

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155131	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/31/2013
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NAME OF PROVIDER OR SUPPLIER MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP CODE 7935 CALUMET AVE MUNSTER, IN 46321
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F000000	<p>This visit was for the Investigation of Complaints IN00138932 and IN00141515.</p> <p>Complaint IN00138932-Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F425, and F441.</p> <p>Complaint IN00141515-Substantiated. Federal/State deficiency related to the allegation is cited at F166.</p> <p>Survey dates: December 30 & 31, 2013</p> <p>Facility number: 000056 Provider number: 155131 AIM number: 100289450</p> <p>Survey team: Janet Adams, RN, TC Heather Hite, RN</p> <p>Census bed type: SNF: 20 SNF/NF: 166 Total: 186</p> <p>Census payor type: Medicare: 33</p>	F000000		

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>Medicaid: 119 Other: 34 Total: 186</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed January 5, 2014, by Janelyn Kulik, RN.</p>				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) 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>Based on record review and interview the facility failed to ensure the resident's Responsible Party was notified of Physician orders for the initiation of antibiotic medications</p>	F000157	F – 157 Submission of this response and Plan of Correction is not a legal	01/17/2014	

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	<p>for 1 of 3 residents reviewed for new antibiotics in the sample of 6. (Resident #G)</p> <p>Findings include:</p> <p>The closed record for Resident #G was reviewed on 12/30/13 at 10:15 a.m. The resident's diagnoses included, but were not limited to, colitis, a history of breast cancer, non-traumatic brain dysfunction, and toxic encephalopathy.</p> <p>The 3/20/13 Minimum Data Set (MDS) admission assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (8). A score of (8) indicated the resident's cognitive patterns were moderately impaired. The assessment also indicated the resident was occasionally incontinent of bowel and bladder.</p> <p>The Social Service Progress Notes were reviewed. An entry made on 3/13/13 (no time listed) indicated the resident was alert with some forgetfulness noted. An entry made on 3/20/13 (no time listed) indicated the resident was orientated to self and family with confusion and forgetfulness noted.</p>				<p>admission that a deficiency exists, or that a Statement of Deficiency was correctly cited. Submission of this response is not to be construed as an admission of any deficiency against the facility, the Administrator, or any employee who draft or may be discussed in this response and Plan of Correction.</p> <p>In direct response to the five questions listed on page one of the letter to this facility dated January 7, 2014, the facility offers the following:</p>		

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	<p>Review of the 3/2013 and 4/2013 Physician orders indicated there was an order written on 3/30/13 for the resident to receive Flagyl (an antibiotic) 500 milligrams three times a day for (7) days. An order was written on 4/17/13 for the resident to receive Difcid (a medication to treat Clostridium Difficile-an infection in the stool) 200 milligrams daily for (10) days.</p> <p>The 3/2013 Nurses' Notes were reviewed. The first entry made on 3/30/13 at 10:30 p.m., indicated the laboratory notified the Nurse of the resident's stool specimen being positive for C-Diff (Clostridium Difficile-an infection in the stool). The Physician was notified and orders were obtained for treatment. There was no documentation of the resident's family being notified of the new orders. The next entry was made at 11:30 p.m. There was no documentation of the resident's family being notified of the new order in this entry. No further entries were made on 3/30/13.</p> <p>Entries were made on 3/31/13 at 2:30 a.m., 2:00 p.m., and 9:00 p.m. There was no documentation of the resident's family member being notified of the new orders obtained</p>		<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>We respectfully offer that we are unable to retrospectively correct the surveyor identified concern as Resident G no longer resides in the facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p>		

