

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155218	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/06/2013
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN 46311
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F000000	<p>This visit was for the Investigation of Complaints IN00127512, IN00128249, IN00129413, and IN00130235.</p> <p>Complaint IN00127512-Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F323, F502, and F505.</p> <p>Complaint IN00128249-Substantiated. Federal/state deficiencies related to the allegations are cited at F157 and F309.</p> <p>Complaint IN00129413-Substantiated. Federal/state deficiencies related to the allegation is cited at F166.</p> <p>Complaint IN00130235-Substantiated. Federal/state deficiencies related to the allegations are cited at F166 and F328.</p> <p>Survey dates: June 3, 4, 5, &amp; 6, 2013</p> <p>Facility number: 000123 Provider number: 155218</p>	F000000	<p>The facility requests that this plan of correction be considered its credible allegations of compliance.</p> <p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employee, agents, or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusions set forth in this allegation by the survey agency.</p> <p>Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of appeal of this matter solely because of the requirements under State and Federal law that mandates</p>	
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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>AIM number: 100266720</p> <p>Survey team: Janet Adams, RN, TC Cynthia Stramel, RN June 3, 4, &amp; 5, 2013</p> <p>Census bed type: SNF/NF: 111 Total: 111</p> <p>Census payor type: Medicare: 26 Medicaid: 70 Other: 15 Total: 111</p> <p>Sample: 12</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 11, 2013, by Janelyn Kulik, RN.</p>		<p>submission of the Plan of Corrections a condition to participate in the Title 18 and Title 19 programs. The submission of Plan of Correction within this timeframe should in no way be of non-compliance or admission by the facility.</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 Physician was notified of a change in condition related to repeated episodes of loose stools for 1 of 3</p>	F000157	1) Residents E has been discharged from the facility. 2) Will complete audit for all current residents reviewing records for loose stools for the prior 2 weeks. Physician will be notified	06/20/2013			

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	<p>residents reviewed for bowel changes in the sample of 12. (Resident #E)</p> <p>Findings include:</p> <p>The closed record for Resident #E was reviewed on 6/4/13 at 10:45 a.m. The resident was admitted to the facility on 4/17/13. The resident's diagnoses included, but were not limited to, failure to thrive, dementia, high blood pressure, and pneumonia.</p> <p>The 4/2013 bowel records were reviewed and recorded as follows: 4/18/13 at 12:41 p.m.- small formed 4/19/13 at 1:36 p.m.- small formed 4/20/13 at 1:59 p.m.- large loose/diarrhea 4/25/13 at 12:38 p.m.- small loose/diarrhea 4/26/13 at 1:38 p.m.- medium loose/diarrhea 4/27/13 at 7:52 p.m.- large loose/diarrhea 4/28/13 at 5:57 a.m.- large loose/diarrhea 4/29/13 at 4:13 a.m.- small loose/diarrhea</p> <p>Review of the 4/2013 Nursing Progress Notes indicated there was no other documentation related to the loose/ diarrhea stools noted above.</p>		<p>of repeated episodes of loose stools. DNS will be responsible for completion of this audit. 3) In-servicing licensed nurses on notification of change of condition related to repeated episodes of loose stools. The DNS or designee will review all current residents for a potential change in condition related to repeated episodes of loose stools twice weekly through clinical meeting. 4) Results of these audits will be presented by the DNS at least monthly x 6 months in the facility's performance improvement committee meeting. 5) June 20, 2013 This facility requests a desk review for paper compliance for this citation.</p>				

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	<p>There was no documentation of the Physician being notified of the repeated loose/diarrhea stools noted above.</p> <p>When interviewed on 6/6/13 at 10:00 a.m., the Director of Nursing indicated the Physician should have been notified of the resident having episodes of diarrhea.</p> <p>This federal tag related to Complaints IN00127512 and IN00128249.</p> <p>3.1-5(a)(3)</p>				

