

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155833	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/05/2015
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NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 12315 PENNSYLVANIA STREET CARMEL, IN 46032
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint #IN00178375.</p> <p>Complaint #IN00178375- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: August 3, 4, & 5, 2015</p> <p>Facility number: 013444 Provider number: 155833 AIM number: 201294880</p> <p>Census bed type: SNF: 17 SNF/NF: 9 Residential: 8 Total: 34</p> <p>Census payor type: Medicare: 16 Medicaid: 4 Other: 6 Total: 26</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint (IN00178375) Survey on August 5, 2015. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</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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F 0309 SS=D Bldg. 00	<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 follow the bowel management protocol, appropriately, for 1 of 3 residents reviewed for bowel management in a sample of 3. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 8/3/15 at 7:00 p.m. Diagnoses for Resident B included, but were not limited to, multiple sclerosis, high blood pressure, neurogenic bladder, history of urinary tract infections, diarrhea, pain, and constipation.</p> <p>A cumulative Vitals Report indicated Resident B went the following days</p>	F 0309	<p>F309</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident (B) implementation of bowel monitoring protocol to prevent constipation.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will review all resident bowel patterns for the last 7 days and ensure implementation of bowel protocol</p>	09/04/2015

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	<p>without a bowel movement: 6/26/15 to 7/3/15 (eight days) 7/4/15 to 7/17/15 (14 days) 7/19/15 to 7/26/15 (eight days) Documentation did not indicate the bowel protocol guidelines were followed, appropriately during these time frames.</p> <p>A physician's order, dated 6/20/15, indicated, "May use Bowel protocol as needed."</p> <p>A physician's order for elimination, dated 6/27- 30/15, indicated to monitor elimination status for 72 hours for effectiveness of implemented interventions, change in continence/incontinence patterns, resolution of condition or complications of current issue.</p> <p>The June 2015 Medication Administration Record (MAR) indicated monitoring was completed, each shift, on 6/27, 28, 29, and 30, 2015. However, nursing documentation did not indicate interventions were implemented.</p> <p>Nurses notes, dated 7/12/15 at 10:20 a.m., indicated Resident B had not had a documented bowel movement since 7/3/15. The bowel protocol was initiated and Resident B refused the natural laxative. Resident B was educated</p>		<p>as needed.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the nursing staff on the following guideline: Bowel protocol</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: Residents with no bowel movements in 72 hours will be audited to ensure bowel protocol orders are being followed to prevent constipation.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>				

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	<p>regarding the severity of constipation and that it can exacerbate symptoms associated with multiple sclerosis. The physician was notified and ordered a suppository. The suppository was offered and refused.</p> <p>The Vitals Report indicated Resident B had a bowel movement on 7/18/15. The next bowel movement documented was 7/26/15. Nursing documentation did not indicate the bowel protocol was initiated.</p> <p>A policy titled, "Bowel Protocol", with a revision date of 2/17/15, was presented by the Medical Records Director on 8/4/15 at 2:30 p.m. The protocol indicated the following: If a resident/patient has indication of constipation- hard stool, complaints of constipation, no bowel movement within 72 hours- the following bowel protocol may be implemented:</p> <p>"2 Tablespoons (30 cc) of "Natural Laxative" (mixture of bran, applesauce and prune juice) BID (two times per day). This mixture may also be given daily in place of a stool softener. Dosage and frequency may be adjusted as needed.</p> <p>If no results within 24 hours of above, give 30 cc Milk of Magnesia [MOM] and continue Natural Laxative as above.</p>			

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	<p>If no results within approximately 12 hours of above MOM administration, give Dulcolax suppository.</p> <p>If results of suppository are not satisfactory within 2 hours, give Fleets enema."</p> <p>During an interview on 8/4/15 at 3:15 p.m., the Director of Post Acute Services indicated the bowel protocol was not started, appropriately, on 6/29, 7/7, and 7/22/15.</p> <p>3.1-37(a)</p>			