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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155209 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 07/01/2015 |
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| NAME OF PROVIDER OR SUPPLIER WATERS OF CLIFTY FALLS, THE | STREET ADDRESS, CITY, STATE, ZIP CODE 950 CROSS AVE MADISON, IN 47250 |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00174869, IN00176313 and IN00176369.</p> <p>Complaint IN00174869 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00176313 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00176369 - Substantiated. Federal/state deficiencies related to the allegations are cited at F328.</p> <p>Survey dates: June 30 and July 1, 2015</p> <p>Facility number: 000116 Provider number: 155209 AIM number: 100266330</p> <p>Census bed type: SNF/NF: 93 Total: 93</p> <p>Census payor type: Medicare: 14 Medicaid: 63 Other: 16 Total: 93</p> | F 0000 | Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or 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. | |
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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 0328 SS=D Bldg. 00 | <p>Sample: 8</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, interview and record review, the facility failed to provide the necessary care and treatment for 2 residents with central venous catheters (CVC) for 2 of 2 residents reviewed for central venous catheters. (Residents B and H).</p> <p>Findings include:</p> <p>1. Resident B's closed clinical record was reviewed on 6/30/2015 at 1:50 p.m.</p> | F 0328 | <p>1. Resident "B" and Resident "H" noted in the 2567 were both reviewed and midline dressing change orders and central venous catheter orders were clarified to reflect policies and procedures on 7/1/2015. Resident "B" no longer a resident at the facility.</p> <p>2. An audit of all residents with IV lines was completed on 7/2/2015. All order clarifications were completed and care plans were</p> | 07/25/2015 |
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| | <p>Diagnoses included, but were not limited to, acute and chronic respiratory failure, pneumonia, unstageable coccyx (sacrum) pressure ulcer, and gastronomy (G-tube).</p> <p>Resident B was admitted to the facility on 6/12/2015 and was discharged from the facility and admitted to the hospital with sepsis and anemia on 6/22/2015.</p> <p>The Admission Minimum Data Set Assessment for Resident B, dated 6/20/2015, indicated the resident was severely cognitively impaired. The resident was non-ambulatory and required 2+ physical assist for all activities of daily living (ADLs); including transfers, toileting and bathing.</p> <p>The Physician Transfer Summary for Resident B, dated 6/12/2015, indicated the resident had a "PICC [peripherally inserted central catheter] line."</p> <p>Physician's Orders for Resident B, dated 6/12/2015, indicated, "Venous Access.... CVC / MIDLINE / MIDCLAVICULAR / PICC (CIRCLE) [none circled]. SITE: R [right] subclavian [central vein located under the clavicle (collar) bone]. LUMENS: 3. When not in use, flush with 5 ml [milliliters] 0.9% NS [normal saline] 1 time per week. When in use, flush with 5 ml 0.9% NS before and after</p> | | <p>updated to reflect current policies and procedures.</p> <p>3. Nursing staff will be educated on policies for Midline/PICC/Central Venous Catheter dressings changes by the DON and/or designee by 7/24/2015. Any staff who fail to comply with the points of the education will be further education and/or progressively disciplined as indicated.</p> <p>4. The Director of Nursing and/or designee will ensure orders are transcribed appropriately when orders for IV lines are written or changed. The Director of Nursing and/or designee will monitor all residents with IV lines 5 days per week until 4 consecutive weeks of zero findings is achieved. Then residents with IVs will be monitored by DON and/or designee at least weekly for a period of 6 months. Afterwards, random monitoring will be ongoing as part of routine rounds. Any negative findings discovered as the monitoring takes place will be addressed and corrected immediately when found. The daily CQI process will ensure ongoing review of new IV orders and/or new residents admitted with IVs. The Director of Nursing will review all findings in QAPI monthly and IDT will determine need for further review.</p> <p>5. The completion date is</p> | | |

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| | <p>med [medication] administration."</p> <p>Physician's Orders for Resident B, dated 6/15/2015, indicated, "(1) Flush lumen [with] 10 cc [ml] NS before & after med administration. (2) Flush all (3) lumens [with] 10 cc NS Q [every] shift to maintain...."</p> <p>The June, 2015 Medication Administration Record (MAR) for Resident B indicated, "Flush R [right] subclavian cath [with] 5 ml NS before and after meds...6 a [a.m.] 2 p [p.m.] 10 p [pm]." MAR indicated the resident's central line was flushed with 5 ml normal saline three times daily 6/13/2015 through 6/21/2015.</p> <p>Resident B's Care Plan, initiated 6/16/2015, indicated, "At risk for infections related to triple lumen PICC line." Interventions included, "Change dressing Q [every] 7 days. Change needleless cap Q 7 days. Flush lumens as per schedule. Monitor for infiltration, redness, pain, swelling."</p> <p>There was no evidence of physician's orders regarding dressing changes or end cap changes anywhere in Resident B's clinical record. There was no evidence of scheduled or completed dressing or end cap changes anywhere in Resident B's</p> | | 7/25/2015. | |

