Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	010885		R-C 02/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	2715 CHARLESTOWN PIKE JEFFERSONVILLE, IN 47130

(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) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00083357. Complaint IN00083357 - Not corrected. Survey dates: 2/3/11 Facility number: 010885 Provider number: 010885 AIM number: N/A Survey team: Jennie Bartelt, RN Census bed type: Residential: 114 Total: 114 Census payor type: Other: 114 Total: 114 Sample: 3 These state residential findings are cited in accordance with 410 IAC 16.2. Quality review completed on February 7, 2011 by Bev Faulkner, RN	{R 000}	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567L Plan of Correction be considered the Letter of Credible Allegation. RECEIVED FEB 22 2011 LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH	
{R 349}	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented.	{R 349}	**R349** It is the practice of this provider to ensure clinical records are complete, accurately documented, readily accessible and systematically organized.	1/21/11

Indiana State Department of Health

Alexandra Wheeler
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator (X6) DATE 2-17-11

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{R 349}	Continued From page 1 (3) Readily accessible. (4) Systematically organized. This RULE is not met as evidenced by: Based on record review and interview, the facility failed to ensure clinical records were complete related to results of a tuberculin skin test, acquiring a nutritional drink as ordered by the physician, and complete assessment of the resident's skin. The deficient practice affected 2 of 3 residents whose records were reviewed related to complete documentation. (Residents C and D) Findings include: 1. The clinical record for Resident C was reviewed on 2/3/11 at 11:45 a.m. The record indicated the resident was admitted on 5/18/09 and readmitted from a rehabilitation hospital on 1/27/11. The hospital's History and Physical, dated 12/29/10, included, but was not limited to, "...I was called to see the individual about...his positive PPD on his left forearm....Says he was told at Riverbend that TB test would be raised like that....He will return to see [name of physician], his primary care physician, after discharge and follow up about the positive PPD test...." The hospital's Patient Transfer Form, dated 1/27/11, sent with the resident upon readmission to the facility on 1/27/11, in the section for "Nursing Assessment and Recommendations" included, but was not limited to, "+PPD Reactor." Results of a chest x-ray, dated 5/12/09, indicated, "Impression: 1. The patient appears to have bilateral apical chronic pleural parenchymal scarring. This may be related to previous occupational exposure, an old healed fungal	{R 349}	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** • Resident C's clinical record has been noted to include "PPD Reactor" in the "Allergies" section on MAR. • Resident D began receiving the nutritional shakes on 2-8-11. • Resident D's clinical record was updated to include a current status on her "wounds" and the current treatment she is receiving. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken** • All residents have the potential to be affected by the alleged deficient practice. • All resident records were reviewed to ensure they are complete, accurately documented, readily accessible and systematically organized. **What measures will be put into place or what systemic changes**	

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{R 349}	Continued From page 2 infection, or old healed tuberculosis...." The Annual TB Test Record indicated the resident received a first step tuberculin skin test with results of "0 mm [millimeters]" on 5/21/09, and a second step tuberculin skin test with results of "0 mm" on 6/6/09. The record indicated the first annual tuberculin skin test with results of "1.0 mm" on 6/13/10. During interview on 2/3/11 at 3:55 p.m., the Clinical Director indicated she was sure the 1.0 mm should have been 10.0 mm. Physician's orders, "Date ordered" 6/14/10, indicated, "May do chest X-ray due to + [positive] PPD [purified protein derivative - tuberculin skin test]." Report of a chest x-ray, dated 6/15/10, indicated, "Reason for Study: +PPD Reactor....Impression: Bilateral prominent bronchovascular markings are noted Fibrotic changes are noted in right apical region. Further evaluation with CT [computerized tomography] is recommended if clinically indicated." A notation on the physician's order, dated 6/14/10, handwritten above the physician's signature, dated 6/21/10 (date scribbled/written over), indicated, "No further tests [illegible word] @ this time." During interview completed 2/3/11 at 3:55 p.m., the Administrator indicated the order was signed 6/21/10. During interview on 2/3/11 at 3:55 p.m., the Clinical Director indicated the results of a positive tuberculin skin test are recorded on the Medication Administration Record in the section for "Allergies." Resident C's Medication Administration Records	{R 349}	**you will make to ensure that the deficient practice does not recur** • All nursing staff was inserviced to ensure all residents who are PPD reactors, have notations in their charts to include "PPD Reactor" in the Allergy section on MAR. • All nursing staff was inserviced on current facility policy regarding unavailable medications or nutritional drinks. • All nursing staff was inserviced on completing sufficient charting and follow up on any resident presenting signs/symptoms of skin wounds/breakdown. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** The Clinical Director and/or Clinical Assistant will complete chart audits on a monthly basis to ensure clinical records are complete, accurately documented, readily accessible and	