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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 monitoring was completed to ensure measures implemented as part of a grievance resolution to family concerns were being completed for 1 of 3 grievance reviewed related to ADL's (Activities of Daily Living) reviewed. (Resident #D)</p> <p>The facility also failed to follow their policy related to not completing the required grievance forms for family concerns related to ADL's (Activities of Daily Living) for 1 resident in the sample of 12. (Resident #M)</p> <p>Findings include:</p> <p>1. The record for Resident #D was reviewed on 6/4/13 at 8:50 a.m. The resident's diagnoses included, but were not limited to, dementia, joint disease, and depressive disorder.</p> <p>The 5/2013 and 6/2013 Shower Records were reviewed from 5/8/13 through 6/1/13. Showers were documented on the following dates:</p>	F000166	F 166 Right to Prompt Efforts to Resolve Grievance 1) Resident M has been discharged from the facility. For resident D, the facility will monitor weekly x 4 weeks to ensure measures implemented are completed related to ADLs. 2) Executive Director or designee will interview staff to ensure residents have not recently filed grievances for which no form was filed. Social Service or designee will review all grievances x 60 days to ensure grievance resolution. 3) All staff will be in-serviced on the grievance process, including, completion of forms and resolution follow-up. Social Service or designee will monitor weekly x 4 weeks after resolution of grievances to ensure measures implemented as part of grievance resolution were being completed. 4) Results of these audits will be presented by Social Services at least monthly x 6 months in the facilities performance improvement committee meeting. 5) June 20, 2013 This facility requests a desk review for paper compliance for this citation	06/20/2013			

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	<p>5/8/13 5/11/13 5/13/13 5/15/13 5/20/13 5/27/13 6/1/13</p> <p>Only four showers were documented between 5/13/13 and 5/31/13.</p> <p>A "Complaints/Grievance" form was completed on 5/1/13 (no time listed). The section to mark if either a Complaint or a Grievance indicated "Complaint" was checked. The form indicated the resident's daughter had concerns related to concerns how her mother was dressed. The "Department Response" section on the form was completed by the previous Director of Nursing. The section indicated the resident's showers were changed to the day shift and to be given Mondays, Wednesdays, and Friday. The form indicated the shower schedule was to be implemented.</p> <p>Review of a 5/2/13 Care Plan Conference Summary note indicated the resident's daughter was the resident's representative and the daughter attended the conference. The summary indicated the resident's representative voiced concerns</p>				

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	<p>related to the resident not receiving a shower on Saturday and the resident smelled on Sunday.</p> <p>When interviewed on 6/6/13 at 9:25 a.m., the Facility Administrator indicated a Complaints/Grievance form was to be initiated when concerns were voiced at a care plan conference meeting. The facility Administrator indicated the Nursing Unit Manager was responsible to monitor the resident's showers to ensure staff provided three showers a week as per the care plan conference discussion and follow up plan. The facility Administrator indicated there was no documentation to verify the showers were being monitored.</p> <p>2. The closed record for Resident #M was reviewed on 6/5/13 at 3:30 p.m. The resident's diagnoses included, but were not limited to, chronic kidney disease, high blood pressure, chronic obstructive pulmonary disease, and congestive heart failure.</p> <p>Review of a 4/18/13 Complaints/Grievances form indicated the resident's family member voiced a concern on this day. The family voiced a concern that the resident needed to be cleaned up</p>						

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	<p>and dressed as he was to attend therapy. The form indicated the family member asked the Nurse for someone to get the resident up and dressed and the Nurse informed the family member a CNA would be in shortly. The form indicated this occurred at 10:00 a.m. when he was visiting and a CNA did not come into his room until 10:35 a.m. There were no other Complaints/Grievance forms completed for Resident #M.</p> <p>When interviewed on 6/6/13 at 9:30 a.m., the facility Administrator indicated Resident M's family voiced concerns on 4/18/13 related to call lights and the resident not being dressed in time for therapy.</p> <p>Physical Therapy (PT) staff #1 and Occupational Therapy (OT) staff #2 were interviewed on 6/5/13 at 11:00 a.m. PT #1 indicated she worked with the resident for Physical Therapy. PT #1 indicated the resident's family member was often present during the resident's therapy sessions. PT #1 indicated on more than one occasion the resident's family member voiced concerns about the resident being left in bed and soiled in the morning. OT #2 also indicated she was aware of the resident's family member voicing</p>			

