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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155760 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 12/31/2013 |
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| NAME OF PROVIDER OR SUPPLIER MAPLES AT WATERFORD CROSSING HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP CODE 1332 WATERFORD CIR GOSHEN, IN 46526 |
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| F000000 | <p>This visit was for the Investigation of Complaint #IN00139366.</p> <p>Complaint #IN00139366-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: December 30 & 31, 2013</p> <p>Facility Number: 011150 Provider Number: 155760 AIM Number: 200831020</p> <p>Survey Team: Shauna Carlson, RN - TC Julie Baumgartner, RN Lora Swanson, RN Pam Williams, RN</p> <p>Census Bed Type: SNF: 26 SNF/NF: 34 Total: 60</p> <p>Census Payor Type: Medicare: 23 Medicaid: 16 Other: 21 Total: 60</p> | F000000 | <p>This is the requested Plan of Correction for the alleged deficiencies cited during the Complaint Survey #IN00139366. The survey was conducted on Dcember 30 and 31, 2013 (12/30 - 31, 2013) for facility number 011150. This constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law. The Maples at Waterford Crossing Health Campus desires this Plan of Correction to be considered as the facility's allegation of compliance. Compliance effective January 13, 2014. The Maples at Waterford Crossing Health Campus respectfully requests this Plan of Correction be submitted as desk review for compliance for the deficieneecies cited.</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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| F000241 SS=D | <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on January 3, 2014, by Brenda Meredith, R.N.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on record review, observation and interview, the facility failed to provide a dignity cover for a Foley catheter bag for one of one resident observed. (Resident C)</p> <p>Findings include: On 12-30-2013 at 6:50 P.M., an observation from the hallway of Resident C's room indicated that Resident C had a Foley catheter bag suspended from the bed frame without a dignity cover to conceal the contents.</p> | F000241 | It is the intent of The Maples at Waterford Crossing to promote care for residents in a manner and in an environment that maintains or enhances each resident dignity and respect in full recognition of his/her individuality.1. Corrective Action: A Dignity Cover has been placed on Resident C bed and wheelchair to keep the foley catheter covered at all times.2. Other Residents: The Director of Health Services (DHS) and the Assistant Director of Health Services (ADHS) did a visual check of all residents in the facility with a catheter. During that time no other residents with | 01/13/2014 | | | |

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| | <p>On 12-30-2013 at 6:51 P.M., interview with Employee #3 indicated Resident C does have a Foley catheter and the Foley catheter bag should have a dignity cover at all times.</p> <p>On 12-30-2013 at 11:30 P.M., the clinical record for Resident C was reviewed. The diagnosis included, but were not limited to: CVA (cerebral vascular accident) with left-sided weakness, hypertension, hyperlipidemia, CAD (coronary artery disease), paroxysmal atrial fibrillation, bradycardia with Pacemaker placement, subdural hematoma, constipation, GERD (gastroesophageal reflux disease), osteoarthritis, RLS (restless leg syndrome) diverticulosis, depression, urinary retention, dysphasia. Review of the physician orders, dated 7-19-2013, indicated "indwelling urinary catheter to straight drainage 16 FR [French] 10 cc [cubic centimeter] bulb."</p> <p>On 12-31-2013 at 12:01 A.M., interview with the DON (Director of Nursing) indicated Resident C currently has a Foley catheter and that all Foley catheter bags should have a dignity cover. The DON further indicated that they do not</p> | | <p>catheters were found to not have a Dignity Cover in place. A check was made of Central Supply storage and extra Dignity Covers were available as well.3. Measure Put in Place: The Maples staff have been inserviced to provide a Dignity Cover to every resident that has a foley catheter, and the importance of that practice. All foley bags will be covered on bedside and on wheelchairs. Also inserviced staff on importance of preserving the dignity and respect of the individuality of every resident. Updated careplans of those with foley catheters to reflect the need for a Dignity Cover.4. How Monitored: A weekly audit was started to assure each foley bag is covered by a Dignity Cover. The unit managers are responsible for auditing the foleys and the use of the Dignity Cover. The DHS will oversee and hold staff accountable for implementation and continuity of Dignity Covers. The results of these audits will be reviewed by the Quality Assurance Committe each month until 100% compliant for three (3) consecutive months.5. System changes will be complete by Jan 13th, 2014.</p> | | | | |

