

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155496	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/18/2013
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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517
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F000000	<p>This survey was for the Investigation of Complaint IN00123123, Complaint IN00125652, Complaint IN00126263 and Complaint IN00126856.</p> <p>Complaint IN00123123 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00125652 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282.</p> <p>Complaint IN00126263 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282.</p> <p>Complaint IN00126856 - Substantiated. Federal/state deficiencies related to the allegations are cited at F279, F282 and F315.</p> <p>Survey dates: April 15-17, 2013</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Census bed type: SNF/NF: 96 Total: 96</p> <p>Census payor type: Medicare: 11</p>	F000000	<p>This Plan of Correction is the center's credible allegation of compliance</p> <p>Preparation and/or execution of 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 the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	

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>Medicaid: 66 Other: 19 Total: 96</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on April 24, 2013, by Brenda Meredith, R.N.</p>			

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record reviews and interviews, the facility failed to ensure a care plan to address care and services related to an indwelling catheter and following catheter removal was developed and in place for 2 of 2 residents reviewed for catheters in a sample of 4. (Resident "G" and Resident "H")</p> <p>Findings include:</p> <p>1. The record of Resident "G" was reviewed on 04/15/13 at 12:30 p.m. Resident "G" was admitted to the</p>	F000279	<p>1. The care plans for Resident "G" and "H" have been reviewed and updated in regards to indwelling catheter use.</p> <p>2. An audit of current residents of the facility has been conducted to ensure proper care plans are in place and updated as needed for any resident with an indwelling catheter.</p> <p>3. Facility Licensed Nurses have been in-serviced on indwelling catheters care plan which reflects the current status of the resident and is periodically evaluated and updated as needed. The Director of Nursing Services or designee will conduct a weekly audit of</p>	05/18/2013	

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	<p>facility on 12/23/06, with diagnoses including, but not limited to, Lewy Body dementia, anxiety, depression, osteoporosis, and UTI's (urinary tract infections.) The resident developed hematuria (blood in urine) and had an indwelling catheter placed on 01/26/13, and removed on 02/06/13.</p> <p>Review of the record of Resident "G" indicated the resident did not have a care plan in regards to the indwelling catheter.</p> <p>Review of the "RESIDENT PROGRESS NOTES" for Resident "G" indicated: "01/25/13 1400 [2:00 p.m.] CNA reported @ [at] end of shift the res [resident] had a sm [small] bloody discharge in brief...MD notified." "01/26/13 1920 [7:20 p.m.]...writer observed copious amt's [amounts] of blood including multiple half dollar sized blood clots. Copious amt of blood coming from res peri [perineal] area, brief and pad soaked c [with] blood appearing saturation." "01/26/13 1925 [ 7:25 p.m.] [Physician's name] on call...notified or res condition....to send to [hospital name] ER for eval [evaluation] et [and] tx [treat]."</p> <p>The resident was sent to the ER by</p>		<p>residents with catheters for care plan usage and documentation for existing residents as well as new admissions.</p> <p>4. The results of these audits will be reviewed and analyzed with a subsequent action plan as needed at the monthly Performance Improvement Committee meeting to ensure and maintain compliance. The Performance Improvement Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p> <p>The facility respectfully requests paper compliance for this citation.</p>				

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	<p>ambulance on 01/26/13 at 2015 (8:15 p.m.).</p> <p>"01/27/13 0205 [2:05 a.m.] ...Resident returned c Foley catheter [sic] intact &amp; [and] draining...Dx [diagnosis] UTI &amp; Hematuria [bloody urine]...."</p> <p>Review of the RESIDENT PROGRESS NOTES for Resident "G" indicated no documentation of the catheter for the following days: 01/29/13 01/31/13 02/02/13 "02/03/13 0303 [3:05 a.m.] On antibiotic for UTI....Incontinent of bladder." The note did not indicate if the resident's catheter remains in place. 02/04/13 02/05/13 The note for the next day indicated, "02/06/13 0100 [1:00 a.m.]... Foley catheter discontinued per [by] physician's order. Resident tolerated well."</p> <p>Review of the record, including but not limited to, the RESIDENT PROGRESS NOTES, Physician Orders, MARs (Medication Administration Records), and TARs (Treatment Administration Records) indicated there was no documentation</p>						

