STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	155385		11/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELOT CARE CENTER	1555 COMMERCE ST LOGANSPORT, IN 46947

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00183723. Complaint # IN00183723-Unsubstantiated due to lack of evidence. Survey dates: November 9, 10, 12, and 13, 2015. Facility number: 000466 Provider number: 155385 AIM number: 100289810 Census bed type: NF: 59 SNF/NF: 6 Total: 65 Census payor type: Medicaid: 65 Total: 65 Sample: 3 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed by 21662 on	F 0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Should additional information be necessary to confirm said compliance, feel free to contact me.	

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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	November 18, 2015.			
F 0281 SS=G Bldg. 00	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. The facility failed to ensure appropriate, professional standards were followed by staff during intermittent catheter care which resulted in the necessity for surgical catheter removal in a acute care facility. This deficient practice affected 1 of 2 residents reviewed for urinary catheter care. (Resident #66) Findings include: The record review for Resident #66 was completed on 11/12/15 at 10:00 a.m. Diagnoses included, but were not limited to: Cerebral Palsy, Epilepsy, Hypoxic ischemic encephopathy, bladder incontinence, aphasia, neurogenic bladder. Physician orders dated 10/2/15 indicated "in and out catherization using a 14 French catheter four times daily."	F 0281	F281 Requires the facility to ensure appropriate, professional standards are followed by staff during intermittent catheter care. Please note this citation involves the action of a nurse on duty. The facility attempts to ensure each nurse employed by the facility is qualified and performs his/her duties within the standards of competent practice. One should note, prior to hiring RN#1, the facility verified her license with the Indiana State Board of Nursing. The nurse's license has been valid since 2009 with no infractions. Upon hiring, RN#1, the facility required the completion of job-specific orientation with another staff nurse. During this orientation, RN#1 was observed performing intermittent catheterization. No concerns were noted. RN#1worked at the facility for approximately one year and	11/24/2015

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	Nurse's documentation dated 10/14/15 at 9:30 p.m., indicated the RN #2 attempted to catheterize with a 8 french catheter which was unsuccessful. The RN indicated she thought the catheter was clogged, so she cut off the end of the catheter, altering the medical device and allowing the catheter to migrate into the penis/urethra. During an interview with RN#1 (who came into the room to assist RN #2) on 11/12/15 at 11:45 a.m., she indicated she attempted to remove the catheter, she was unsuccessful. She notified the physician on call. The resident was sent to the emergency room for evaluation. A review of the a hospital "Operative" note from 10/15/15, indicated Resident #66 was given general trachea anesthesia and the catheter was removed from the bladder with a rigid cystoscope. During an interview with the DON on 11/9/15 at 2:00 p.m., she indicated the nurse did not follow physician orders or follow the policy of the facility as it related to catherizations. A review of the policy titled "Catherization Male Intermittent, Straight" dated 10/2014, indicated "...		during that time attended inservice education within the facility regarding catheterization. She cared for residents who required intermittent catheterization while working at the facility and no concerns were noted during this time. Please note, the facility took good faith precautions to ensure the nurse was licensed/qualified, received initial orientation and ongoing training thereafter. The facility had no indication the nurse might execute steps other than those listed in facility policy, and those considered as standards of competent practice when caring for the resident requiring intermittent catheterization. The facility provided appropriate care following the incident and the resident returned to the facility without any complications as a result of the nurse's action, which was reported to ISDH as an unusual occurrence.1. Resident #66 had catheter removed at the hospital and returned to the facility with no complications . 2. All residents have the potential to be affected. The physician's orders on resident's receiving intermittent catherization were reviewed and nursing staff was educated to check the physician's order prior to gathering equipment to ensure order is being correctly followed. No concerns were noted. See below for corrective measures.3. The Catherization Male	

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	Purpose : Catherization will relieve bladder distention and/or provide a means to obtain a sterile urine specimen for diagnostic analysis... Policy: Catherization will be performed by licensed personnel as per physician's order...12... If resistance continues : Stop procedure. Carefully withdraw the catheter and immediately notify physician...." 3.1-35(g)(1)		Intermittent, Straight policy and procedure was reviewed with no changes made. (See attachment A) The staff was inserviced on the on the above procedure.4. The DON or her designee will observe two intermittent catherization procedures daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter to ensure the policy and procedure as well as the physician's orders are correctly being followed. The audits will continue until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly.5. The above corrective measures will be completed on or before November 24, 2015.	
F 0315 SS=G Bldg. 00	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. The facility failed to ensure appropriate	F 0315	F315 Requires the facility	11/24/2015

