

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2013
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NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064
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F000000	<p>This visit was for the Investigation of Complaint IN00138472.</p> <p>Complaint IN00138472 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F315.</p> <p>Survey dates: October 28 and 29, 2013</p> <p>Facility number: 000248 Provider number: 155357 AIM number: 100291470</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 99 Residential: 52 Total: 151</p> <p>Census payor type: Medicare: 22 Medicaid: 57 Other: 72 Total: 151</p> <p>Sample: 5</p> <p>These deficiencies also reflect state</p>	F000000		

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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	findings cited in accordance with 410 IAC 16.2. Quality Review completed on October 31, 2013 by Randy Fry RN.				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the nursing staff followed up on faxes sent to the physician to</p>	F000157	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or	11/13/2013			

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	<p>ensure they were received following a lack of response to the fax for 2 of 4 residents reviewed for physician notification of possible urinary tract infections in a sample of 5. (Resident #B and #E)</p> <p>Findings:</p> <p>1.) The clinical record for Resident #B was reviewed on 10/28/13 at 10:30 a.m.</p> <p>Diagnoses for Resident #B included, but were not limited to, Alzheimer's disease and senile dementia with depression.</p> <p>A quarterly minimum data set (MDS) assessment, dated 10/8/13, indicated the resident was severely cognitively impaired, required extensive assistance of the staff for toileting and had problems with urinary incontinence.</p> <p>A nursing note, dated 9/11/13 at 2:29 p.m., indicated "Dipstick [a quick urine test done with a chemical strip as a nursing measure] done on res</p>		<p>conclusions 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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: 11/13/13 F 157 483.10 (b) (11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>I. Resident B has been treated by her physician for a urinary tract infection using antibiotic medication. Resident E has been treated by her physician for a urinary tract infection using antibiotic medication. II. Residents receiving urine dipstick testing have the potential to be affected. All urine dipstick test results obtained for the past 30 days were reviewed to determine physician notification was provided. Any issues identified were communicated to the physician accordingly. III. Education to all licensed nurses was completed by 11/13/13, to include following the Event Procedure for continuous monitoring and assessment of the resident until the event is closed and prompt follow up with physicians for all urine dipstick test results. The systemic change includes review of urine dipstick test results daily in clinical stand up meeting to determine the physician is aware of testing</p>		

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	<p>[resident] urine d/t [due to] foul smell noted, results sent to (physician), awaiting response."</p> <p>The next nursing note entry was dated 9/18/13 at 9:09 a.m. The clinical record lacked any response from the physician related to the 9/11/13 fax. The clinical record lacked any information related to followup contact with the physician having been done to make sure the fax had been received and the physician was aware of the 9/11/13 concerns noted above.</p> <p>A nursing note, dated 9/20/13 at 3:34 p.m., indicated the resident had continued to be resistive to care, eaten poorly, and had an increase in confusion. The note indicated the physician was contacted and an order was received for a urinalysis with culture and sensitivity. This indicated a time period of nine days from the date the physician was initially faxed about the resident's condition and phone contact was made.</p> <p>During an interview on with the</p>		<p>results, any needed follow up from the physician is obtained and that the Event Procedure is being followed. IV. The DON or designee will audit residents with urine dipstick testing 5 times per week for 30 days, then 5 times per month for 150 days, then 3 times per month for 180 days to total 12 months. Results of report findings will be reported to the QA committee monthly for 12 months. After 100% compliance is reached the QA committee will determine the frequency of continued monitoring. Please see attachments: #1 Urine Dipstick Results Tool, #2 Urine Dipstick Results Log, #3 Lab Log #4Event Sample #5 Event Procedure #6 In-service Education COMPLETION DATE: November 13th, 2013</p>		