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	<p>in regards to routine catheter care being given or a care plan to address the catheter care needs for Resident "G."</p> <p>2. The record of Resident "H" was reviewed on 04/16/13 at 8:25 a.m. Resident "H" was admitted to the facility on 11/04/09 with diagnoses including, but not limited to, renal failure, chronic pulmonary emboli (clots in lungs), dementia, UTIs, and depression.</p> <p>Review of the record of Resident "H" indicated the resident did not have a care plan in regards to the indwelling catheter.</p> <p>Review of the RESIDENT PROGRESS NOTES for Resident "H" indicated: "01/30/13 18:35 [8:35 p.m. Resident became unresponsive in MDR [Main Dining Room]....[Physician's name] notified...Family notified." "01/30/13 2100 [9:00 p.m.] Resident's sister called &amp; [and] wanted resident to go to hospital. [Physician's name] notified. N/O [New Order] send to [hospital name]...Resident left c [with] EMTs @ [at] 0915 [sic] [9:15 p.m]."</p> <p>Resident "H" was seen in the hospital</p>			
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	<p>ER and admitted to the facility with a primary diagnosis of UTI. A Foley catheter was inserted in the ER on 01/30/13 at (9:55 p.m.).</p> <p>The resident returned to the facility on 02/05/13. A review of discharge orders from the hospital indicated: "02/04/13 Remove Foley after 72 hours. If urinary retention, reanchor Foley &amp; consult [Urologist's name]...."</p> <p>Review of the RESIDENT PROGRESS NOTES indicated: "02/05/13 0020 [1220 a.m.] F/U [follow-up] readmit...Foley catheter patent &amp; draining yellow urine in color...."</p> <p>The documentation did not indicate documentation of the catheter, urine output, or when the catheter was discontinued. The next documentation to address the resident's urine output indicated: "03/07/13 1522 [3:22 p.m.] Order received may straight cath [catheterize] for U/A [Urinalysis] C&amp;S [Culture &amp; Sensitivity: test to identify which organisms to treat if the resident has an UTI]."</p> <p>Review of the record, including but not limited to, the RESIDENT PROGRESS NOTES, Physician</p>			

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	<p>Orders, MARs (Medication Administration Records), and TARs (Treatment Administration Records) indicated there was no documentation in regards to routine catheter care being given or a care plan to address the catheter care needs for Resident "H".</p> <p>The DNS (Director Nursing Services) was interviewed on 04/16/13 at 9:30 a.m. and provided a copy of the corporate Policy &amp; Procedures, titled, "Evaluation of Medical Justification for Indwelling Catheter Use: 11/18/05 and Indwelling Urinary Catheter Care: 04/28/06". The DNS indicated being unaware there was no documentation in regards to the catheter, catheter care or care plans for Resident "G" and Resident "H." The DNS indicated the staff should have developed to address care and services.</p> <p>Review of the Policy &amp; Procedure, "Indwelling Urinary Catheter Care" indicated:</p> <p>Documentation Guidelines: 4. Update care plan as needed."</p> <p>Review of the Policy &amp; Procedure, "Evaluation of Medical Justification for Indwelling Catheter Use" indicated:</p>			

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	<p>"Rationale" An indwelling catheter is only used when there is a valid medical justification. A resident is assessed for and provided the care and treatment needed to reach his or her highest level of continence possible."</p> <p>"Procedure: 1. Identify resident's with indwelling catheters upon admission/readmission,...</p> <p>Catheter Justified:... 6. Update the care plan."</p> <p>This Federal tag relates to Complaint IN0026856.</p> <p>3.1-35(a) 3.1-35(b)(1)</p>			

