

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155702	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/26/2013
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NAME OF PROVIDER OR SUPPLIER CARING HANDS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1850 MATADOR ST PERU, IN 46970
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F000000	<p>This visit was for the Investigation of Complaint #IN00134236</p> <p>Federal/state deficiencies related to the allegation are cited at F279, F328, and F315</p> <p>Survey dates: November 25, 26, 2013</p> <p>Facility number: 003130 Provider number: 155702 AIM number: 200386750</p> <p>Survey team: Julie Wagoner, RN, TC Deb Kammeyer, RN Lora Swanson, RN</p> <p>Census bed type: SNF: 05 SNF/NF: 65 Total: 70</p> <p>Census payor type: Medicare: 10 Medicaid: 52 Other: 08</p>	F000000	<p>The facility requests paper compliance for this citation.</p> <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>Total: 70</p> <p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2 in regards to the Investigation of Complaint #IN00134236.</p> <p>Quality review completed on December 3, 2013 by Randy Fry RN.</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 observation, record review, and interview the facility failed to develop a nursing care plan related to oxygen usage for 1 of 3 residents reviewed for oxygen usage. (Resident #B)</p> <p>Findings include:</p> <p>On 11-25-13 at 10:33 A.M., during an observation of Resident #B with LPN #1, the resident was in the activity room working on a computer. Resident #B was observed to have a</p>	F000279	F 279 The facility requests paper compliance for these citations. This Plan of Correction is the center's credible allegation of compliance. 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.1) Immediate actions taken for those residents identified: Resident B's care plan was reviewed and	12/26/2013	

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	<p>nasal cannula in both nares with tubing that ran to a portable oxygen tank. The tank was observed to be in the red zone (empty). LPN #1 indicated the oxygen tank was empty and she would go fill it. Resident #B indicated she felt her oxygen level was low.</p> <p>On 11-25-13 at 10:35 A.M., the West Unit Manager, LPN #2, was observed checking Resident B's oxygen level. The resident's blood oxygen saturation level was assessed at 93%. LPN #1 returned to the activity room and indicated the resident's blood oxygen saturation level was usually 98% while on 2 liters of oxygen per nasal cannula. Both LPN's indicated the resident's oxygen use was to be continuous.</p> <p>On 10-25-13 at 11:40 A.M., review of the physician order for oxygen indicated, Resident #B was to be on the following: "...oxygen at 2 LPM [liters per minute] via nasal cannula "</p> <p>The clinical record for Resident "B" was reviewed on 11-25-13 at 10:42 A.M. The Resident's diagnoses included, but was not limited to:</p>		<p>updated for oxygen use. 2) How the facility identified other residents:An audit was done to identify all residents with oxygen orders and care plans reviewed anupdated as needed. 3) Measures put into place/ System changes:Nursing staff will be re-educated on adding oxygen usage to care plan when orders are receivedfor oxygen. 4) How the corrective actions will be monitored:Nurse Management will audit physician orders for oxygen usage 3 times a week in clinical meeting.The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months.DON/Designee to oversee audits.5) Date of compliance: December 26, 2013</p>				

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	<p>chronic airway obstruction, muscle weakness, cardiomyopathy, and hypertension.</p> <p>On 11-25-13 at 10:45 A.M. review of care plans indicated there was no plan of care to address the resident's oxygen use.</p> <p>On 11-25-13 at 10:50 AM, a review of Weight and Vitals Summary " indicated, the following O2 Sats (blood oxygen saturation) levels for Resident #B had been assessed:: 11-22-13 at 8:06 A.M. - 99% 11-23-13 at 9:40 A.M. - 98% 11-24-13 at 23:29 P.M. - 98% 11-25-13 at 8:38 A.M. - 98 % 11-25-13 at 9:21 A.M. - 88%</p> <p>During an interview, on 11-25-13 at 11:49 A.M., the West Unit Manager, LPN #2, had no explanation as to why there was no care plan and interventions to address the resident's respiratory problems.</p> <p>On 11-26-13 at 9:20 A.M., a review of the policy titled " 4.7 The RAI [Resident Assessment Instrument) and Care Planning " dated October</p>						

