

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155625	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/22/2012
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NAME OF PROVIDER OR SUPPLIER ARBOR GROVE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 E CENTRAL AVE GREENSBURG, IN 47240
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F0000	<p>This visit was for the Investigation of Complaint IN00116733 and Complaint IN00116787.</p> <p>Complaint IN00116733 -- Substantiated. Federal/State deficiency related to the allegations is cited at F315.</p> <p>Complaint IN00116787 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 18, 19, and 22, 2012</p> <p>Facility number: 000305 Provider number: 155625 AIM number: 100287200</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 76 Total: 76</p> <p>Census Payor type: Medicare: 7 Medicaid: 63 Other: 6 Total: 76</p> <p>Sample: 5</p>	F0000	<p>F315 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of 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 Complaint Survey Revisit on or after November 21, 2012.</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>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on October 29, 2012 by Bev Faulkner, RN</p>				

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F0315 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 observation, interview and record review, the facility failed to ensure nursing staff utilized appropriate infection control methods when cleansing a catheter and the surrounding perineal area during 1 of 3 catheter care observations with 2 CNA's for 1 of 3 residents with an indwelling urinary catheter. (Resident #E)</p> <p>Findings include:</p> <p>Resident #E's clinical record was reviewed on 10-22-12 at 9:10 a.m. Her diagnoses included, but were not limited to multiple sclerosis, urinary retention, history of urinary tract infections (UTI), history of falls, osteoarthritis, osteoporosis and peripheral neuropathy.</p> <p>The clinical record review indicated on 8-28-12, a urinalysis (UA) was ordered by the physician after consultation with</p>	F0315	<p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident E is receiving appropriate peri and catheter care per policy. In-servicing of nursing staff was completed on 10/25/2012 regarding proper peri and catheter care by the Director of Nursing and Assistant Director of Nursing. Peri and catheter care skills validations were completed with the CNA's by the Assistant Director of Nursing. - how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents with an anchored catheter have the potential to be affected by the alleged deficient practice. In-servicing of nursing staff was completed on 10/25/2012 regarding proper peri and catheter care by the Director of Nursing and Assistant Director of</p>	11/21/2012	

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	<p>facility staff in regard to possible urinary retention. An Interdisciplinary Team (IDT) meeting note on 8-28-12 at 10:23 a.m., indicated, "Resident had U/A done on 8/21 which came back negative. Resident is c/o [complaining] again about s/sx [signs and symptoms of] UTI. Will contact MD to obtain order for U/A. IDT feels that resident may be having urinary retention d/t [due to] progressing of disease [multiple sclerosis.] If U/A comes negative [sic], will request PVR [post void residual] to assess urinary retention. If U/A is positive, will wait until tx [treatment] completed to do PVR d/t dysuria [painful urination] often associated with UTI. If resident does have urinary retention, may recommend Foley cath[eter]; which will most likely reduce resident's falls since all recent falls are r/t [related to] needing to urinate."</p> <p>A urinalysis was obtained on 8-29-12, which was positive for a UTI. The physician ordered an antibiotic for 10 days as the treatment. A PVR was obtained on 9-11-12, which indicated an above average residual amount of 450 milliliters. The IDT then notified the physician with this information and requested an order for a Foley (indwelling) catheter. A physician's order was received and an indwelling catheter was placed on 9-14-12. Record review</p>		<p>Nursing. Peri and catheter care skills validations were completed with the CNA's by the Assistant Director of Nursing. - what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; In-servicing of nursing staff was completed on 10/25/2012 regarding proper peri and catheter care by the Director of Nursing and Assistant Director of Nursing. Peri and catheter care skills validations were completed with the CNA's by the Assistant Director of Nursing. If error was identified, skills validation will be repeated until 100% accuracy achieved. Rounds will be conducted by DNS or designee daily on all 3 shifts at least 2 times per shift for at least 6 months to ensure CNA's are providing appropriate peri and catheter care to residents. All residents with a catheter will be observed daily by DNS or designee to ensure that appropriate catheter care is provided by CNA's.- how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and Peri and catheter care skills validation check will be completed on all shifts daily for one week, weekly times 2 weeks, and monthly for 6 months. Results of the skills validation will be reviewed by the</p>		

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	<p>indicated no further UTI's since the placement of the indwelling catheter.</p> <p>During an observation of catheter care on 10-19-12 at 12:46 p.m., with Resident #E, CNA #1 was observed to begin to cleanse the perineal area prior to cleansing the urinary meatus (opening) and catheter tubing. She was not observed to change the soapy water or washcloth prior to rinsing the area in the same order as in washing the area.</p> <p>In interview with CNA #1 on 10-22-12 at 9:01 a.m., she indicated, "Last Friday when you watched me, I was really nervous. I did the pericare before I cleaned the catheter. I also didn't change the water."</p> <p>A procedure, entitled, "Perineal Care" was provided by the Director of Nursing on 10-19-12 at 1:15 p.m. The review date of this procedure was indicated as March 2012. This policy indicated "...7. Fill wash basin with warm water...9. Wet and soap folded wash cloth. 10. NOTE: If resident has catheter, check for leakage, secretions or irritation. Gently wipe catheter from meatus downward for approximately four inches. Do not rewipe catheter. Discard used wash cloth. 11. Obtain clean wash cloth. Females: 12. Separate labia and wash urethral area</p>		<p>CQI committee overseen by the ED. If 95% compliance not achieved, an action plan will be developed to enure compliance.</p>				

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	<p>first. 13. Wash between and outside labia in downward strokes. 14. Alternate from side to side--wipe from front to back and from center of perineum outward. 15. Use a clean are of the wash cloth with each wipe. Do not rewipe area, unless using a clean area of the wash cloth. Change wash cloth as needed. (Proceed to #20...) 20. Change water in basin. With a clean wash cloth, rinse area, thoroughly in the same direction as when washing. 21. Gently pat area dry in same direction as when washing..."</p> <p>This deficiency is related to Complaint IN00116733.</p> <p>3.1-41(a)(2)</p>				