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F000282 SS=E	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record reviews and interviews, the facility failed to ensure assessments were done accurately for a resident with cellulitis (Resident "D"), wound dressing changes were done for a resident as ordered (Resident "C") and assessments were done and catheter care provided for 2 residents (Resident "G" and Resident "H"). This finding had the potential to effect 4 of 5 residents in a sample of 5.</p> <p>Findings include:</p> <p>1. The record of Resident "D" was reviewed on 04/16/13 at 2:15 p.m. Resident "D" was admitted to the facility on 02/04/13, from a hospital, with diagnoses including, but not limited to, COPD (Chronic Obstructive Pulmonary Disease), morbid obesity, hypertension, and CHF (Congestive Heart Failure). Resident "D" left the facility AMA (Against Medical Advice) on 03/07/13.</p> <p>Review of the hospital H&amp;P (History &amp; Physical), dated 02/01/13, indicated:</p>	F000282	<p>1. Resident "D" is no longer residing at the facility. Resident "C" is no longer residing at the facility. For Resident "G" and "H" physician's orders have been reviewed. Neither resident continues to have a catheter. Both residents' care plans have been reviewed and updated to include his/her current status in regards to indwelling catheter use.</p> <p>2. An audit of all current residents of the facility has been conducted to ensure proper skin assessments have been completed, appropriate care plans, treatment order is in place for all pressure and non-pressure areas. An audit of residents of the facility has been conducted to ensure proper care plans are in place and updated as needed for any resident with an indwelling catheter.</p> <p>3. Facility Licensed Nurses have been in-serviced on policy and procedure for skin assessments, appropriate skin care plans, wound care orders and subsequent nursing documentation for any pressure and non-pressure area. Facility Licensed Nurses have been in-serviced on the policy and</p>	05/18/2013			

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	<p>"...EXTREMITIES: Both lower extremities are enlarged and swollen with stasis dermatitis changes. Peripheral pulses are difficult to palpate."</p> <p>Review of the hospital's, "NURSES' TRANSFER/DISCHARGE CONDITION ASSESSMENT FORM", dated 02/04/13, indicated: "CIRCULATION: 4+ pitting [degree swollen tissue takes to return after pressing on tissue with fingers]Edema c [with] Blisters lower BIL [both lower extremities: legs] 3+ pitting Edema to upper [both upper extremities: arms]." A frontal body diagram indicated: a "scab" on the right lower leg, "BIL [bilateral: both sides] groin - separated @ [at] folds", and "BIL Erythema [abnormal redness of the skin due to capillary congestion] &amp; Edema c [with] blister" from ankles to middle of lower legs.</p> <p>Review of the "PATIENT NURSING EVALUATION", done upon admission to the facility on 02/04/13 by RN #6, indicated: "L [left] leg scab on shin. L arm purple bruise 4.2 X 3.6, R [right] arm purple 5. X 3.2 bruise, Right groin open area 1.2 X 1.2, 2 large bruise [sic] purple &amp; on abdomen 13.2 X 4.1, 17.1 X 7.0, both legs discoloration dk</p>		<p>procedure for indwelling catheters, including requirements for a care plan which reflects the current status of the resident and is periodically evaluated and updated as needed. The Director of Nursing Services or designee will conduct a weekly audit of indwelling catheters for appropriate care plan, and documentation for care, skin assessment documentation, wound care documentation for pressure and non-pressure areas for existing residents as well as new admissions.</p> <p>4. The results of these audits will be reviewed and analyzed with a subsequent action plan as needed at the monthly Performance Improvement Committee meeting to ensure and maintain compliance. The Performance Improvement Committee will review monthly for 6 months. The Administrator is responsible for overall compliance. The facility respectfully requests paper compliance for this citation.</p>	

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	<p>[dark] red from chronic cellulitis. Both legs have blisters intact." A frontal body diagram indicated by circles the areas as described.</p> <p>Review of the "RESIDENT PROGRESS NOTES", completed by RN #6, indicated: "02/14/13 1605 [4:05 p.m.]...Abdomen morbidly over hangs to knees...bilateral lower extremities have pitting edema 4+ &amp; blisters intact all over legs. Bilateral legs dk red &amp; warm &amp; tender to touch. Bilateral feel 4+ pitting edema. Ecchymosis [large irregularly formed hemorrhagic areas of the skin] on bilateral arms &amp; abdomen. Right groin has an open are in crease...."</p> <p>Review of "RESIDENT WEEKLY SKIN CHECK SHEET", dated February 2013, and signed by LPN #5, indicated: "02/11/13: Skin warm &amp; dry to the touch. No skin issues noted." "02/18/13 No skin issues note at this time." "02/25/13 No skin issues noted."</p> <p>Review of a NAR (Nutrition at Risk) note, located in the RESIDENT PROGRESS NOTES, dated 02/12/13 and signed by the Wound Nurse, indicated:</p>			

