STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/28/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND HEALTH CARE CENTER	7519 WINCHESTER RD FORT WAYNE, IN 46819

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F000000	This visit was for the Investigation of Complaints IN00144461. Complaint IN00144461 Substantiated. Federal/ State deficiencies related to the allegations are cited at F 315, and F 441. Survey dates: February 26, 27, and 28, 2014 Facility number: 000250 Provider number: 155359 AIM number: 100289980 Survey team: Christine Fodrea, RN Census bed type: SNF/NF: 40 Total: 40 Census payor type: Medicare: 1 Medicaid: 36 Other: 3 Total: 40	F000000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sample: 3 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on March 3, 2013 by Randy Fry RN.			
F000315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 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. Based on observation, interviews, and record review the facility failed to assess urinary status for 3 of 3 residents reviewed with urinary catheters in a sample of three. (Resident #U, Resident #W, and Resident #V) Findings include:	F000315	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations. F315 All residents utilizing indwelling urinary catheters have the potential to be affected by this alleged deficient practice.	03/15/2014

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	1. Resident #U's record was reviewed 2-26-2014 at 10:08 AM. Resident #U's diagnoses included, but were not limited to, high blood pressure, acute renal failure, and lung disease. A Daily Skilled Nurse's Note dated 1-7-2014 at 1:30 AM indicated Resident #U's Foley catheter was patent, but no urine characteristics were described. On the front of the form, catheter intact was checked, but urine color and clarity (indicated by the form to be documented on side two of the form) was not complete. No Daily Skilled Nurse's Notes for the dates of: 1-8, and 1-9-2014 for Resident #U were available for review. The Daily skilled Nurse's Note dated 1-10-2014 at 2:30 AM indicated Resident #U's urine specimen had been collected. There was no indication of the characteristics of the urine. A Daily Skilled Nurse's Note dated 1-11-2014 at 9:46 AM indicated Resident #U was unresponsive and was being transferred to the local acute care facility. There was no		Physician orders for all residents utilizing indwelling urinary catheter were reviewed by Nurse Practitioner related to but not limited to diagnosis for use, size, and catheter care frequency. New orders received were noted and implemented. This was completed on 2/28/14. Residents admitted or re-admitted to facility as well as any residents receiving orders for indwelling urinary catheters will have their medical chart reviewed to ensure appropriate diagnosis for use and orders for care are in place ongoing. Licensed nurses will receive re-education of the following: appropriate diagnosis for use of indwelling catheters, obtaining orders for use of catheters, documentation of urine characteristics, documentation of presence or absence of UTI symptoms, reason/rationale for orders for urinalysis with or without culture and sensitivity, tolerance and effect of catheter use, and results of any diagnostic testing including implementation of antibiotics if ordered. This education will be completed by 3/11/14. Performance Improvement monitoring utilizing internal audit tool to ensure continued compliance in relation to use of indwelling urinary catheters and documentation will be completed by DCS/Unit Manager 5x weekly x4 weeks, then 3x weekly x4 weeks, then weekly x4 weeks, then 2x	

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	mention of the characteristics of Resident #U's urine. An Emergency Room note dated 1-11-2014 at 5:32 PM indicated Resident #U's urine was turbid (unable to see through it) and Resident #U had been admitted with a diagnosis of urosepsis (severe urinary tract infection), and pneumonia. 2. Resident #V's record was reviewed 2-26-2014 at 2:44 PM. Resident #V's diagnoses included, but were not limited to, stroke, high blood pressure, and dementia. A nurse's progress note dated 2-10-2014 at 5:00 PM indicated Resident #V's catheter was patent, had clear urine with cloudy sediment. There was no mention of Resident #V's urine characteristics in the 2-11-2014 note. A nurse's progress note dated 2-12-2014 at 2:15 PM indicated an order had been obtained for a UA C&S (urinalysis, Culture and sensitivity) if indicated. There was no mention of any symptoms Resident #V may have had, nor any mention		monthly for 3 months. Results of audit will be reviewed by PI committee monthly x6 months for further recommendations as needed. Licensed nurses will have access to company computer portal implemented to include training on location of Nursing policies, procedures, and guidelines by 3/11/14. Licensed nursing staff hired after 3/11/14 will have access set up during orientation to ensure their ability to locate nursing policies, procedures, and guidelines.	