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	<p>concerns about the resident being in bed and soiled. Both PT#1 and OT#2 indicated they did not fill out a Complaint/Grievance form related to the family members concerns.</p> <p>When interviewed on 6/6/13 at 9:30 a.m. the facility Administrator indicated all staff members should fill out the required Complaints/Grievances forms when residents or family members voice complaints or concerns with care.</p> <p>The facility "Complaints/Grievance" policy was received on 6/3/13 at 8:00 p.m. The policy was dated 10/31/10. The Administrator indicated the policy was current. The policy indicated staff were to acknowledge and document complaints and grievances.</p> <p>This federal tag relates to Complaints IN00129413 and IN00130235.</p> <p>3.1-7(a)(2)</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview the facility failed to ensure bruises were assessed and measured at the time they were first identified and weekly thereafter as per the facility protocol for 1 of 3 residents reviewed for non pressure related skin conditions in the sample of 12. (Resident #E)</p> <p>Finding include:</p> <p>The closed record for Resident #E was reviewed on 6/4/13 at 10:45 a.m. The resident was admitted to the facility on 4/17/13. The resident was discharged to the hospital on 4/29/13. The resident's diagnoses included, but were not limited to, failure to thrive, dementia, high blood pressure, pneumonia.</p> <p>Review of the 4/17/13 Patient Nursing Evaluation indicated bruising was noted to the resident's right antecubital (elbow crease) area upon admission. There was no</p>	F000309	<p>1) Resident E has been discharged from the facility. 2) All current residents with non-pressure related skin conditions will be reviewed to ensure assessment and measurement for the current week. 3) Licensed nurses will be in-serviced on assessment and documentation for non-pressure related skin conditions. Wound nurse or designee will review 5 residents per week to ensure assessment and measurement of non-pressure related skin conditions. 4) Results of these audits will be presented by the wound nurse or DNS at least monthly x 6 months in the facilities performance improvement committee meeting. 5) June 20, 2013 This facility requests a desk review for paper compliance for this citation</p>	06/20/2013	

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	<p>assessment of the color or other assessment of the bruised area. There were no measurements of the bruise. There were no measurements or ongoing assessments of the bruise between 4/1/13 and 4/29/13.</p> <p>A Resident Event Worksheet form was reviewed. The form indicated a bruise was noted to the resident's breast and back area on 4/29/13. There were no measurements of the bruise on this form or any other facility forms.</p> <p>The 4/29/13 Nursing Progress Notes were reviewed. An entry made at 1:26 p.m. indicated the resident had a bruise under the left breast extending to the lateral side. No measurements or assessment of the characteristics of the bruise were noted in the Nursing Progress Notes.</p> <p>When interviewed on 6/5/13 at 8:30 a.m., the Director of Nursing indicated the right antecubital bruise should have been assessed and measured weekly as per the facility protocol.</p> <p>When interviewed on 6/5/13 at 8:32 a.m., the Director of Nursing also indicated an investigation related to the bruise on the resident's left breast</p>			

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	<p>area was started by the previous Director of Nursing on 4/29/13 (the day it occurred). The Director of Nursing indicated there was no documentation of any measurements of the bruise. The Director of Nursing indicated follow up calls were made to the previous Director of Nursing and the previous Director of Nursing indicated the bruise to the left breast/lateral area was 0.5 cm. (centimeters) x 6 cm. The Director of Nursing indicated the above measurements and an assessment of the bruise to the left breast area should have been completed as per the facility protocol.</p> <p>This federal tag relates to Complaint IN00128249.</p> <p>3.1-37(a)</p>						