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	<p>on 3/30/13.</p> <p>The 4/2013 Nurses' Notes were reviewed. The first entry was made on 4/1/13 at 3:15 p.m. There was no documentation of the resident's family member being notified of the new orders obtained on 3/30/13. Further entries were made on 4/1/13 at 11:15 a.m. and 5:00 p.m. Review of the 4/17/13 and 4/18/13 notes indicated there was no documentation of the resident's family being notified of the new orders obtained on 4/17/13.</p> <p>When interviewed on 12/30/13 at 3:20 p.m., the Director of Nursing indicated the resident's son should have been notified of the above medication changes.</p> <p>The facility policy titled " Notification of Physician and Responsible Party for Changes in Condition" was reviewed on 12/30/13 at 9:20 a.m. The policy was dated 6/11/02. The facility Administrator provided the policy and indicated the policy was current. The policy indicated the Physician and the Responsible Party were to be notified of changes in the resident's condition including the need to alter the resident's treatment significantly.</p>		<p>The facility has identified all residents who have been prescribed antibiotic therapy for C-Diff in the past 30 days to ensure the appropriate representative/responsible party has been informed of the physician order.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>In-servicing was provided to Licensed Nursing staff (Exhibit MMI #1) to ensure awareness of</p>				

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	This Federal tag relates to Complaint IN00138932. 3.1-5(a)(3)		and compliance with facility policy on family notification (Exhibit MMI #2). 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? Three times a week, the Unit Director/or Designee will audit (Exhibit MMI #3) physician orders to ensure that the resident's responsible party was notified of the physician orders for the initiation of an antibiotic therapy for C-Diff. The Director of Nursing/or Designee shall be responsible to report findings to the Quality Assurance Committee on a quarterly basis. This audit shall remain in place for a minimum of three quarters.		

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			By what date will the systemic changes be completed? January 17, 2014	

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F000166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on record review and interview, the facility failed to ensure the follow up to a grievance was thoroughly completed related to monitoring the room temperature and status of a resident after a grievance related to cold room temperatures was voiced by a family member for 1 resident in the sample of 6. (Resident #E)</p> <p>Findings include:</p> <p>The record for Resident #E was reviewed on 12/31/13 at 8:00 a.m. The resident resided on the secured Dementia unit. The resident's diagnoses included, but were not limited to, dementia, high blood pressure, anemia, chronic obstructive pulmonary disease, and anxiety.</p> <p>Review of the 10/30/13 Minimum Data Set (MDS) admission assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (5). A score of (5)</p>	F000166	<p>F – 166</p> <p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists, or that a Statement of Deficiency was correctly cited. Submission of this response is not to be construed as an admission of any deficiency against the facility, the Administrator, or any employees who draft or may be discussed in this response and Plan of Correction.</p> <p>In direct</p>	01/17/2014	

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	<p>indicated the resident's cognitive patterns were severely impaired. The 12/2013 Nurses' Notes were reviewed. There were no entries made in the Nurses' Notes on 12/9/13 or 12/10/13.</p> <p>A Reportable Occurrence report completed on 12/10/13 was reviewed. The report was received from the facility Administrator. The report indicated the Special Care Unit Program Director received a call from a family member of Resident #E on 12/10/13. The family member indicated they had reported the resident's room being cold with cold air from the unit. The family also reported a concern related to the staff not offering or suggesting the resident be moved to another room for the night.</p> <p>The facility report indicated a Nurse brought the Maintenance staff to the room on 12/9/13. Maintenance staff came to the resident's room and identified there was warm air coming from the heat unit however, the unit was not functioning to the maximum capacity, the room thermostat was adjusted to ensure heat was provided. The report also indicated, Maintenance reported the family member turned off the unit and</p>		<p>response to the five questions listed on page one of the letter to this</p> <p>facility dated January 7, 2014, the facility offers the following:</p> <p>What</p> <p>corrective action(s) will be accomplished for those residents found to have</p> <p>been affected by the deficient practice?</p> <p>On December</p> <p>10, 2013, Resident E was temporarily moved to ensure her comfort and was</p> <p>monitored through documented checks for approximately two weeks following the</p> <p>identification of this concern. During</p> <p>that period, there were no similar concerns noted.</p>				

