

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/13/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF THE WILLOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ELIZABETH DR VALPARAISO, IN 46383	
(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
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00090569.</p> <p>Complaint IN00090569-Substantiated. Federal/state deficiencies related to the allegations were cited at F157.</p> <p>Survey dates: June 8 & 9, 2011</p> <p>Facility number: 000078 Provider number: 155158 AIM number: 100289310</p> <p>Survey team: Lara Richards, R.N., T.C. Heather Tuttle, R.N. Kathleen (Kitty) Vargas, R.N.</p> <p>Census bed type: SNF/NF: 70 Total: 70</p> <p>Census payor type: Medicare: 14 Medicaid: 42 Other: 14 Total: 70</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/12/11 by Suzanne Williams, RN</p>	F 000		
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p>	F 157		

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 157	<p>Continued From page 1</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Urologist's office was contacted related to scheduling a follow up appointment for 1 of 3 residents who had a foley</p>	F 157		

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F 157	<p>Continued From page 2 catheter in the sample of 5. (Resident #B)</p> <p>Findings include:</p> <p>The closed record for Resident #B was reviewed on 6/8/11 at 10:55 a.m. The resident's diagnoses included, but was not limited to, urinary retention.</p> <p>Review of the hospital orders, indicated the resident had a renal ultrasound ordered on 2/1/11 due to urinary retention and a urology consult was ordered. The urologist on 2/2/11 indicated the resident's Foley catheter was to be discontinued on 2/4/11 at 6:00 a.m. and a bladder scan was to be completed for a post void residual. The resident's Foley catheter was reinserted on 2/4/11 due to retention and a follow up appointment was scheduled for one week. Review of the hospital discharge orders dated 2/7/11, indicated it was okay to discharge to the extended care facility (ECF). It was also okay to discharge to the ECF with a Foley catheter and follow up with the urologist in one week.</p> <p>The resident's admission orders dated 2/7/11, indicated the resident was admitted with a 16 french 10 cubic centimeter (cc) bulb Foley catheter due to having urinary retention. The resident was to see the urologist in one week.</p> <p>Review of the consult section of the clinical record indicated there had been no progress note completed by the urologist.</p> <p>Review of the Nursing Progress Notes for the month of 2/11, indicated there was no documentation to indicate if the appointment had been set up and if the resident had gone out to</p>	F 157			

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F 157	Continued From page 3 see the urologist. Interview with the Director of Nursing on 6/9/11 at 11:30 a.m., indicated the urologist's office had not been contacted to set up an appointment. This Federal tag relates to Complaint IN00090569. 3.1-5(a)(3)	F 157			