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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to ensure adequate supervision was provided related to investigating to determine if the required staff assistance was provided during a Hoyer lift transfer for 1 of 2 residents reviewed for fractures in the sample of 12. (Resident #C). The facility also failed to ensure staff were inserviced on transfer techniques as per their investigation follow up for a resident with a fracture of unknown origin for 1 of 2 residents reviewed for fractures in the sample of 12. (#C).</p> <p>Findings include:</p> <p>The record for Resident #C was reviewed on 6/4/13 at 9:00 a.m. The resident's diagnoses included, but were not limited to, dementia, scoliosis and MS (Multiple Sclerosis). A Minimum Data Set (MDS) quarterly assessment dated 4/2/13 indicated the resident had a BIMS (Brief</p>	F000323	<p>1) For Resident C, the facility has investigated the hoier lift transfer and in-serviced CNAs on transfer techniques per therapy recommendation. 2) The facility will review all fractures of unknown origin occurring over the last 60 days to ensure thorough investigating per policy. Director of Nursing Services or designee will reviewed all residents for which in-servicing on transfer techniques have been performed by Therapy over the last 60 days. This program has been in-serviced with the CNAs. 3) ED &amp; DNS have been inserviced on thorough investigating of injuries of unknown origin per facility policy. ED or designee will review all investigations related to injuries of unknown origin weekly to ensure thorough investigation of injuries of unknown origin. CNA's have been inserviced on the method of communication of inservicing of therapy recommendations related to investigation of events. Staff Development Coordinator or designee will review all inservicing of therapy recommendations related to investigation of events weekly to</p>	06/20/2013	

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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN 46311
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	<p>Interview of Mental Status) score of 6. A BIMS score of 6 indicated the resident's cognitive patterns were severely impaired. The MDS assessment also indicated the resident required extensive assistance for transfers, dressing and eating and was incontinent of bowel and bladder.</p> <p>A Facility Incident Report Form completed on 5/10/13 indicated Resident #C was noted to have swelling and pain to her right arm which was also flaccid. An x-ray showed a displaced right humerus fracture. The resident was sent to the hospital for further evaluation and the facility initiated an investigation into the incident. The follow up report indicated the resident returned to the facility on 5/11/13. The report indicated, "X-ray taken at hospital showed spiral fracture. It is believed that the fracture may have occurred unintentionally during transfer with Hoyer lift".</p> <p>Review of the incident investigation indicated on 5/10/13 at 6:00 a.m., a CNA transferred the resident from her bed into her wheelchair using a Hoyer lift. The investigation did not indicate how many staff members were present or assisted during the Hoyer</p>		<p>ensure the appropriate staff have been educated. 4) Results of these audits will be presented by the ED and SDC at least monthly x 6 months in the facility's performance improvement committee meeting. This facility requests a desk review for paper compliance for this citation</p>	

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	<p>transfer.</p> <p>The Resident Event Report Worksheet dated 5/14/13 indicated in the conclusion, "It is believed fx (fracture) may have occurred from bones being very brittle and possible when hooking up Hoyer pad lift which may have caused arm to rotate in toward body causing spiral type fracture. Therapy to inservice nursing staff and restorative CNA's on transfer techniques with Hoyer specific to [resident's name] unique body mechanics and precautions for transferring and positioning of R (right) arm during transfer to prevent further injury to R arm."</p> <p>The CNA Assignment Sheet was updated for the resident and included a notation indicating Resident #C's right arm was to be braced at all times. An inservice Attendance Record dated 5/14/13 indicated Occupational Therapy had provided an inservice related to specific transfer techniques for Resident #C. The inservice was attended by 8 CNA's, 1 Restorative Aide (RA), and 2 LPN's.</p> <p>During an interview with the Administrator on 6/5/13 at 2:50 p.m.,</p>				