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{R 349}	Continued From page 3 for July 2010 through February 2011 failed to indicate "+PPD reactor" in the "Allergies" section. 2. A. The clinical record for Resident D was reviewed on 2/3/11 at 12:25 p.m. The record indicated the resident was admitted on 1/27/10. A. Physician's orders, dated 1/27/10, included, but were not limited to, "SF [sugar free] Health Shake 1 p.o. [by mouth] tid [three times a day]." The Medication Administration Record (MAR) for January 2011 and February 2011 indicated a nurse's initials with a circle around the initials, three times a day, from 1/27/11 at 8:00 p.m. until 2/3/11 at 2:00 p.m., next to the entry for the Health Shakes. The reverse side of the MAR for January 2011 indicated a notation that the nutritional supplement was not available. During interview on 2/3/11 at 1:10 p.m., the Clinical Director indicated sometimes the family brings Health Shakes, and sometimes the facility orders the Health Shakes through the pharmacy. During interview at the Exit Conference on 2/3/11 at 4:15 p.m., the Clinical Director indicated she had talked with the resident's nurse related to the concern with the Health Shakes being unavailable. At this time, the Clinical Director also indicated the nurse had made several contacts with the pharmacy and family related to the Health Shakes since the resident was admitted to the facility, but that the nurse had not documented the information in the clinical record. B. An untimed nurse's note, dated 2/2/11, indicated, "CNA brought to my attention that Res [resident] may be developing sores on her bottom from sitting in same position for hours of every	{R 349}	**systematically organized. Charts will be pulled randomly.** **Compliance date 3/3/11**	

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{R 349}	Continued From page 4 day. Res does have sores & redness on her backside, will need to monitor & document if condition worsens." No Nurse's Notes were indicated after this note to indicate more specific assessment of the "sores & redness," and no further documentation related to the wounds was indicated in the clinical record. During interview on 2/3/11 at 1:10 p.m., the Clinical Director indicated the record included no further documentation of assessments of the wounds described as "sores & redness," such as number, measurements, color, odor, or discharge. This state residential finding is related to Complaint IN00083357. This state residential finding was cited on 12/21/10. The facility failed to implement a systemic plan of correction to prevent recurrence.	{R 349}		
R 354	410 IAC 16.2-5-8.1(g)(1-7) Clinical Records - Noncompliance (g) A transfer form shall include the following: (1) Identification data. (2) Name of the transferring institution. (3) Name of the receiving institution and date of transfer. (4) Resident ' s personal property when transferred to an acute care facility. (5) Nurses ' notes relating to the resident ' s: (A) functional abilities and physical limitations; (B) nursing care; (C) medications; (D) treatment; and (E) current diet and condition on transfer. (6) Diagnosis. (7) Date of chest x-ray and skin test for	R 354	**R354** It is the practice of this provider to ensure transfer forms include information related to resident's skin test for tuberculosis. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** • Resident C's clinical record has been noted to include "PPD	

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R 354	Continued From page 5 tuberculosis. This RULE is not met as evidenced by: Based on record review and interview, the facility failed to ensure the transfer form included information related to the resident's skin test for tuberculosis for 1 of 1 resident reviewed related to transfer to the hospital in a sample of 3 residents. (Resident C) Findings include: The clinical record for Resident C was reviewed on 2/3/11 at 11:45 a.m. The record indicated the resident was admitted on 5/18/09 and readmitted from a rehabilitation hospital on 1/27/11. The hospital's History and Physical, dated 12/29/10, included, but was not limited to, "...I was called to see the individual about...his positive PPD on his left forearm....Says he was told at Riverbend that TB test would be raised like that....He will return to see [name of physician], his primary care physician, after discharge and follow up about the positive PPD test...." The Annual TB Test Record indicated the resident received the first annual tuberculin skin test with results of "1.0 mm" on 6/13/10. During interview on 2/3/11 at 3:55 p.m., the Clinical Director indicated she was sure the 1.0 mm should have been 10.0 mm. Physician's orders, "Date ordered 6/14/10," indicated, "May do chest X-ray due to + [positive] PPD [purified protein derivative - tuberculin skin test]." A radiology report for a chest x-ray, dated 6/15/10, indicated, "Reason for Study: +PPD Reactor....Impression: Bilateral prominent	R 354	Reactor" in the "Allergies" section on MAR. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken** • All residents have the potential to be affected by the alleged deficient practice. • The Clinical Director audited all resident charts that contain the diagnosis of "PPD Reactor" to ensure this information is located in the Allergy section on the MAR. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** • All nursing staff was inserviced on ensuring transfer forms include information related to resident's skin test for tuberculosis and/or positive PPD reactors.	