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	of the characteristics of the urine. A nurse's note dated 2-14-2014 at 3:45 AM indicated Resident #V's urine had been collected for the lab test, but the characteristics of the urine was not discussed. A nurse's note dated 2-15-2014 at 3 AM indicated Resident #V's urine was amber in color, but there was no mention of clarity. There was no nurse's note for 2-16-2014 A Nurse's note dated 2-17-2014 at 6 AM indicated an order for Keflex (an antibiotic) had been received. 3. Resident #W's record was reviewed 2-27-2014 at 10:18 AM. Resident #W's diagnoses included, but were not limited to diabetes, high blood pressure, and depression. On 2-26-2014, during the initial tour, Resident #W was identified as having a urinary catheter. Additionally, during that tour, a resident identified as Resident #W was observed as having catheter tubing extending from the bottom of her pants into a catheter holding bag. The tubing had clear, yellow			

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	colored fluid in it. A physician's order dated 2-25-2014 included medications and treatments to be given and completed in the facility. There was no mention of a urinary catheter. A physician's order summary dated 2-25-2014 transcribed from the physician's orders included the medications listed, but did not include orders or clarification for a urinary catheter. A nurse's progress note dated 2-25-2014 at 6:48 PM indicated Resident #W had a urinary "catheter in place draining yellow urine". A Treatment Administration Record dated 2-2014 indicated a catheter was monitored for placement every shift and catheter care was given daily on 2-25, 2-26, and 2-27. In an interview on 2-27-2014 at 10:32 AM, LPN #4 indicated the corporation had policies concerning physician orders, but the policies were not in the facility. If the staff wanted to review the policy, the request had to be made through the DON or Administrator and the corporation would send the policy to			

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	them. In an interview on 2-27-2014 at 4:45 PM, the Administrator indicated the order for the urinary catheter should have been clarified. A review of Resident #W's progress notes dated 2-10-2014 at 5 PM indicated "Foley cath to c/d (closed drainage). Urine clear yellow, no sediment @ (at) this time. No s/sx (signs or symptoms) of UTI (urinary tract infection). no burning or pain. Temp (temperature) 97.7. The next note in the progress notes was dated 2-12-2014 at 2:20 PM. The note indicated "received new order to obtain UA C&S if indicated. The note did not indicate the characteristics of Resident #W's urine or why the test was indicated. A nurse's note dated 2-13-2014 at 3:30 AM indicated " urine collected for UA C&S as ordered". The note did not indicate the characteristics of the urine collected. Nurse's notes dated 2-14 and 2-15 2014 did not indicate the characteristics of Resident #W's urine.			

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	A nurse's note dated 2-16-2014 at 2:30 AM indicated Resident #W's urine was dark amber. A nurse's note dated 2-16-2014 at 11:00 PM indicated Resident #W's physician had been notified of the urine lab results and an antibiotic had been ordered. In an interview on 2-27-2014 at 3:12 PM, LPN #3 indicated assessment of urine characteristics should be charted if there is a concern. In an interview on 2-27-2014 at 10:32 AM, LPN #4 indicated the corporation had policies concerning assessment, but the policies were not in the facility. If the staff wanted to review the policy, the request had to be made through the DON or Administrator and the corporation would send the policy to them. This Federal tag relates to Complaint IN00144461. 3.1-41(a)(2)			

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F000441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation and interview,	F000441	F441 All residents utilizing indwelling urinary catheters have	03/15/2014

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	the facility failed to take measures to prevent infection for 1 of 3 residents reviewed with urinary catheters in a sample of three. (Resident #W) Findings include: Resident #W's record was reviewed 2-27-2014 at 10:18 AM. Resident #W's diagnoses included, but were not limited to diabetes, high blood pressure, and depression. On 2-26-2014 at 3:10 PM, Resident #W was observed in a wheelchair in the hall. Resident #W's catheter tubing was observed dragging on the floor. On 2-27-2014 at 9:34 AM, Resident #W was observed outside smoking in a supervised group. Resident #W's catheter tubing was touching the ground. CNA #1 assisted Resident #W inside after the smoking activity at 9:38 AM. CNA #1 failed to readjust Resident #W's catheter tubing to prevent it from being on the floor. On 2-27-2014 at 2:35 PM, Resident #W was observed up in the wheelchair attending BINGO. Resident #W's catheter tubing was touching the floor.		the potential to be affected by this alleged deficient practice. Resident W's indwelling catheter tubing was repositioned so it was not in contact with the floor/ground surface. Nursing staff and department heads will be educated on proper positioning of indwelling urinary catheter tubing to ensure that contact is not made with floor/ground surfaces by 3/11/14. Performance Improvement monitoring will be done by DCS/unit manager and department heads to check placement of tubing during Mock survey and/or clinical rounds utilizing internal audit tool 5x weekly x4 weeks, then 3x weekly x4 weeks, then weekly x4, then 2x monthly x3 months to ensure compliance. Results of audits will be reported to PI committee monthly x6 months for further recommendations as needed. Licensed nurses will have access to company computer portal implemented to include training on location of Nursing policies, procedures, and guidelines by 3/11/14. Licensed nursing staff hired after 3/11/14 will have access set up during orientation to ensure their ability to locate nursing policies, procedures, and guidelines.	

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	In an interview on 2-27-2014 at 10:32 AM, LPN #4 indicated the corporation had policies concerning infection control, but the policies were not in the facility. If the staff wanted to review the policy, the request had to be made through the DON or Administrator and the corporation would send the policy to them. In an interview on 2-27-2014 at 4:45 PM, LPN #2 indicated catheter tubing should be prevented from being on the floor or the ground at all times. This Federal tag relates to Complaint IN00144461. 3.1-18(j)			