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	<p>she indicated their policy was for two persons to be used during Hoyer lift transfers. She was unable to demonstrate that two people were present during the Hoyer transfer of Resident #C on 5/10/13 at 6:00 a.m.</p> <p>During an interview with the West Unit Manager on 6/5/13 at 11:30 a.m., she indicated this was the only inservice provided related to Resident #C transfers with a Hoyer lift. She indicated there were 15 permanent CNA's, and 2 RA's providing care on the West Unit and Resident #C resided on this unit. She agreed that all the CNA's and RA's should have been inserviced.</p> <p>This federal tag relates to Complaint IN00127512.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p>				

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F000328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on record review and interview the facility failed to ensure proper respiratory care was provided related to completing a nocturnal oximetry test as ordered and ensuring oxygen was provided at night until the test was completed as ordered for 1 of 1 residents reviewed for oxygen use in the sample of 12. (Resident #M)</p> <p>Findings include:</p> <p>The closed record for Resident #M was reviewed on 6/5/13 at 3:30 p.m. The resident's diagnoses included, but were not limited to, congestive heart failure, chronic obstructive pulmonary disease, high blood pressure, and coronary artery disease.</p> <p>Review of the 4/2013 Physician orders indicated there was an order</p>	F000328	<p>1) Resident M has been discharged from the facility. 2) All residents requiring oximetry and oxygen have been reviewed to ensure care is being provided as ordered. 3) Licensed nurses and respiratory therapist have been inserviced on provision of oximetry and oxygen administration as ordered. The Interdisciplinary Team will review all respiratory orders routinely through clinical meeting to ensure provision of care as ordered. 4) Results of these audits will be presented by the DNS at least monthly x 6 months in the facility's performance improvement committee meeting. 5) June 20, 2013 This facility requests a desk review for paper compliance for this citation</p>	06/20/2013			

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	<p>written on 4/23/13 for Respiratory Therapy to do a Nocturnal Oximetry on room air (without oxygen being worn). The order also indicated the resident was to have oxygen at 2 liters via a nasal cannula continuous at night until the oximetry test was completed. There was no documentation of the nocturnal oximetry test being completed or of the resident wearing oxygen as ordered until the test was completed as ordered.</p> <p>A 4/23/13 Nurse Practitioner Progress Note indicated the resident was observed with 3+ pitting edema to the legs. The plan included on the Progress Note to check nocturnal oximetry and for the resident to use oxygen at 2 liters per nasal cannula until the test was completed.</p> <p>When interviewed on 6/6/13 at 8:30 a.m., the Director of Nursing indicated the Nocturnal Oximetry test had not been completed as ordered by the Nurse Practitioner. The Director of Nursing indicated there was no record of staff administering oxygen at 2 liters per nasal cannula at night from the date the test was first ordered on 4/23/13.</p> <p>This federal tag relates to Complaint</p>						

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F000502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure laboratory tests were completed as ordered by the Physician for 1 of 6 residents reviewed for laboratory tests for infections in the sample of 12. (Resident #F)</p> <p>Findings include:</p> <p>The record for Resident #F was reviewed on 6/4/13 at 9:20 a.m. The resident's diagnoses included, but were not limited to, chronic kidney disease, high blood pressure, chronic obstructive pulmonary disease, and congestive heart failure.</p> <p>Review of the 5/2013 Physician orders indicated there was an order written on 5/18/13 to collect a urine specimen "today" for a urinalysis and culture and sensitivity test to be completed. The order also indicated staff may straight cath (insertion of thin tube into the bladder to obtain the urine specimen). There was also a Physician's order written on 5/21/13 to collect a stool specimen to test for CD(Clostridium Difficile) (an infection</p>	F000502	<p>1) For Resident F, the urinalysis order was completed prior to the survey and the stool specimen collection for c. Diff order was discontinued. 2) Audit of current residents for current laboratory orders completed as ordered. Physician or designee has been notified of all laboratory tests results. 3) Licensed nurses have been inserviced on completing laboratory tests as ordered. All orders for laboratory tests will be reviewed by the unit managers through clinical meeting to ensure completion as ordered. 4) Results of these audits will be presented by DNS at least monthly x 6 months in the facility's performance improvement committee meeting. 5) June 20, 2013 This facility requests a desk review for paper compliance for this citation</p>	06/20/2013			