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| F000315 SS=D | <p>have a policy related to covering the Foley catheter bag with a dignity cover.</p> <p>3.1-3(t)</p> <p>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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident admitted with an indwelling Foley catheter had medical justification and assessment for continued catheter use. This affected one resident reviewed for catheter use. (Resident C)</p> <p>Findings include:</p> <p>On 12-30-13 at 6:50 P.M., an observation from the hallway of Resident C's room indicated that</p> | | | F000315 | <p>It is the intent of The Maples at Waterford Crossing to not catheterize a resident unless the resident's clinical condition demonstrates necessity and appropriate treatment and services are provided to prevent urinary tract infections and to restore as much bladder function as possible.1. Corrective Action: Resident C was seen by the physician assigned due to chronic use of Foley Catheter. Physician assessed need of foley catheter and confirmed need of same with a diagnosis of Urinary Retention. The order was</p> | | 01/13/2014 |

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| | <p>Resident C had a Foley catheter bag suspended from the bed frame.</p> <p>On 12-30-2013 at 11:30 P.M., the clinical record for Resident C was reviewed. The diagnoses included, but were not limited to: CVA (cerebral vascular accident) with left-sided weakness, hypertension, hyperlipidemia, CAD (coronary artery disease), paroxysmal atrial fibrillation, bradycardia with Pacemaker placement, subdural hematoma, constipation, GERD (gastroesophageal reflux disease), osteoarthritis, RLS (restless leg syndrome), diverticulosis, depression, urinary retention and dysphasia. Review of the physician orders, dated 7-19-2013, indicated "indwelling urinary catheter to straight drainage 16 FR [French] 10 cc [cubic centimeter] bulb."</p> <p>On 12-31-2013 at 12:01 A.M., interview with the DON (Director of Nursing) indicated that Resident C did not have a valid diagnosis for use of a urinary catheter. The DON further indicated that if a trial to remove the urinary catheter were to be attempted, a physician order would need to be obtained. Also, a "Bladder Retraining Schedule for Foley Catheters" form would be in</p> | | <p>received and noted. 2. Other Residents: The Director of Health Services (DHS) and the Assistant Director of Health Services (ADHS) audited charts of every resident with a foley catheter. Of those audits it was determined that no other residents with catheter use was missing a supporting diagnosis for catheter use on their chart.3. Measure Put in Place: Nursing staff were inserviced on our protocols for foley catheters, three day bowel and bladder tracking, bladder retraining, our bowel and bladder continence program; as well as receiving diagnosis supporting the use of a foley catheter. Nursing staff were also inserviced on: obtaining Physician orders for the diagnosis when bladder retraining has failed, foley catheters were captured on the Medication Administration Record (MAR) complete with their size and balloon size. Foley Catheters are to be changed monthly indicated on the MAR. Foley Bags are to be changed weekly as indicated on the MAR. 4. How Monitored: A weekly audit was started to assure each Foley Bag is changed weekly as indicated on the MAR. A monthly audit was started to assure the Foley Catheter is changed monthly as indicated on the MAR. Residents with catheters will be reviewed each month in Clinically at Risk</p> | | |

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| | <p>the chart. The DON was unable to find a physician order to remove the urinary catheter for Resident C or the form "Bladder Retraining Schedule for Foley Catheters" for Resident C.</p> <p>3.1-41(a)(2)</p> | | <p>(CAR) meeting to assure clinical condition demonstrates necessity, diagnosis supports, and appropriate treatment and services are provided to prevent urinary tract infections and to restore as much bladder function as possible. The unit managers are responsible for auditing the MAR and discussion at CAR. The DHS (or designee) will oversee and hold staff accountable for implementation and continuity of this Plan of Correction. The results of these audits will be reviewed by the Quality Assurance Committee each month until 100% compliant for three (3) consecutive months.5. System changes will be complete by Jan 13th, 2014.</p> | | |