STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155333	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAOLI HEALTH AND LIVING COMMUNITY	559 W LONGEST ST PAOLI, IN 47454

(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
F000000	This visit was for the Investigation of Complaint IN00145633 and Complaint IN00146342. Complaint IN00145633 - Substantiated, Federal/State deficiencies are cited at F157 and F315. Complaint IN00146342 - Unsubstantiated, due to lack of evidence. Survey dates: April 1, 2, and 3, 2014 Facility number: 000226 Provider number: 155333 AIM number: 100267730 Survey team: Anne Marie Crays RN Census bed type: SNF: 13 SNF/NF: 80 Total: 93 Census payor type: Medicare: 17 Medicaid: 64 Other: 12	F000000	This plan of correction is to serve as Paoli Heath and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Paoli Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Total: 93 Sample: 12 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on April 4, 2014, by Jodi Meyer, RN			

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F000157 SS=D	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). 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. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. Based on interview and record review, the facility failed to promptly notify a resident's physician of signs of a urinary tract infection, and failed	F000157	F 157 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC.)	05/03/2014

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	to notify one of the resident's responsible parties of a transfer to the hospital, for 1 of 6 residents reviewed for notification of family and/or physician, in a sample of 12. Resident C Findings include: 1. The closed clinical record of Resident C was reviewed on 4/1/14 at 4:00 P.M. A Resident Admission Record listed Family # 1, Family # 2, and Family # 3 as co-power-of-attorneys (POAs). Family # 4 was not listed on the admission record. A notation indicated, "Call in emergency [Family # 2] or if can't reach [Family # 1 or Family # 3]. Resident Progress Notes included the following notations: 2/28/14 at 10:11 P.M.: "F/C patent. Urine discolored, odorous. Denies urinary discomfort. Will monitor for further urine symptoms. Communicated [sic] to oncoming staff." The next progress note [three days later] was dated 3/3/14 at 1:40 A.M. The note indicated: "Order received from [name of physician] to send pt [patient] to the ER [emergency room]		1. Resident #C no longer resides at the facility. 2. All residents with signs of a urinary tract infection have been identified and an audit completed for notification of physician and responsible party being completed. Any concerns were addressed. 3. The systemic change will include: · The facility activity report (progress notes, vital signs, events, assessments in the computerized medical record) will be reviewed daily (Monday through Friday) prior to the clinical meeting to identify any resident with signs of UTI for clinical discussion. Residents identified will be reviewed for notification of physician and responsible party. · A resident with signs of UTI will have an “event” opened in the computerized medical record, triggering daily follow up and documentation. The “event” also triggers notification of physician and family member. Education will be provided licensed nurses regarding identification of signs of UTI and required documentation to follow up and monitor the resident. This	

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	for c/o [complaints of] back pain, and SOA [shortness of air]. Pt was c/o back pain earlier, and Lortab given w/o [without] relief. Pt also has expiratory wheezes all fields posteriorly, and rhonci [sic] right lat lobes. Pt's f/c was kinked, and pt. was incont. of fowl [sic] smelling urine. The urine in his drainage bag was dark, and turbid...." A Resident Progress Note, dated 3/3/14 at 6:30 A.M., indicated: "Er called, pt is being trx [transferred] to [another hospital] with Urosepsis, and Left Lung Infiltrate...Family # 4 notified of all at this time, and was notified of trx to ER earlier at 01:45 [1:45 A.M.]. A Review of Resident C's urine output and vital signs, dated 2/26/14 through 3/3/14, indicated the resident did not have his temperature or other vital signs checked during this time. The resident's output was documented as: 2/26/14: 2675 cc, 2/27/14: 2650 cc, 2/28/14: 1050 +cc, 3/1/14: 1375 cc, 3/2/14: 200 cc. The urine output documentation included: "2/28/14 at 10:11 P.M...Characteristics: Blood-tinged; 3/1/14 at 1:29 P.M....Characteristics: Blood-tinged...Cloudy...3/2/14 at 1:45 P.M....Characteristics:		education will include guidelines for notification of physician and family members in regards to signs of a urinary tract infection. 4. The Unit Manager or designee will audit for notification of physician and responsible party being completed with a resident with signs of a urinary tract infection daily for 4 weeks, then weekly for a duration of 12 months of monitoring. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Completion Date: May 3, 2014	

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	Blood-tinged...Cloudy...." Documentation that the resident's physician was notified of the resident's decreased urine output, or the blood-tinged characteristics of the urine, was not found in the clinical record. A hospital # 1 emergency room record, dated 3/3/14, indicated: "...Anxious...Acute respiratory distress...Scant amount of thick brown liquid noted in catheter tubing just distal to penis. Attempted to irrigate the indwelling #16 French Coude catheter...Immediate return of sterile water from around catheter with thick brown/green chunks. Terrible odor noted. Foley Catheter removed without difficulty. Unable to pass coude catheter due to obstruction...Patient is in profound distress during the exam. Patient appears to be acutely ill...Disposition decision is to transfer. Transfer to another hospital...." On 4/3/14 at 12:00 P.M., during interview with the Administrator, she indicated she had spoken to the resident's POAs regarding their concern of not being notified of the resident's transfer to the hospital. The Administrator indicated Family # 4			

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	had originally been on the Admission Record as the 4th contact, even though that member was not a POA. The Administrator also indicated she removed his name from the current Admission Record after Resident C returned from the hospital. 2. On 4/3/14 at 10:30 A.M., the interim DON provided the current facility policy on "Change in a Resident's Condition or Status," revised April 2007. The policy included: "Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status...The Nurse will notify the resident's Attending Physician or On-Call Physician when there has been:...A significant change in the resident's physical/emotional/mental condition. e. A need to alter the resident's medical treatment significantly...." This Federal tag relates to Complaint IN00145633. 3.1-5(a)(2)			