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	<p>in the stool). A Physician order was written on 5/21/13 for the resident to receive Levaquin (an antibiotic) 250 milligrams once a day for five days for a diagnosis of a urinary tract infection. There was also an order written on 5/23/13 for the resident to receive Pyridium (a medication to treat urinary tract infections) 100 milligrams every 12 hours for two days.</p> <p>The 5/2013 Laboratory tests results were reviewed. There were no laboratory test results to indicated the test of C-Diff had been completed. The results of the urinalysis and culture and sensitivity tests indicated the specimen was collected 5/20/13. The urinalysis results were reported on 5/21/13 and the final culture and sensitivity results were reported on 5/23/13. The results of the urinalysis were positive for many bacteria and 50+ white blood cells (normal 2-5). The final report indicated the urine culture was positive for greater then 100,000 colonies of morganelle morgani (an infection).</p> <p>When interviewed on 6/5/13 at 8:30 a.m., the Director of Nursing indicated the stool specimen for the laboratory to test for C-Diff was not collected for the test to be completed. The Director of Nursing indicated the</p>						

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	<p>urinalysis should have been completed on 5/18/13 as per the Physician's order.</p> <p>This federal tag relates to Complaint IN00127512.</p> <p>3.1-49(a)</p>			

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F000505 SS=D	<p>483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings. Based on record review and interview, the facility failed to notify the Physician of laboratory test results for Clostridium Difficile (C-Diff) (an infection in the stool) for 1 of 3 residents reviewed for notification of stool infections in the sample of 12. (Resident #G)</p> <p>Findings include:</p> <p>The closed record for Resident #G was reviewed on 6/5/13 at 10:00 a.m. The resident's diagnoses included, but were not limited to, dementia, macular degeneration, high blood pressure, and arthritis.</p> <p>A Physician's order was written on 4/1/13 for the resident to receive Flagyl (a medication to treat infections) 500 milligrams every eight hours for seven days.</p> <p>The 3/2013 laboratory test results reports were reviewed. A laboratory test result report indicated a stool specimen to tested for C-Diff was collected on 3/30/13 at 8:00 a.m. The report indicated the test was positive (indicating an infection was present)</p>	F000505	<p>1) Resident G has been discharged from the facility. 2) Audit of current residents for current laboratory results notified to the physician promptly. Physician or designee has been notified of all laboratory results. 3) Licensed nurses have been inserviced on prompt notification of physician of laboratory test results. All laboratory test results will be reviewed by the unit managers through clinical meeting to ensure prompt physician notification. 4) Results of these audits will be presented by DNS at least monthly x 6 months in the facility's performance improvement committee meeting. 5) June 20, 2013 This facility requests a desk review for paper compliance for this citation</p>	06/20/2013			

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	<p>for C-Diff. The report also indicated the laboratory faxed and called the results to a Nurse at the facility on 3/30/13 at 8:13 p.m.</p> <p>Review of the Nursing Progress Notes for 3/30/13 and 3/13/13 indicated there was no documentation of the Physician being notified of the positive results.</p> <p>When interviewed on 6/6/13 at 10:00 a.m., the Director of Nursing indicated the Physician should have been notified on 3/30/13 when the laboratory phoned the Nurse the positive results.</p> <p>The facility policy titled "Condition Change of a Resident" was reviewed on 6/5/13 at 3:50 p.m. The policy was dated 10/31/06. The policy was received from and identified as current by the Assistant Director of Nursing. The policy indicated staff were to notify the Physician of clinical problems and document the notification on the required forms.</p> <p>This federal tag relates to Complaint IN00127512.</p> <p>3.1-49(f)(2)</p>				

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