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| | <p>clinical record.</p> <p>Resident B's [Hospital name] Event Incident Report, dated 6/22/2015 at 8:45 a.m., provided by anonymous hospital staff on 6/30/2015 at 4:35 p.m., indicated, "7:45 a.m. pt [patient] received from [facility] for blood transfusion...Drsg [dressing] on central line dated 6/9/2015...."</p> <p>Physician Progress Note [hospital document for Resident B], dated 6/23/2015, indicated, "...now admitted primarily for sepsis from multiple likely sites: ...likely infected line."</p> <p>Resident B's [Hospital name] Wound Clinic Note, dated 6/24/2015, indicated, "...Per nursing staff on [hospital unit] his Central Line site had not been changed since 6/09/15. Noted 7 scabbed areas around central line dressing. Ranging from 1 cm [centimeter] to 0.2 cm."</p> <p>On 7/1/2015 at 4:48 p.m., the facility physician, who indicated he saw Resident B in the hospital on 6/22/2015 when he was admitted and was present when the central line was removed, indicated, "It [central line dressing] didn't get changed as timely as it should have."</p> <p>On 7/1/2015 at 4:50 p.m., the DON</p> | | | |

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| | <p>indicated there was no documentation regarding dressing changes, cap replacements, or the 6/16/2015 updated orders regarding flushing the central line. The DON indicated physician's orders and dressing changes were "overlooked."</p> <p>2. On 7/1/2015 at 1:32 p.m., RN (Registered Nurse) # 2 indicated Resident H had a midline central catheter placed "a few days ago." Resident H's catheter site was observed on 7/1/2015 at 1:35 p.m. with LPN (Licensed Practical Nurse) # 3. Resident H was observed with a catheter in her left inner, upper arm with a gauze dressing underneath an occlusive transparent dressing, dated "6/29/2015."</p> <p>Resident H's clinical record was reviewed on 7/1/2015 at 2:50 p.m. IV Catheter Insertion Record, dated 6/29/2015, indicated, "Midline PIV [peripheral intravenous line] L [left] basilic site 6/29/2015 at 10:15 p.m."</p> <p>The July, 2015 Treatment Administration Record (TAR) for Resident H indicated, "Start: 7/1/15: Midline Dressing [change] Q 7 days & PRN." The TAR indicated the dressing was not scheduled to be changed until 7/6/2015.</p> <p>A current copy of the Dressing Change, Peripherally Inserted Central Catheter</p> | | | | | | |

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| | <p>(PICC) Policy and Procedure, was provided by the Director of Nursing (DON) on 6/30/2015 at 4:15 p.m. The policy included, but was not limited to, "The catheter site is a potential entry site for bacteria that may cause a catheter related infection.... Process: Dressing changes using transparent dressings are performed: 1. 24 hours post insertion or upon admission. 2. Every seven (7) days thereafter.... When a transparent dressing is applied over a gauze dressing it is considered a gauze (or occlusive) dressing and is changed: 1. 24 hours post insertion or upon admission. 2. Every 48 hours.... Assessment of venous access site is performed: 1. During dressing changes. 2. Every 2 hours during continuous therapy. 3. Before and after administration of intermittent infusions.... Documentation in the medical record includes, but is not limited to: Date and time, site assessment...resident response to procedure and/or medication...."</p> <p>On 7/1/2015 at 4:35 p.m., the Executive Director (ED), DON, and Corporate Nurse Consultant indicated Resident B had a "central line"; not a PICC line. The DON provided a copy of the current Midline Catheter (IV access in the upper arm): Dressing Change Policy and Procedure, which indicated, "NOTE: Process is the same as that used for a</p> | | | |

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| | <p>Central Catheter." The Policy indicated, "Sterile occlusive transparent dressings (TSM) are utilized on midline and central access sites. Sterile dressings are changed when the integrity of the dressing is compromised.... If a transparent dressing is applied over a gauze dressing, it is considered a gauze [occlusive] dressing. (Refer to Infusion Maintenance Table policy for frequency of change.).... Process: Check physician's order...." The Executive Director, DON, and Corporate Nurse Consultant indicated the facility policy was to change midline and central line dressings as the policy indicated ("...when the integrity of the dressing was compromised").</p> <p>A copy of the current Infusion Maintenance Table, provided by the DON on 7/1/2015 at 11:40 a.m., indicated, "IV LINE IN USE: Midline [and] PICC: Transparent Dressing Changes: 24 hours post insertion then every week & PRN [as needed].... Needless Access Device (End Cap): On admission. Every week. PRN.... Non Tunneled CVC [central venous catheter] Tunneled CVC: Transparent Dressing Changes: Every week and PRN. Needless Access Device (End Cap): On admission. Every week. PRN.... Measurements: For PICC and Midline,</p> | | | |

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| | <p>upper arm circumference and external catheter length must be measured upon insertion, admission, w/ each dressing change and PRN."</p> <p>On 7/1/2015 at 5:02 p.m., the DON indicated the facility did not have a policy for "Central Catheter", as indicated in the Midline Catheter Policy and Procedure.</p> <p>This Federal tag relates to the Investigation of Complaint IN00176369.</p> <p>3.1-47(a)(1)</p> | | | |