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F000315 SS=G	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Based on interview and record review, the facility failed to follow up on assessing a resident who exhibited signs of a urinary tract infection, resulting in admission to the hospital with urosepsis, for 1 of 3 residents sampled with Foley catheters, in a sample of 12. Resident C Findings include: 1. The closed clinical record of Resident C was reviewed on 4/1/14 at 4:00 P.M. A Minimum Data Set (MDS) assessment, dated 12/15/13, indicated the resident scored a 13 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of one	F000315	F315 483.25(d) NO CATHETER, PREVENT UTI,RESTORE BLADDER 1. Resident #C no longer resides at the facility. 2. All residents with foley catheters have been identified and reviewed for signs of a urinary tract infection and follow up assessment. Any concerns were addressed. 3. The systemic change will include: • The facility activity report (progress notes, vital signs, events, assessments in the computerized medical record) will be reviewed daily (Monday through Friday) prior to the clinical meeting to identify any resident with a foley catheter	05/03/2014

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	staff for personal hygiene and toilet use, and had a Foley catheter (f/c). A Care Plan, initially dated 1/25/12 and updated on 12/18/13, indicated: "Problem, Resident requires an [sic] Foley catheter R/T [related to] urinary retention and outlet obstruction." The Approaches included: "Monitor urine color characteristics q [every] shift, monitor for s/s [signs and symptoms] of urinary tract infection...Report signs of complications, such as UTI [urinary tract infection] (acute confusion, bladder spasms, pain, low back/flank pain...fever, foul odor, concentrated urine, blood in urine)...." Resident Progress Notes included the following notations: 2/28/14 at 10:11 P.M.: "F/C patent. Urine discolored, odorous. Denies urinary discomfort. Will monitor for further urine symptoms. Communicated [sic] to oncoming staff." The next progress note [three days later] was dated 3/3/14 at 1:40 A.M. The note indicated: "Order received from [name of physician] to send pt [patient] to the ER [emergency room] for c/o [complaints of] back pain, and		and signs of UTI for clinical discussion. Residents identified will be listed on the clinical board and reviewed Monday through Friday for necessary documentation and follow up • A resident with a foley catheter and signs of UTI will have an “event” opened in the computerized medical record, triggering daily follow up and documentation. Education will be provided licensed nurses regarding identification of signs of UTI and required documentation to follow up and monitor the resident. 4. The Unit Manager or designee will audit for documentation of signs of a urinary tract infection in residents with a foley catheter and follow up documentation, daily for 4 weeks, then weekly for a duration of 12 months of monitoring. Any concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.	

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	SOA [shortness of air]. Pt was c/o back pain earlier, and Lortab given w/o [without] relief. Pt also has expiratory wheezes all fields posteriorly, and rhonci [sic] right lat lobes. Pt's f/c was kinked, and pt. was incont. of fowl [sic] smelling urine. The urine in his drainage bag was dark, and turbid...." A Resident Progress Note, dated 3/3/14 at 6:30 A.M., indicated: "Er called, pt is being trx [transferred] to [another hospital] with Urosepsis, and Left Lung Infiltrate...Family # 4 notified of all at this time, and was notified of trx to ER earlier at 01:45 [1:45 A.M.]. A Review of Resident C's urine output and vital signs, dated 2/26/14 through 3/3/14, indicated the resident did not have his temperature or other vital signs checked during this time. The resident's output was documented as: 2/26/14: 2675 cc, 2/27/14: 2650 cc, 2/28/14: 1050 +cc, 3/1/14: 1375 cc, 3/2/14: 200 cc. The urine output documentation included: "2/28/14 at 10:11 P.M...Characteristics: Blood-tinged; 3/1/14 at 1:29 P.M....Characteristics: Blood-tinged...Cloudy...3/2/14 at 1:45 P.M....Characteristics: Blood-tinged...Cloudy...."		Completion Date: May 3, 2014	

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	A hospital # 1 emergency room record, dated 3/3/14, indicated: "...Anxious...Acute respiratory distress...Scant amount of thick brown liquid noted in catheter tubing just distal to penis. Attempted to irrigate the indwelling #16 French Coude catheter...Immediate return of sterile water from around catheter with thick brown/green chunks. Terrible odor noted. Foley Catheter removed without difficulty. Unable to pass coude catheter due to obstruction...Patient is in profound distress during the exam. Patient appears to be acutely ill...Disposition decision is to transfer. Transfer to another hospital...." A hospital # 2 history and physical, dated 3/3/14, included: "...He does have a chronic indwelling Foley catheter...He was taken to the [name] Emergency Room for evaluation. There, the patient was noted to be febrile and hypotensive. His Foley catheter was removed, and per report, grossly gray sludge and pus taken out of his catheter...Assessment and Plan: 1. Sepsis secondary to urinary etiology...." On 4/2/14 at 2:45 P.M., during			

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	interview with the corporate nurse and interim Director of Nursing (DON), the corporate nurse reviewed the resident's clinical record to determine if there was any additional charting under "Events" or "Observations." The corporate nurse was unable to find additional documentation. 2. On 4/3/14 at 10:30 A.M., the interim DON provided the current facility policy on "Catheter Care, Urinary," revised December 2007. The policy included: "The purpose of this procedure is to prevent infection of the resident's urinary tract...Observe the resident's urine level for noticeable increases or decreases...Check the urine for unusual appearance (i.e., color, blood, etc.)...Observe the resident for signs and symptoms of urinary tract infection and urinary retention...." This Federal tag relates to Complaint IN00145633. 3.1-41(a)(2)			

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