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	<p>"02/12/13 1605 [4:05 p.m.]...stasis dermatitis. Skin has bruising et [and] cellulitis to BLEs [Bilateral Lower Extremities]. 0 known pressure areas. Admit wt ; 428#...will continue to monitor."</p> <p>The record did not indicate any other documentation in regards to the skin for Resident "D."</p> <p>The DNS (Director Nursing Services) was interviewed on 04/17/13 at 10:30 a.m. The DNS indicated being unaware of Resident "D"'s documented skin issues. The DNS indicated the facility's Wound Nurse was responsible for the North Unit and only for targeted residents on the South Unit, where Resident "D" resided.</p> <p>The Wound Nurse was interviewed on 04/17/13 at 10:45 a.m. The Wound Nurse indicated being aware of Resident "D" having cellulitis and unaware of any open areas. The Wound Nurse indicated she had not reviewed the "PATIENT NURSING EVALUATION" from admission. The Wound Nurse indicated being aware Resident "D" was a known skin risk due to her diagnoses. The Wound Nurse indicated residents are routinely assessed the week following</p>			

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	<p>admission by the a Unit Nurse on the South Unit.</p> <p>LPN #5 was interviewed on 04/17/13 at 10:55 a.m. LPN #5 indicated she did a through skin check and did not identify any open areas.</p> <p>2. The record of Resident "C" was reviewed on 04/16/13 at 9:30 a.m. Resident "C" was admitted to the facility on 11/23/12 with diagnoses including, but not limited to, infection to the (R) (right) and (L) (left) elbow, (L) BKA (Below Knee Amputation),, hypertension, CRF (Chronic Renal Failure), severe PVD (Peripheral Vascular Disease: poor circulation), (R) AKA (Above Knee Amputation), anemia, diabetic neuropathy (diminished feeling/sensitivity), sever CHF (Congestive Heart Failure), and a history of non-compliance (failure to follow instructions/advice). The resident left the facility on LOA (Leave of Absence) on 03/09/13 and failed to return. The resident was classified as leaving AMA (Against Medical Advice) following unsuccessful attempts to have the resident's spouse return him to the facility.</p> <p>Review of the record for Resident "C" indicated an admission order for the</p>				

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	<p>dressing changes twice weekly, on Tuesdays and Fridays, to his (L) fingers, (R) posterior (back) and anterior thigh (front), (R) hip, and (R) anterior (front) AKA (Above Knee Amputation) site. Review of the TARs (Treatment Administration Records), dated 01/2013 and 02/2013, indicated Resident "C" did not receive a dressing change on Friday, 01/25/13. The dressing order was changed to daily on 02/01/13. Review of the TARs for 02/2013 and 03/2013 indicated the resident did not receive dressing changes 8 of 28 days in February and 3 of 8 days in March:</p> <p>02/01/13 02/02/13 02/09/13 02/10/13 02/13/13 02/15/13 02/18/13 02/21/13 02/24/13 03/01/13 03/02/13 03/08/13</p> <p>The DNS was interviewed on 04/17/13 at 10:30 a.m. The DNS indicated if the resident refused, the TARs record should reflect the refusal.</p>				

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	<p>3. The record of Resident "G" was reviewed on 04/15/13 at 12:30 p.m. Resident "G" was admitted to the facility on 12/23/06, with diagnoses including, but not limited to, Lewy Body dementia, anxiety, depression, osteoporosis, and UTI's (urinary tract infections).</p> <p>Review of the "RESIDENT PROGRESS NOTES" for Resident "G" indicated:                      "01/25/13 1400 [2:00 p.m.] CNA reported @ [at] end of shift the res [resident] had a sm [small] bloody discharge in brief...MD notified."                      "01/26/13 1920 [7:20 p.m.]...writer observed copious amt's [amounts] of blood including multiple half dollar sized blood clots. Copious amt of blood coming from res peri [perineal] area, brief and pad soaked c [with] blood appearing saturation."                      "01/26/13 1925 [ 7:25 p.m.] [Physician's name] on call...notified or res condition....to send to [hospital name] ER for eval [evaluation] et [and] tx [treat]."</p> <p>The resident was sent to the ER by ambulance on 01/26/13 at 2015 (8:15 p.m.).</p> <p>"01/27/13 0205 [2:05 a.m.] ...Resident</p>				