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	<p>2011, provided by RN #3, indicated the care plan provides "...information regarding how the causes and risks associated with issues and/or conditions can be addressed to provide for a resident's highest practicable level of well-being (care planning) " The facility corporate nurse, RN #3, indicated on 11-26-13 at 9:00 A.M., the facility did not have a specific policy and procedure regarding care plan development but utilized the RAI manual.</p> <p>This Federal tag relates to Complaint IN00134236. 3.1-35(a)</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 interviews, the facility failed to ensure the toileting plan for 1 of 3 residents reviewed for toileting needs was followed (Resident E)</p> <p>Finding includes:</p> <p>1. During the initial tour of the facility, conducted on 11/25/13 between 10:15 A.M. - 11:00 A.M., the Director of Nursing (DON) indicated Resident E was alert and oriented, required total staff assistance for transferring, hygiene, and toileting needs, and was incontinent. was checked for incontinence and Resident E was also given a urinal at times. The Director of Nursing indicated she was newer to the facility and was not</p>	F000315	F 315	12/26/2013		<p>The facility requests paper compliance for this citation.</p> <p>This Plan of Correction is the center's credible allegation of compliance.</p>	

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	<p>certain about the toileting plans for all of the residents.</p> <p>On 11/25/13 at 11:15 A.M., the DON provided a list denoting those residents who were toileted and those residents who received incontinence care only. The list indicated Resident E was both toileted and sometimes received incontinence care.</p> <p>The clinical record for Resident E was reviewed on 11/25/13 at 1:15 P.M. Resident E was admitted to the facility on 01/18/13, with diagnosis, including but not limited to: diabetes, Clostridium difficile, personality disorder, abnormal posture, hypertension, history of trans ischemic attacks, muscle weakness, anxiety, and paranoid schizophrenia.</p> <p>The most recent Minimum Data Set (MDS) assessment, completed for Resident E on 10/24/13, indicated the resident was alert and oriented, was non-ambulatory, required extensive staff assistance for transferring needs, and was occasionally incontinent of his bladder and always</p>		<p>Preparation and/or execution of this plan of correction</p> <p>does not constitute admission or agreement by the provider of the truth of the</p> <p>facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or</p> <p>executed solely because it is required by the provisions of federal and state law.</p> <p>1) Immediate actions</p> <p>taken for those residents identified:</p> <p>Resident E scheduled for new voiding diary.</p> <p>Resident E has a BIMS of</p> <p>15 and is able to use a urinal with</p>	

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	<p>incontinent of his bowels.</p> <p>The current health care plan regarding incontinence and/or toileting needs for Resident E, reviewed on 06/04/13, indicated the following: "Focus - (Resident's name) has Functional bladder incontinence related to Mental Status and Renal Failure. Goal - (Resident's name) will remain free from skin breakdown due to incontinence and brief use though the review date. Interventions: Brief use: (Resident' name) uses disposable briefs Incontinent: Resident will be toileted 5 times daily per scheduled toileting program. Observe/Notify MD for s/sx (signs and symptoms) UTI (urinary tract infection): pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns, Focus: (Resident's name) is incontinent of bladder related without a pattern of incontinence (sic) and would benefit from a scheduled</p>		<p>assistance from staff.</p> <p>Resident E's care plan will be updated to reflect voiding pattern and for urinal usage.</p> <p>2) How the facility identified other residents:</p> <p>All residents with current scheduled toileting programs will be audited for effectiveness.</p> <p>If current toileting program is not effective, a new voiding pattern task will be assigned.</p>		