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	<p>covered the unit with blankets. Maintenance also applied weather stripping to the window. On 12/10/13, the Program Director went to the resident's room and noted the room was too cold and the resident was immediately moved to another room across the hall. The heating unit was inspected and Maintenance determined the unit was not functioning at maximum capacity and the unit was repaired. The report also indicated the units in all the rooms on the floor were also inspected and no malfunctioning units were identified.</p> <p>Staff interviews were completed related to the concern investigation. A statement from LPN #1 (the Nurse assigned to the care for the resident on the Evening shift of 12/9/13) indicated she administered the resident's medications around 5:10 p.m. and the resident did not complain of being cold and the Nurse did not notice the room to be cold. LPN #1 saw a family member at 3:00 p.m., but did not see any family members at 5:00 p.m.</p> <p>A statement from an interview with LPN #2 indicated Resident #E's family voiced a concern the room was cold at approximately 4:30 p.m.</p>		<p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>The facility completed a check of all resident rooms and other common areas to ensure that the room temperature was comfortable and met with resident satisfaction. Any identified units noted to be functioning at less than optimal capacity were reported to the maintenance department for inspection and any required maintenance.</p> <p>What measures will be put into place or what</p>	

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	<p>on 12/9/13 and Maintenance was called. Maintenance came to the unit and went to the room and the resident's family was in the room. Maintenance left the room and returned approximately 10 minutes later with silver duct tape and Maintenance then told the family warm air was coming out of the unit and the window was covered. The Nurse did not go to the room to check the temperature of the room.</p> <p>When interviewed on 12/30/13 at 2:45 p.m., the facility Administrator indicated she was first made aware of the concern voiced of Resident #E's room being cold on 12/10/13. The Administrator indicated the Social Worker Program Director on the Special Care Unit informed her of the concern. The Program Director informed her she had just received a message and a phone call from Resident #E's family member with concerns of the room being cold. The Administrator indicated she then followed up with the staff and began having the registers in all the rooms on the floor checked to ensure they were functioning with warm air coming out of the registers. The Administrator indicated the temperature of the rooms had not been checked. The</p>		<p>systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>In-servicing was provided to staff (Exhibit MMI #4) on the facility's Concern Identification and Resolution process (Exhibit MMI #5) to ensure that all resident and family concerns receive a thorough follow-up and resolution. Resident/family concerns are expected to be documented at the time the grievance is communicated. If the initial recipient of the concern is unable to immediately resolve the concern, a supervisor should be informed to ensure steps are taken to address the concern and implement steps to monitor the resident. The outcome of the Concern Identification and Resolution process should be communicated to the</p>				

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	<p>Administrator indicated Resident #E was also moved to another room at this time. The Administrator indicated per interviews with staff members it was concluded the resident's family first voiced the concern of the room being cold on 12/9/13 to one of the evening shift Nurses and this Nurse then completed a maintenance work order form and Maintenance supervisor came to the room on 12/9/13. The resident was not moved from her room on 12/9/13 and Maintenance reported there was warm air from the register. There were no other room checks done at this time. The Administrator indicated on 12/10/13 she spoke with the Nurse who first received the concern from the family and the Nurse indicated she had been informed by Maintenance the concern had been addressed. The facility Administrator indicated the resident could have been moved to another room the evening of 12/9/13 and she was not. The facility Administrator indicated the Maintenance staff member's employment was terminated after the above occurrence.</p> <p>When interviewed further on 12/30/13 at 3:00 p.m., the facility</p>		<p>resident/family.</p> <p>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?</p> <p>Weekly, the Administrator/or Designee will review the Concern Log to ensure post-concern resolution and thorough follow-up has been made with the resident/family. The Administrator shall be responsible to report findings of the review to the Quality Assurance Committee on a quarterly basis. This review summary process shall remain in place for a minimum of three quarters.</p>		