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	<p>returned c Foley catheration [sic] intact &amp; [and] draining...Dx [diagnosis] UTI &amp; Hematuria [bloody urine]...."</p> <p>"01/28/13 0205 [2:05 a.m....Res [resident] cont [continues] with hematuria. Foley catheter patent [open] draining w/o [without] difficulties...."</p> <p>Review of the RESIDENT PROGRESS NOTES for Resident "G" indicated no documentation of the catheter for the following days: 01/29/13 01/31/13 02/02/13 "02/03/13 0303 [3:05 a.m.] On antibiotic for UTI....Incontinent of bladder." The note did not indicate if the resident's catheter remains in place. 02/04/13 02/05/13 Review of the record indicated on "02/06/13 0100 [1:00 a.m.]... Foley catheter discontinued per [by] physician's order. Resident tolerated well."</p> <p>Review of the record, including but not limited to, the RESIDENT PROGRESS NOTES, Physician Orders, MARs (Medication Administration Records), and TARs</p>						

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	<p>(Treatment Administration Records) indicated there was no documentation in regards to routine catheter care being given or a care plan to address the catheter care needs for Resident "G."</p> <p>4 The record of Resident "H" was reviewed on 04/16/13 at 8:25 a.m. Resident "H" was admitted to the facility on 11/04/09 with diagnoses including, but not limited to, renal failure, chronic pulmonary emboli (clots in lungs), dementia, UTIs, and depression.</p> <p>Review of the RESIDENT PROGRESS NOTES for Resident "H" indicated: "01/30/13 18:35 [8:35 p.m. Resident became unresponsive in MDR [Main Dining Room]....[Physician's name] notified...Family notified." "01/30/13 2100 [9:00 p.m.] Resident's sister called &amp; [and] wanted resident to go to hospital. [Physician's name] notified. N/O [New Order] send to [hospital name]...Resident left c [with] EMTs @ [at] 0915 [sic] [9:15 p.m.].</p> <p>Resident "H" was seen in the hospital ER and admitted to the facility with a primary diagnosis of UTI. A Foley catheter was inserted in the ER on</p>				

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	<p>01/3013 at (9:55 p.m.).</p> <p>The resident was released back to the facility on 02/05/13. A review of discharge orders from the hospital indicated: "02/04/13 Remove Foley after 72 hours. If urinary retention, reanchor Foley &amp; consult [Urologist's name]...."</p> <p>Review of the RESIDENT PROGRESS NOTES indicated: "02/05/13 0020 [1220 a.m.] F/U [follow-up] readmit...Foley catheter patent &amp; draining yellow urine in color...."</p> <p>The documentation did not indicate documentation of the catheter, urine output, or when the catheter was discontinued. The next documentation to address the resident's urine output indicated: "03/07/13 1522 [3:22 p.m.] Order received may straight cath [catheterize] for U/A [Urinalysis] C&amp;S [Culture &amp; Sensitivity: test to identify which organisms to treat if the resident has an UTI]."</p> <p>Review of the record, including but not limited to, the RESIDENT PROGRESS NOTES, Physician Orders, MARs (Medication Administration Records), and TARs</p>			

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	<p>(Treatment Administration Records) indicated there was no documentation in regards to routine catheter care being given or a care plan to address the catheter care needs for Resident "H."</p> <p>The DNS, on 02/16/13 at 2:00 p.m., provided a copy of a corporate Policy &amp; Procedure in regards to assessments, titled, "Documentation and Charting Frequency Guidelines: 05/28/08", which indicated:</p> <p>"New Admission:...Every shift (a minimum of tree times in a 24 hour period) for 72 hours in the Resident Progress Notes."</p> <p>"Infection:...Daily until resolved in the Resident Progress Notes."</p> <p>"Non-pressure skin condition:...Weekly progress note - document on Weekly Non-Pressure Skin Condition Report."</p> <p>This Federal tag relates to Complaint IN00125652, Complaint IN00126263 and Complaint IN00126856.</p> <p>3.1-35(g)(2)</p>						