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	<p>Administrator, Assistant Administrator, and Director of Nursing (DoN) on 10/29/13 at 12:05 p.m., additional information was requested related to the lack of follow-up following the fax sent to the physician on 9/11/13.</p> <p>During an interview on 10/29/13 at 1:35 p.m., the DoN provided a copy of the fax sent to the physician on 9/11/13. The fax indicated the resident's urine had a foul odor and included the dipstick urine results which included, but were not limited to, the following:</p> <p>Bilirubin: +++ Nitrite: positive Leukocytes: +</p> <p>The DoN indicated she was unable to provide any information related to follow-up contact with the physician having been made until the 9/20/13 order was obtained.</p> <p>During an observation of the dipstick container, provided by Unit Manager #1 on 10/29/13 at 3:35 p.m., the</p>			
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	<p>bottle indicated a normal urine result would be negative for the above noted dipstick results.</p> <p>2.) The clinical record for Resident #E was reviewed on 10/29/13 at 9:30 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, dementia and history of urinary tract infection.</p> <p>A quarterly minimum data set (MDS) assessment, dated 8/8/13, indicated the resident was severely cognitively impaired, required extensive assistance of the staff for toileting and had problems with urinary incontinence.</p> <p>A health care plan problem, reviewed on 8/21/13, indicated the resident had a problem with bladder incontinence. One of the approaches for this problem was for staff to report any sign/symptoms of a urinary tract infection, which included, but were not limited to, acute confusion, foul odor, concentrated urine, and fever.</p>			

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	<p>A nursing note entry, dated 9/30/13 at 2:28 p.m., indicated "Resident is having episodes of increased confusion, not easily redirected.... Fax sent to MD [medical doctor] regarding resident increased confusion, foul urine, and low grade temp [temperature], v/s [vital signs] are as follows: 99/65 [blood pressure], 83 [pulse], 18 [respirations], 99.8 [temp], 93% RA [oxygen saturation rate on room air].</p> <p>The nursing notes, dated 9/30/13 and 10/1/13, lacked any response from the physician related to the fax sent on 9/30/13. The clinical record lacked any followup contact with the physician to ensure the fax had been received and the physician was aware of the resident's condition.</p> <p>During an interview with the DoN on 10/29/13 at 1:30 p.m., she indicated there had been no follow-up to the fax sent on 9/30/13 prior to 10/2/13. She indicated the physician had visited the facility on 10/2/13 and Unit Manager #1 had requested an order for the urine to be tested.</p>						

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	<p>The clinical record indicated antibiotic therapy was ordered for a urinary tract infection on 10/4/13 based upon the results of the urine culture and sensitivity report.</p> <p>3.) Review of the current facility policy, revised April 2011, provided by the DoN on 10/29/13 at 2:25 p.m., titled "Change in Resident's Condition or Status", included, but was not limited to, the following:</p> <p>"Policy Statement Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status....</p> <p>Policy Interpretation and Implementation</p> <p>1. The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician when there has been:</p>			

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	<p>...d. A significant change in the resident's physical/emotional/mental condition;</p> <p>e. A need to alter the resident's medical treatment significantly...."</p> <p>This federal tag relates to Complaint IN00138472.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</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 observation, record review and interview, the facility failed to ensure residents with possible urinary tract infections were monitored and assessed in a timely manner for 2 of 4 incontinent residents reviewed for treatment of urinary tract infections in a sample of 5. (Resident #B and #E)</p> <p>Findings:</p> <p>1.) The clinical record for Resident #B was reviewed on 10/28/13 at 10:30 a.m.</p> <p>Diagnoses for Resident #B included, but were not limited to, Alzheimer's disease and senile dementia with depression.</p>	F000315	<p>F 315 483.25 (d) NO CATHETER, PREVENT UTI, RESTORE BLADDER I. Resident B has been treated by her physician for a urinary tract infection using antibiotic medication. Resident E has been treated by her physician for a urinary tract infection using antibiotic medication. II. Residents receiving urine dipstick testing have the potential to be affected. All urine dipstick test results obtained for the past 30 days were reviewed to determine physician notification was provided. Any issues identified were communicated to the physician accordingly. III. Education was completed on 11/13/13 to all licensed nurses to include following the Event Procedure for continuous monitoring and assessment of the resident until the event is closed and prompt follow up with physicians for all urine dipstick test results. The systemic change</p>	11/13/2013	

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	<p>A quarterly minimum data set (MDS) assessment, dated 10/8/13, indicated the resident was severely cognitively impaired, required extensive assistance of the staff for toileting and had problems with urinary incontinence.</p> <p>A nursing note, dated 9/11/13 at 2:29 p.m., indicated "Dipstick [a quick urine test done with a chemical strip as a nursing measure] done on res [resident] urine d/t [due to] foul smell noted, results sent to (physician), awaiting response."</p> <p>The next nursing note entry was dated 9/18/13 at 9:09 a.m., and pertained to the resident refusing morning meds and being argumentative.</p> <p>A nursing note, dated 9/20/13 at 3:34 p.m., indicated the resident had continued to be resistive to care, eaten poorly, and had an increase in confusion. The note indicated the physician was contacted and an order was received for a urinalysis with culture and sensitivity.</p>		<p>includes review of urine dipstick test results daily in clinical stand up meeting to determine the physician is aware of testing results, any needed follow up from the physician is obtained and that the Event Procedure is being followed. IV. The DON or designee will audit residents with urine dipstick testing 5 times per week for 30 days, then 5 times per month for 150 days, then 3 times per month for 180 days to total 12 months. Results of report findings will be reported to the QA committee monthly for 12 months. After 100% compliance is reached the QA committee will determine the frequency of continued monitoring. Please see attachments: #1 Urine Dipstick Results Tool #2 Urine Dipstick Results Log #3 Lab Log #4 Event Sample #5 Event Procedure #6 In-service Education COMPLETION DATE: November 13th, 2013</p>	