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	<p>Administrator indicated, the Nurse felt the concern had been fixed and she did not notify the Evening Supervisor at the time. The Administrator also indicated the Nurse assigned to care for the resident did not pass the information regarding the concern voiced about the resident's room feeling cold on to other staff. The facility Administrator also indicated the facility does routine monthly room inspections and the room thermostats would be checked at those times.</p> <p>When interview on 12/31/13 at 10:00 a.m., Maintenance Staff #1 indicated he did room checks but not on a regular basis as there were days when they did not have the time. The staff member indicated when he was called for any concern he addressed the concern or problem and also assessed the resident's equipment then to look for any other concerns. The staff member indicated in the past he had been assigned to the 3rd floor to do monthly room inspections for each room and there was a form to document the inspections when they were done. The staff indicated they had not been doing the monthly room inspections since</p>		<p>By what date will the systemic changes be completed? January 17, 2014</p>		

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	<p>approximately September or October.</p> <p>When interviewed on 10/3/13 at 10:05 a.m., the facility Administrator indicated the Maintenance Staff were required to provide preventative maintenance and room checks. The Administrator indicated she could not locate any record of November and December room inspections.</p> <p>This Federal tag relates to Complaint IN00141515.</p> <p>3.1-7(b)</p>				

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F000425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on record review and interview, the facility failed to ensure, Physician ordered antibiotic medications were received from the Pharmacy in a timely manner for 1 of 3 resident's reviewed for Physician medication orders in the sample of 6. (Resident #F)</p> <p>Findings include:</p> <p>The record for Resident #F was reviewed on 12/30/13 at 9:40 a.m. The resident's diagnoses included, but were not limited to, depression,</p>	F000425	<p>F – 425</p> <p>Submission of</p> <p>this response and Plan of Correction is not a legal admission that a deficiency</p> <p>exists, or that a Statement of Deficiency was correctly cited. Submission of this response is not to be</p> <p>construed as an admission of any</p>	01/17/2014			

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	<p>high blood pressure, left wrist fracture, and osteoarthritis.</p> <p>Review of the laboratory test results indicated a stool specimen was collected on 12/21/13 to be tested for C-Diff(Clostridium Difficile-an infection in the stool). The test results were reported as positive for C-Diff on 12/21/13.</p> <p>The 12/2013 Physician orders were reviewed. An order was written on 12/21/13 for the resident to receive Vancomycin (an antibiotic) 125 milligrams four times a day for 10 days. An order was written on 12/26/13 for the resident to receive Dificid (a medication to treat C-Diff) 200 milligrams twice a day for 10 days.</p> <p>The 2/2013 Medication Administration Record was reviewed. The first dose of Dificid 200 milligrams was signed out as given on 12/28/13 at 9:00 p.m. The doses for 12/26/13 at 9:00 p.m., 12/27/13 at 9:00 a.m. and 9:00 p.m., and 12/28/13 at 9:00 a.m. were all circled as not given on the Medication Administration Record.</p> <p>The 12/2013 Medication Notes sheet was reviewed. There was an</p>		<p>deficiency against the facility, the Administrator, or any employees who draft or may be discussed in this response</p> <p>and Plan of Correction.</p> <p>In direct</p> <p>response to the five questions listed on page one of the letter to this</p> <p>facility dated January 7, 2014, the facility offers the following:</p> <p>What</p> <p>corrective action(s) will be accomplished for those residents found to have</p> <p>been affected by the deficient practice?</p> <p>We</p>		