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F000315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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 record review and interviews, the facility failed to ensure routine catheter care and assessments were completed for 2 of 2 residents reviewed for catheters in a sample of 5. (Resident "G" and Resident "H")</p> <p>Findings include:</p> <p>1. The record of Resident "G" was reviewed on 04/15/13 at 12:30 p.m. Resident "G" was admitted to the facility on 12/23/06, with diagnoses including, but not limited to, Lewy Body dementia, anxiety, depression, osteoporosis, and UTI's (urinary tract infections.)</p> <p>Review of the "RESIDENT PROGRESS NOTES" for Resident "G" indicated: "01/25/13 1400 [2:00 p.m.] CNA</p>	F000315	<p>1. The catheter care, physician's orders related to catheters and catheter assessments for Resident "G" and "H" have been reviewed and updated.</p> <p>2. An audit of current residents of the facility has been conducted to ensure proper catheter care, physician's orders, and assessments are in place and updated as needed for any resident with an indwelling catheter.</p> <p>3. Facility Licensed Nurses have been in-serviced on the policy and procedure for catheter care, physician's orders related to catheters, and assessments for indwelling catheters. The Director of Nursing Services or designee will conduct a weekly audit of catheter care, physician's orders related to catheters, and catheter assessments to ensure proper procedures are being followed and appropriate documentation is in place in regards to indwelling</p>	05/18/2013			

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	<p>reported @ [at] end of shift the res [resident] had a sm [small] bloody discharge in brief...MD notified." "01/26/13 1920 [7:20 p.m.]...writer observed copious amt's [amounts] of blood including multiple half dollar sized blood clots. Copious amt of blood coming from res peri [perineal] area, brief and pad soaked c [with] blood appearing saturation." "01/26/13 1925 [ 7:25 p.m.] [Physician's name] on call...notified or res condition....to send to [hospital name] ER for eval [evaluation] et [and] tx [treat]."</p> <p>The resident was sent to the ER by ambulance on 01/26/13 at 2015 (8:15 p.m.).</p> <p>"01/27/13 0205 [2:05 a.m.] ...Resident returned c Foley catheration [sic] intact &amp; [and] draining...Dx [diagnosis] UTI &amp; Hematuria [bloody urine]...."</p> <p>Review of the RESIDENT PROGRESS NOTES for Resident "G" indicated no documentation of the catheter for the following days: 01/29/13 01/31/13 02/02/13 "02/03/13 0303 [3:05 a.m.] On antibiotic for UTI....Incontinent of bladder." The note did not indicate if</p>		<p>catheters for existing residents as well as new admissions. 4. The results of these audits will be reviewed and analyzed with a subsequent action plan as needed at the monthly Performance Improvement Committee meeting to ensure and maintain compliance. The Performance Improvement Committee will review monthly for 6 months. The Administrator is responsible for overall compliance. The facility respectfully requests paper compliance for this citation.</p>				

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	<p>the resident's catheter remains in place. 02/04/13 02/05/13 Review of the indicated on "02/06/13 0100 [1:00 a.m.]... Foley catheter discontinued per [by] physician's order. Resident tolerated well."</p> <p>Review of the record, including but not limited to, the RESIDENT PROGRESS NOTES, Physician Orders, MARs (Medication Administration Records), and TARs (Treatment Administration Records) indicated there was no documentation in regards to routine catheter care being given or a care plan to address the catheter care needs for Resident "G".</p> <p>2. The record of Resident "H" was reviewed on 04/16/13 at 8:25 a.m. Resident "H" was admitted to the facility on 11/04/09 with diagnoses including, but not limited to, renal failure, chronic pulmonary emboli (clots in lungs), dementia, UTIs and depression.</p> <p>Review of the RESIDENT PROGRESS NOTES for Resident "H" indicated: "01/30/13 18:35 [8:35 p.m. Resident became unresponsive in MDR [Main</p>			