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	<p>toileting program related to: functionally disabled, caregiver dependent (sic) Goals: (Resident's name) will be continent of bladder 1 -2 times per day through next review date. Interventions: Allow ample time for voiding, assist with transfers, clothing adjustment, cleansing during toileting, take to bathroom per schedule: three times during the night, upon rising, twice during mid day, before supper, after supper, and at bedtime."</p> <p>Resident E was observed on 11/25/13 at 10:15 A.M., seated in his wheelchair in the hallway by the nurses station. He remained in his wheelchair in the hallway until 11:30 A.M., when he was noted in the dining room. Resident E was then observed, on 11/25/13 at 1:13 P.M., lying in his bed awake. At 2:10 P.M. on 11/25/13, CNA's #5 and #6 were observed providing incontinence care, changing Resident E's wet brief, and assisting him from his bed to the wheelchair. He was not toileted or offered to be toileted during the process. Interview with CNA #6</p>		<p>3) Measures put into place/ System changes:</p> <p>A Voiding Diary will be completed with all new admissions, residents with significant change in continence status and per facility protocol.</p> <p>After the 3 day voiding pattern is completed:</p> <p>a. If a pattern is established, the pattern will be documented on the plan of care.</p> <p>b. If no pattern is established, a plan of care will be initiated with a consistent schedule for toileting.</p> <p>If a resident shows a pattern of continence for twenty-four (24) hours the voiding pattern may</p>	

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	<p>indicated the standing lift, which was utilized for Resident E could fit into the resident's bathroom but usually if they were going to toilet the resident, they would use the shower room.</p> <p>Resident E was observed on 11/26/13 at 8:00 A.M., lying in his bed awake. He remained in his bed until 8:50 A.M., when CNA's #7 and 8 were noted to provide incontinent care and daily hygiene and dressing care. The resident's incontinent brief was noted to be heavily saturated with urine and the resident's buttocks and perineal area was noted to have deep indentations from the wet brief and incontinence pad. Interview with CNA #7 indicated she had started working at 6:00 A.M. and had not provided incontinence care to Resident E prior to 8:50 A.M. After providing incontinence care, placing a clean brief and clothes on the resident, CNA #7 and 8 proceeded to transfer the resident to his wheelchair. Resident #E was observed in his wheelchair from 9:15 A.M. - 11:33 A.M. At 11:33 A.M., the resident's family pushed him to the</p>		<p>be discontinued.</p> <p>Bowel and Bladder assessments are done quarterly, with significant change in continence status, and full assessment annually.</p> <p>Care Plans will be reviewed quarterly and as needed for current toileting program.</p> <p>4) How the corrective actions will be monitored:</p> <p>Nurse Management will audit 3 residents per week on a scheduled toileting program for accuracy.</p> <p>Auditing will be weekly for 4 weeks, then monthly x 2 months</p>		

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	<p>dining room for lunch. Resident #E was observed on 11/26/13 at 12:45 P.M., in the therapy room. Interview with the therapist, Employee #9, indicated she had assisted the resident directly from the dining room into the therapy room. She indicated if she did not take the resident directly from the noon meal, he was likely to lay down for a nap in his bed. The resident remained in the therapy room until 1:25 P.M., when he was pushed back to the hallway just outside of his room. At 1:45 P.M., CNA's #10 and 11 assisted Resident E to transfer from his wheelchair into his bed. Resident E indicated he felt the "urge to pee." After assisting the resident to his bed and removing the incontinence brief, a urinal was placed for the resident by CNA #11 and privacy was given to the resident. The resident was noted to be lying completely flat on his bed. There was no toileting opportunity offered to the resident.</p> <p>Review of the electronic charting by the CNA's, titled "Continence" indicated on 11/25/13 during the night</p>		<p>then</p> <p>quarterly times 1.</p> <p>The results of these audits will be reviewed in Quality Assurance</p> <p>Meeting monthly x3 months, then quarterly x1 for a total of 6 months.</p> <p>DON/Designee to oversee audits.</p> <p>5) Date of compliance: December 26, 2013</p>	

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	<p>shift the resident was documented as having one incontinent episode. The resident was documented as continent on the evening shift. There was no documentation for the day shift. On 11/26/13 the resident was documented as continent on the night shift and incontinent one time on the day shift. The documentation did not indicate if the resident was toileted, given a urinal, or just checked for incontinence and changed. It also did not indicate how many times the resident was toileted for the shifts in which he was documented as "Continent."</p> <p>This Federal tag relates to Complaint IN00134236.</p> <p>3.1-42(a)(2)</p>			