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	<p>entry made on 12/26/13 at 9:00 p.m. This entry indicated the Difcid medication was not available and the pharmacy was called at 10:17 p.m. and indicated the medication would be at the facility tomorrow. The second entry was made on 12/27/13 at 9:00 p.m. This entry indicated the Difcid 200 milligrams was not available and the pharmacy was called and indicated the medication would be sent from the back up pharmacy. The next entry was made on 12/28/13 (no time listed). This entry indicated the Difcid 200 milligrams was not available and staff were awaiting delivery of the medication from the back up pharmacy.</p> <p>When interviewed on 12/31/13 at 10:25 a.m., the Director of Nursing indicated there was no policy available to review related to protocol for delivery of medications to the facility in a timely manner. The Director of Nursing indicated she spoke with the Pharmacy and received a faxed letter related to delivery. The letter was a "Memorandum" the Pharmacy provided to it's employees related to not receiving ordered medications in a timely manner. The letter indicated if the Pharmacy did not</p>		<p>respectfully offer that the facility is unable to retrospectively correct the surveyor</p> <p>identified concern as Resident F is no longer in the facility.</p> <p>How other</p> <p>residents having the potential to be affected by the same deficient practice</p> <p>will be identified and what corrective action(s) will be taken?</p> <p>The facility</p> <p>has identified all residents who have been prescribed antibiotic therapy for</p> <p>C-Diff in the past 30 days to ensure the timely administration of antibiotic</p> <p>therapy.</p>				

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	<p>have an ordered medication in stock, they were to call an approved "(Pharmacy name)" Pharmacy to provide the medications and if the back up Pharmacy did not have the medication they were to call the (Name of local Drug Store chain) closest to the facility to acquire the medication and then call the courier service to pick up and drop off the medication at the facility.</p> <p>This Federal tag relates to Complaint IN00138932.</p> <p>3.1-25(a)</p>		<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Licensed Professional Nursing staff and Qualified Medication Aides have been in-serviced</p> <p>(Exhibit MMI #1) regarding the timely administration of prescribed antibiotic therapy and the steps to be taken in the event of a delay in delivery of antibiotics from pharmacy. Steps include</p> <p>review of medications available in the emergency drug kit; pharmacy notification of medications not available in emergency drug kit; and physician notification. Licensed Professional Nursing staff and Qualified Medication Aides have been in-serviced on</p>		

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			<p>Omnicare's Back-up Pharmacy Procedures for medications which may not be available.</p> <p>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?</p> <p>Weekly, the Unit Directors/or Designee will audit (Exhibit MMI #3) residents with C-Diff to ensure the timely administration of prescribed antibiotic therapy. Findings shall be reported weekly to the Director of Nursing. The Director of Nursing/or Designee shall be responsible to report findings to the Quality Assurance</p>		

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			<p>Committee on a quarterly basis. This audit shall remain in place for a minimum of three quarters.</p> <p>By what date will the systemic changes be completed? January 17, 2014</p>		

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on record review and interview, the facility failed to ensure</p>	F000441				01/17/2014	

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	<p>a resident was moved to a private room upon obtaining laboratory confirmation of the presence of an infection in the stool for 1 of 3 residents reviewed for treatment of stool infections in the sample of 6. (Resident #G)</p> <p>Findings include:</p> <p>The closed record for Resident #G was reviewed on 12/30/13 at 10:15 a.m. The resident's diagnoses included, but were not limited to, colitis, a history of breast cancer, non-traumatic brain dysfunction, and toxic encephalopathy.</p> <p>The 3/20/13 Minimum Data Set (MDS) admission assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (8). A score of (8) indicated the resident's cognitive patterns were moderately impaired. The assessment also indicated the resident was occasionally incontinent of bowel and bladder.</p> <p>Review of the 3/2013 and 4/2013 Physician orders indicated there was an order written on 3/30/13 for the resident to receive Flagyl (an antibiotic) 500 milligrams three times a day for (7) days. An order was</p>		<p>F – 441</p> <p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists, or that a Statement of Deficiency was correctly cited. Submission of this response is not to be construed as an admission of any deficiency against the facility, the Administrator, or any employees who draft or may be discussed in this response and Plan of Correction.</p> <p>In direct response to the five questions listed on page one of the letter to this facility dated January 7, 2014, the facility offers the following:</p>		