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	<p>Dining Room]....[Physician's name] notified...Family notified." "01/30/13 2100 [9:00 p.m.] Resident's sister called &amp; [and] wanted resident to go to hospital. [Physician's name] notified. N/O [New Order] send to [hospital name]...Resident left c [with] EMTs @ [at] 0915 [sic] [9:15 p.m.].</p> <p>Resident "H" was seen in the hospital ER and admitted to the facility with a primary diagnosis of UTI. A Foley catheter was inserted in the ER on 01/30/13 at [9:55 p.m.].</p> <p>The resident was released back to the facility on 02/05/13. A review of discharge orders from the hospital indicated: "02/04/13 Remove Foley after 72 hours. If urinary retention, reanchor Foley &amp; consult [Urologist's name]..."</p> <p>Review of the RESIDENT PROGRESS NOTES indicated: "02/05/13 0020 [1220 a.m.] F/U [follow-up] readmit...Foley catheter patent &amp; draining yellow urine in color...."</p> <p>The documentation did not indicate documentation of the catheter, urine output, or when the catheter was discontinued. The next</p>				

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	<p>documentation to address the resident's urine output indicated: "03/07/13 1522 [3:22 p.m.] Order received may straight cath [catheterize] for U/A [Urinalysis] C&amp;S [Culture &amp; Sensitivity: test to identify which organisms to treat if the resident has an UTI]."</p> <p>Review of the record, including but not limited to, the RESIDENT PROGRESS NOTES, Physician Orders, MARs (Medication Administration Records), and TARs (Treatment Administration Records) indicated there was no documentation in regards to routine catheter care being given or a care plan to address the catheter care needs for Resident "H."</p> <p>The DNS (Director Nursing Services) was interviewed on 04/16/13 at 9:30 a.m. and provided a copy of the corporate Policy &amp; Procedures, titled, "Evaluation of Medical Justification for Indwelling Catheter Use: 11/18/05," and "Indwelling Urinary Catheter Care: 04/28/06." The DNS indicated being unaware there was no documentation in regards to the catheter, catheter care or care plans for Resident "G" and Resident "H".</p> <p>Review of the Policy &amp; Procedure,</p>			

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	<p>"Indwelling Urinary Catheter Care" indicated:</p> <p>"Rationale: Care of a catheter is provided to prevent infection and/or reduce irritation. Equipment/Supplies: Basin with warm water and soap; Towel and washcloth; Disposable gloves; Bedpan or measuring device; Catheter care kit; Antiseptic ointment as ordered."</p> <p>The Policy &amp; Procedure indicated a 21 step by step procedure to provide the preventative care. The procedure also indicated step 22 and step 23 in regards to notifying the physician and family of potential complications. The procedure indicated:</p> <p>"24. Check and evaluate the catheter every 30 days or as needed for indications that the indwelling catheter needs to be changed. Rationales that may indicate the need to change the catheter include, but are not limited to: a. Contamination of the catheter b. Blockage of the catheter c. Persistent leakage around the catheter...</p> <p>25. document the evaluation....</p>						

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	<p>Documentation Guidelines:...</p> <p>4. Update care plan as needed."</p> <p>Review of the Policy &amp; Procedure, "Evaluation of Medical Justification for Indwelling Catheter Use" indicated:</p> <p>"Rationale" An indwelling catheter is only used when there is a valid medical justification. A resident is assessed for and provided the care and treatment needed to reach his or her highest level of continence possible."</p> <p>"Procedure:</p> <p>1. Identify resident's with indwelling catheters upon admission/readmission,...</p> <p>Catheter Justified:...</p> <p>6. Update the care plan."</p> <p>Documentation Guidelines:</p> <p>1. Documentation in the resident's medical record on the appropriate designated evaluation form that may include, but is not limited to clinical conditions that may require the resident to need an indwelling catheter,...</p> <p>2. Document in resident's medical record, notification of physician and order of initiating a catheter or</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155496	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  04/18/2013
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION VALLEY VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517		
(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	
	<p>discontinuing indwelling catheter, if applicable."</p> <p>This Federal tag relates to Complaint IN00126856.</p> <p>3.1-41(a)(2)</p>				