2 indicated the notes should have indicated the characteristics of Resident #J's urine, and condition of his skin and mucous membranes.			

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	A physician's Progress Note dated 4-17-2013 without a time indicated Resident #J's mucous membranes were dry. The note further indicated Resident #J had possible fluid volume depletion. This Federal tag relates to Complaint IN00128348. 3.1-37(a)			

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F000327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. Based on interview and record review the facility failed to provide adequate fluids to maintain hydration for 1 of 3 records reviewed for hydration status in a sample of 5. (Resident #J) Findings include: Resident #J's record was reviewed 5-6-2013 at 2:13 PM. Resident #J's diagnoses included but were not limited to: diabetes, depression, and multiple sclerosis. A physician's order summary dated 4-2013 indicated resident #J was to receive Glucerna tube feeding 1.0 at 100 milliliters (ml) per hour 22 hours per day. The orders also indicated Resident #J was to receive 200 ml water flushes three times per day. A Physician's Progress note dated 4-17-2013 indicated Resident #J had dry mucous membranes, and was increasingly lethargic. A review of Dietician note dated 3-25-2013 indicated resident #J weighed 116 kg. According to the	F000327	F 3271.Resident #J no longer resides in facility. 2.. Assessments were completed on all residents with tube feedings and hydration by facility RD to ensure sufficient fluids are administered via tray and medication administration to ensure adequate hydrationCare Plans will be reviewed and updated if necessary on all tube feeding residents, intake and output will be initiated per doctor orders. Skin assessments will also be reviewed per Policy and Procedure for dehydration. 3. Re- education to nursing staff will be completed on 5/21/12 on Care plans, medication administration and G/T flushes per policy and RD recommendations, hydration, intake and output and skin assessments for dehydration. Audits will be completed weekly times 4 weeks on catheter residents and then monthly times 6 month to achieve 100% compliance. Director of Clinical Service or designee will monitor.4. Results of these audits will be forwarded to the Facility Risk Management Quality Improvement (RMOI) for further review and recommendations.	05/30/2013

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	Dietician documentation, Resident #J's calculated fluid needs were 2590 ml. Also according to the calculated tube feeding free water in the feeding delivered as ordered by the physician, Resident #J was calculated to have received 1706 ml of water. The physician had ordered another 600 ml of water to be delivered by tube flush in increments of 200 ml three times per day. This left the actual fluid delivered by tube feeding and flush as 2306 ml. This left a daily deficit of 284 ml. A current policy titled medications administered through feeding tube dated 9-1-2011 provided by the nurse consultant on 5-7-2013 at 1 PM indicated medications should be given with 30-50 ml of water so the medication could easily pass through the tube. A review of Resident #J's Medication Administration Record (MAR) dated 4-2013, indicated Resident #J received medications 4 times per day. if medications were given with 30-50 ml of water, this would be an additional 120-200 ml of water. In an interview on 5-7-2013 at 10:31 AM, the nurse consultant indicated 284 ml of fluid should have been			

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	delivered with medication flushes and sips of water as ordered, but there was no documentation to support Resident #J received water flushes with medication pass or amount consumed with sips. A review of Resident #J's Medication Administration Record dated 4-2013 did not reveal any documentation of water being received with medication pass. A nurse's note dated 4-16-2013 at 3 AM indicated Resident #J had requested water, but there was no documentation the water had been offered or taken. There were no further nurse's notes to indicate skin turgor or mucous membrane status of Resident #J. A lab test result done in the facility and dated 4-16-2013 indicated the BUN (blood urea nitrogen) was 39 (normal is 6-20) and creatinine was 1.4 (normal is 0.8-1.1). An Emergency Room note dated 4-17-2013 indicated Resident #J was septic, had a fluid volume deficit and was given more fluids after which Resident #J stated he was feeling			

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	better. In an interview on 5-7-2013 at 2:10 PM, LPN #1 indicated if a resident needed a certain amount of fluids, it should have been given. Nursing usually provided extra 30 ml of fluid with medication pass for residents with feeding tubes to make the medications go through the tube, but it wasn't documented. This Federal tag relates to Complaint IN00128348. 3.1-46(b)			

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F000465 SS=D	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview and record review, the facility failed to ensure equipment was kept clean in 2 rooms with tube feeding equipment. Findings include: 1. During initial tour on 5-6-2013 at 8:42 AM, the pole attached to the tube feeding pump in room 104 was observed to have brown dotty material on the bottom of the feeding pole stand. The brown dotty material (about the size of a large peas too numerous to count) appeared in the form of large drips. In an interview on 5-6-2013 at 1:38 PM, LPN #1 indicated cleaning the tube feeding poles was the responsibility of housekeeping department. LPN #1 further indicated the tube feeding pole in room 104 was left over from a resident who had been discharged from the facility about two weeks ago. LPN #1 indicated the tube feeding pole should have been disinfected by this time and not left in the room dirty.	F000465	F 465 1.Facility has conducted a review of all poles they were cleaned 5/6/13 per nursing department.2. An audit was completed by nursing department for sanitation of poles in all resident rooms. 3. Nursing department and Housekeeping department will be re-educated on proper procedure for cleaning poles _5/21/13 Weekly audits will be completed times 1 month per DCS or designee for proper cleaning. Then monthly times 6 month, to assure 100% compliance. Nursing department have been re-eduated to facility policy on patient equipment and sanitation on 5/21/13. Dcs or dewsignee will monitor.4. Results of these audits will be forwarded to the Facility Risk Management Quality Improvement (RMOI) for further review and recommendations.	05/30/2013

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	2. During initial tour on 5-6-2013 at 8:45 AM, a tube feeding was observed in room 128. The tube feeding pole was observed to have a large amount of coffee colored material and drip like areas on the pole, wheels and stand of the tube feeding pole. The areas on the stand covered one entire leg. In an interview on 5-6-2013 at 1:21 PM, the Housekeeping Supervisor indicated the housekeeping staff was responsible for keeping the tube feeding poles cleaned with the assistance of the nursing department. The Housekeeping Supervisor further indicated a check off sheet was available for Housekeeping staff for daily room cleaning. On 5-6-2013 at 1:25 PM, The Housekeeping Supervisor provided a document titled Quality Control Inspection - Housekeeping. A review of the document revealed no areas to check the tube feeding poles. In an interview on 5-6-2013 at 1:36 PM, the Housekeeping Supervisor indicated the check off sheet did not include a space for checking feeding tube pumps, because after checking with her Supervisor, she indicated the nursing department was responsible			

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	for medical equipment clean up. This Federal tag relates to Complaint IN00128348. 3.1-19(f)			