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	<p>written on 4/17/13 for the resident to receive Dificid 200 milligrams daily for (10) days.</p> <p>The 4/2013 Nurses' Notes were reviewed. The first entry was made on 4/1/13 at 1:15 a.m. This entry indicated the resident was receiving antibiotics for C-Diff (Clostridium Difficile-an infection in the stool). The next entry made on 4/1/13 (time unknown) indicated the resident was transferred to another room on another floor.</p> <p>The 3/2013 Nurses' Notes were reviewed. The first entry made on 3/30/13 at 10:30 p.m., indicated the laboratory notified the Nurse of the resident's stool specimen being positive for C-Diff (Clostridium Difficile-an infection in the stool). The Physician was notified and orders were obtained for treatment. There was no documentation of the resident being transferred to another room on 3/30/13 or 3/31/13.</p> <p>The 3/2013 Social Service Progress Notes were reviewed. There was no documentation of any room changes completed in 3/2013.</p> <p>The 4/2013 Social Service Progress Notes were reviewed. The first entry</p>		<p>What</p> <p>corrective action(s) will be accomplished for those residents found to have</p> <p>been affected by the deficient practice?</p> <p>We</p> <p>respectfully offer that we are unable to retrospectively correct the surveyor identified</p> <p>concern as Resident G no longer resides in the facility.</p> <p>How other</p> <p>residents having the potential to be affected by the same deficient practice</p> <p>will be identified and what corrective action(s) will be taken?</p> <p>The facility</p>				

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	<p>was made on 4/1/13 (no time listed). This entry indicated the resident required a temporary room change due to a current medical condition.</p> <p>When interviewed on 12/31/13 at 10:30 a.m., the Director of Nursing indicated the facility received notification of the resident testing positive for Clostridium Difficile on 3/30/13. The Director of Nursing also indicated the resident was not transferred to a private room until 4/1/13.</p> <p>The facility policy titled "Standard Precautions" was reviewed on 12/31/13 at 10:30 a.m. The policy was dated 11/1/97. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated Standard Precautions were designed to reduce the risk of transmission of microorganisms.</p> <p>The facility policy titled "Contact Precautions" was reviewed on 12/31/13 at 10:30 a.m. The policy was dated 11/1/97. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated Contact Precautions were to be utilized in addition to Standard Precautions for</p>		<p>has identified all residents currently being treated for C-Diff to ensure that appropriate room placement has been arranged. There have been no other like circumstances identified.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Licensed Nursing and Social Service staff have been in-serviced (Exhibit MMI #1) on the policies titled, "Standard Precautions" (Exhibit MMI #6) and "Contact Precautions" (Exhibit MMI #7) to ensure knowledge and compliance. In addition, nursing staff was in-serviced of</p>	

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	<p>known or suspected to be infected with microorganisms that could be transmitted by direct contact with the resident. Example of such infections included Clostridium Difficile. The policy indicated for the resident to be placed in a private room.</p> <p>This Federal tag relates to Complaint IN00138932.</p> <p>3.1-18(b)(2)</p>		<p>the requirement for prompt notification to a Supervisor of any newly identified</p> <p>infections which may require room relocation pursuant to above policies.</p> <p>How the</p> <p>corrective action(s) will be monitored to ensure the deficient practice will</p> <p>not recur, i.e., what quality assurance program will be put into place?</p> <p>Weekly, the</p> <p>Unit Directors/or Designee will audit (Exhibit MMI #3) residents with C-Diff to</p> <p>ensure appropriate room placement was arranged. Findings shall be reported weekly</p> <p>to the Director of Nursing. The Director of Nursing/or Designee shall be</p> <p>responsible to report findings to the Quality Assurance Committee</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155131	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/31/2013
NAME OF PROVIDER OR SUPPLIER MUNSTER MED-INN			STREET ADDRESS, CITY, STATE, ZIP CODE 7935 CALUMET AVE MUNSTER, IN 46321		
(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>on a</p> <p>quarterly basis. This audit shall remain in place for a minimum of three quarters.</p> <p>By what date</p> <p>will the systemic changes be completed? January</p> <p>17, 2014</p>		