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R 354	Continued From page 6 bronchovascular markings are noted Fibrotic changes are noted in right apical region. Further evaluation with CT [computerized tomography] is recommended if clinically indicated." During interview on 2/3/11 at 3:55 p.m., the Clinical Director indicated the results of a positive tuberculin skin test are recorded on the Medication Administration Record in the section for "Allergies." Resident C's Medication Administration Records (MAR) for July 2010 through February 2011 failed to indicate "+PPD reactor" in the "Allergies" section. A "Resident Transfer Form," dated 12/26/10, indicated the resident was transferred to an acute care hospital for "has not urinated all day. Can't feed self, can't stand, transfer, or ADLs [activities of daily living]" In the section "Diet, Drugs, and Other Therapy" for "TB [tuberculosis] Test" indicated, "See attached." During interview on 2/3/11 at 2:55 p.m., LPN #4 indicated when a resident is transferred to the hospital, a copy of the MAR and information related to the resident's code status would be attached to the MAR. During interview on 2/3/11 at 3:55 p.m., the Clinical Director indicated the Medication Administration Record (MAR) included the resident's allergies, and +PPD would be indicated in the "Allergies" section. She also indicated the MAR was attached to transfer paperwork when a resident was transferred to the hospital. During interview completed on 2/3/11 at 3:55 p.m., results of the resident's tuberculin skin tests	R 354	**How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** • The Clinical Director and/or Clinical Assistant will complete chart audits on a monthly basis to check those resident who have the diagnosis of "PPD Reactor" to ensure this information is located in the Allergy section on the MAR. Compliance date: 3-3-11	

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R 354	Continued From page 7 at the rehabilitation hospital were requested, and the Clinical Director provided copies of records she indicated had been faxed from the rehabilitation hospital. The documentation indicated a tuberculin skin test was administered to the resident on 12/28/10 at the acute care hospital. The documentation indicated the test was read on 12/30/10 at 10:00 a.m., with "Induration in mm 12," and on 12/30/10 at 4:00 p.m., with "Induration in mm 20 mm Comments Infection nsg [nursing] aware of positive reading. Supervisor aware of reading. Note in chart," and on 12/31/10 at 9:55 a.m. with "Induration in mm 20 mm X 22 mm." On 2/3/11 at 3:20 p.m., the Administrator provided the facility's policy entitled "Annual Tuberculosis Screening for Residents" and indicated the policy was the only facility policy related to tuberculin skin tests. The policy included, but was not limited to, "Residents with a previously positive PPD will not participate in annual PPD testing."	R 354		
R 410	410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3)	R 410	**R410** It is the practice of this provider to ensure tuberculin skin tests are read in the approved timeframe of 48 to 72 hours. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice**	

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R 410	Continued From page 8 weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. This RULE is not met as evidenced by: Based on record review and interview, the facility failed to ensure a tuberculin skin test was read in the approved timeframe of 48 to 72 hours for 1 of 3 residents reviewed related to tuberculin skin tests in a sample of 3 residents. (Resident B) Findings include: The clinical record for Resident B was reviewed on 2/3/11 at 1:00 p.m. The record indicated the resident was admitted on 2/1/11 from an acute care hospital. Admission paperwork included, but was not limited to, a physician's order at the hospital, dated 1/29/11, for "Place PPD [purified protein derivative - tuberculin skin test] today" and "Skin Test Results" indicating the PPD was administered and read after 24 hours on 1/30/11 with no millimeters of induration. The next line on the "Skin Test Results" indicated a nurse wrote information after 48 hours, and a line was drawn through the information, and an illegible word was written above the information which was lined through. No writing was in the line after 72 hours. Documentation in the clinical record failed to indicate the tuberculin skin test was read after the resident's admission to the residential facility on 2/1/11.	R 410	• Resident B received another TB skin test and it was read within the approved timeframe. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken** • All residents have the potential to be affected by the alleged deficient practice. • The nursing staff was inserviced on ensuring tuberculin skin tests are read in the approved timeframe of 48 to 72 hours **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** • The nursing staff was inserviced on ensuring tuberculin skin tests are read in the approved timeframe of 48 to 72 hours **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** • The Clinical Director and/or Clinical Assistant will	

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R 410	Continued From page 9 During interview on 2/3/11 at 1:05 p.m., the Clinical Director reviewed the record and indicated the results of the tuberculin skin test at 48 or 72 hours was not documented in the clinical record. She indicated LPN #7 received report from the hospital and may have been given the information about the outcome of the resident's tuberculin skin test during report. During interview on 2/3/11 at 2:00 p.m., LPN #7 indicated she did not receive information about Resident B's tuberculin skin test on report from the hospital. LPN #7 indicated she "thought [the test] was already read." She indicated she noticed the hospital "read it too early [at 24 hours]" and meant to ask the Clinical Director about it. On 2/3/11 at 3:20 p.m., the Administrator provided the facility's policy entitled "Annual Tuberculosis Screening for Residents" and indicated the policy was the only facility policy related to tuberculin skin tests. The policy included, but was not limited to, "Test results shall be read within 2 - 3 days after PPD administration."	R 410	complete chart audits on a monthly basis to check those resident who have received a TB skin test to ensure it is read in the approved timeframe. Charts will be pulled randomly **Compliance date: 3-3--11**	