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	<p>The clinical record lacked any information related to the physician responding to the fax sent on 9/11/13, the results of the dipstick urine, or any other monitoring of the resident's vital signs or urinary status from 9/11/13 through 9/20/13.</p> <p>During an interview on with the Administrator, Assistant Administrator, and Director of Nursing (DoN) on 10/29/13 at 12:05 p.m., additional information was requested related to the lack of follow-up monitoring and assessment of the resident following the fax sent to the physician on 9/11/13.</p> <p>During an interview on 10/29/13 at 1:35 p.m., the DoN provided a copy of the fax sent to the physician on 9/11/13. The fax indicated the resident's urine had a foul odor and included the dipstick urine results which included, but were not limited to, the following:</p> <p>Bilirubin: +++ Nitrite: positive</p>				

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	<p>Leukocytes: +</p> <p>The DoN indicated she was unable to provide any information related to follow-up monitoring of the resident's urinary status after the fax was sent on 9/11/13.</p> <p>During an observation of the dipstick container, provided by Unit Manager #1 on 10/29/13 at 3:35 p.m., the bottle indicated a normal urine result would be negative for the above noted dipstick results.</p> <p>2.) The clinical record for Resident #E was reviewed on 10/29/13 at 9:30 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, dementia and history of urinary tract infection.</p> <p>A quarterly minimum data set (MDS) assessment, dated 8/8/13, indicated the resident was severely cognitively impaired, required extensive assistance of the staff for toileting and had problems with urinary incontinence.</p>				

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	<p>A health care plan problem, reviewed on 8/21/13, indicated the resident had a problem with bladder incontinence. One of the approaches for this problem was for staff to report any sign/symptoms of a urinary tract infection, which included, but were not limited to, acute confusion, foul odor, concentrated urine, and fever.</p> <p>A nursing note entry, dated 9/30/13 at 2:28 p.m., indicated "Resident is having episodes of increased confusion, not easily redirected.... Fax sent to MD [medical doctor] regarding resident increased confusion, foul urine, and low grade temp [temperature], v/s [vital signs] are as follows: 99/65 [blood pressure], 83 [pulse], 18 [respirations], 99.8 [temp], 93% RA [oxygen saturation rate on room air].</p> <p>A nursing note entry, dated 9/30/13 at 8:36 p.m., indicated Resident #E continued to have foul urine and increased confusion. Vital signs were included in the entry.</p>			

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	<p>The clinical record lacked any follow up with the physician or any other assessment of the resident related to a possible urinary tract infection on 9/30/13 or 10/1/13.</p> <p>A nursing note entry, dated 10/2/13 at 10:13 a.m., indicated a urine sample had been sent out for testing.</p> <p>During an interview on with the Administrator, Assistant Administrator, and Director of Nursing (DoN) on 10/29/13 at 12:05 p.m., additional information was requested related to the lack of follow-up monitoring and assessment of the resident following the fax sent to the physician on 9/30/13.</p> <p>During an interview with the DoN on 10/29/13 at 1:30 p.m., she provided a copy of vital signs for Resident #E taken on 10/1/13 at 11:37 a.m. No other monitoring and/or assessment of the resident's urinary status was provided. She indicated there had been no follow-up to the fax sent on 9/30/13 prior to 10/2/13. She indicated the physician had visited the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2013
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NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064
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	<p>facility on 10/2/13 and Unit Manager #1 had requested an order for the urine to be tested.</p> <p>The clinical record indicated antibiotic therapy was ordered for a urinary tract infection on 10/4/13 based upon the results of the urine culture and sensitivity report.</p> <p>This federal tag relates to Complaint IN00138472.</p> <p>3.1-41(a)(2)</p>			