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F000328 SS=D	<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, record review and interview, the facility failed to ensure a resident's portable oxygen tank had oxygen in it prior to leaving the unit to go to an activity for 1 of 2 residents observed with portable oxygen tanks. (Resident #B)</p> <p>Findings include:</p> <p>On 11-25-13 at 10:33 A.M., during an observation of Resident #B with LPN #1, the resident was in the activity room working on a computer. Resident #B was observed to have a nasal cannula in both nares with tubing that ran to a portable oxygen tank. The tank was observed to be in the red zone (empty). LPN #1 indicated the oxygen tank was empty and she would go refill it. Resident #B further indicated she felt her</p>	F000328	F 328 The facility requestspaper compliance for this citation. This Plan of Correction isthe center's credible allegation of compliance. Preparation and/or execution of this plan of correctiondoes not constitute admission or agreement by the provider of the truth of thefacts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/orexecuted solely because it is required by the provisions of federal and state law. 1) Immediate actiontaken for those residents identified: Resident B had portableoxygen filled when noted at time of survey.Resident B's portableoxygen tank was audited for proper fill capacity and during audit it wasnoted that tank was not lasting the 4-6 hours that it should.Resident B was issued anew portable tank. 2) How the facilityidentified other residents:All residents withportable oxygen have potential to be effected. 3) Measures put intoplace/ System	12/26/2013			

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(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>oxygen level was low.</p> <p>On 11-25-13 at 10:35 A.M. West Unit Manager, LPN #2, was observed checking Resident #B's blood oxygen saturation level (O2 sats). The resident's O2 sats was 93%. LPN #1 returned to the activity room and indicated the resident 's oxygen level was usually around 98% on 2 liters of oxygen per nasal cannula.</p> <p>On 11-25-13 at 10:40 A.M., review of the physician order for oxygen use for Resident #B indicated the following: "...oxygen at 2 LPM [liters per minute] via nasal cannula "</p> <p>The clinical record of Resident "B" was reviewed on 11-25-13 at 10:42 A.M. The Resident' 's diagnoses included, but were not limited to: chronic airway obstruction, muscle weakness, cardiomyopathy, and hypertension.</p> <p>On 11-25-13 at 10:45 A.M., review of the care plans for Resident #B indicated there was no plan of care to address the oxygen use.</p>		<p>changes:All licensed nursing staffwill be re-educated on checking of portable oxygen tanks for fullness.A nursing task will be added to all resident's with portable oxygen's TAR to prompt nursing tocheck tanks for proper filling. 4) How the corrective actions will be monitored:Nurse Management will audit 3 residents per week on portable oxygenfor proper filling. Audit will be weekly for 4 weeks, then monthly x 2 months then quarterly times 1.The results of these audits will be reviewed in Quality AssuranceMeeting monthly x3 months, then quarterly x1 for a total of 6 months.DON/Designee to oversee audits. 5) Date ofcompliance: December 26, 2013</p>		

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	<p>On 11-25-13 at 10: 48 A.M., the Minimum Data Sheets (MDS) quarterly assessment, dated 10-23-13, indicated, in Section "O" Special treatments, procedures, and programs, Resident #B was receiving oxygen.</p> <p>On 11-25-13 at 10:50 AM, review of a Weight and Vitals Summary ", indicated the following O2 Sats: 11-22-13 at 8:06 A.M. - 99% 11-23-13 at 9:40 A.M. - 98% 11-24-13 at 23:29 P.M. - 98% 11-25-13 at 8:38 A.M. - 98 % 11-25-13 at 9:21 A.M. - 88%.</p> <p>During an interview on 11-25-13 at 11:48 A.M., the West Unit Manager, LPN #2, indicated the resident oxygen usage was to be continuous at 2 LP/M (liters per minute).</p> <p>On 11-26-13 at 9:30 A.M. a review a policy titled "Respiratory Oxygen Therapy" revised 7/2012 indicated the following: "...Oxygen is administered in accordance with a physician's order and on an emergency basis...."</p> <p>This Federal tag relates to Complaint IN00134236.</p>				

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