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	Catheter care was provided to a resident which resulted in the necessity for surgical catheter removal in an acute care facility. This deficient practice affected 1 of 2 residents reviewed for urinary catheter care. (Resident #66) Findings include: The record review for Resident #66 was completed on 11/12/15 at 10:00 a.m. Diagnoses included, but were not limited to: Cerebral Palsy, Epilepsy, Hypoxic ischemic encephopathy, bladder incontinence, aphasia, neurogenic bladder. Physician orders dated 10/2/15 indicated " in and out catherization using a 14 French catheter four times daily." Nurse's documentation dated 10/14/15 at 9:30 p.m., indicated the RN # 2 attempted to catheterize with a 8 french catheter which was unsuccessful. The RN indicated she thought the catheter was clogged, so cut off the end of the catheter, causing the catheter to migrate into the penis/urethra. During an interview with RN#1 (who had came into the room to assist RN # 2) on 11/12/15 at 11:45 a.m., she indicated she attempted remove the catheter, she was		to ensure appropriate catheter care is provided to a resident.Please note this citation involves the action of a nurse on duty. The facility attempts to ensure each nurse employed by the facility is qualified and performs his/her duties within the standards of competent practice. One should note, prior to hiring RN#1, the facility verified her license with the Indiana State Board of Nursing. The nurse's license has been valid since 2009 with no infractions. Upon hiring, RN#1, the facility required the completion of job-specific orientation with another staff nurse. During this orientation, RN#1 was observed performing intermittent catheterization. No concerns were noted. RN#1worked at the facility for approximately one year and during that time attended inservice education within the facility regarding catheterization. She cared for residents who required intermittent catheterization while working at the facility and no concerns were noted during this time. Please note, the facility took good faith precautions to ensure the nurse was licensed/qualified, received initial orientation and ongoing training thereafter. The facility had no indication the nurse might execute steps other than those listed in facility policy, and those considered as standards of competent practice when caring	

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	unsuccessful. She notified the physician on call. The resident was sent to the emergency room for evaluation. A review of the hospital "Operative" note from 10/15/15, indicated Resident #66 was given general trachea anesthesia and the catheter was removed from the bladder with a rigid cystoscope. During an interview with the DON on 11/9/15 at 2:00 p.m., she indicated the nurse did not follow physician orders or follow the policy of the facility as it related to catherizations. During an observation of an in and out catherization of Resident #66 on 11/13/15 at 11:50 a.m., LPN # 2 gathered her supplies and checked the orders and entered the resident's room. She set up her supplies on the bedside table without cleaning the field. She used an alcohol based hand cleaner, donned gloves and open and prepared her supplies. With the same gloves she positioned the Resident, his blankets and began the procedure by holding his penis in one hand and cleaning with the betadine swabs. With the same gloved hands, she retrieved the in and out catheter and inserted it into the penis to drain the urine from the Resident's bladder. The LPN did not wash her hands during the procedure or		for the resident requiring intermittent catheterization. The facility provided appropriate care following the incident and the resident returned to the facility without any complications as a result of the nurse's action, which was reported to ISDH as an unusual occurrence. 1. Resident #66 had catheter removed at the hospital and returned to the facility with no complications . 2. All residents have the potential to be affected. The physician's orders on resident's receiving intermittent catherization were reviewed. No concerns were noted. See below for corrective measures. 3. The Catherization Male Intermittent, Straight policy and procedure was reviewed with no changes made. (See attachment A) The staff was inserviced on the on the above procedure. 4. All new physician's orders regarding catherization will be reviewed by the DON or her designee daily. The DON or her designee will observe two intermittent catherization procedures daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter to ensure the policy and procedure as well as the physician's orders are correctly being followed. The audits will continue until 100% compliance is obtained and maintained. (See attachment B) The audits will be	

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	when completed after she cleaned up the supplies and exited the room. A review of the policy titled "Catherization Male Intermittent, Straight" dated 10/2014, indicated "... Purpose : Catherization will relieve bladder distention and/or provide a means to obtain a sterile urine specimen for diagnostic analysis... Policy: Catherization will be performed by licensed personnel as per physician's order...12... If resistance continues : Stop procedure. Carefully withdraw the catheter and immediately notify physician...." 3.1-41(a)(2)		reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly. 5. The above corrective measures will be completed on or before November 24, 2015.	
F 0425	483.60(a),(b)			

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SS=D Bldg. 00	PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH 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. 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. 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 observation, record review and interview the facility failed to provide the accurate labeling of medication for 1 of 11 residents observed during medication administration. (Resident # 47) Findings include: During an observation of medication administration on 11/10 /2015 at 11:15 a.m., resident # 47 medication administration record (MAR) indicated resident received Baclofen 10 mg tablet by mouth twice daily for spasticity.	F 0425	F425 Requires the facility to provide accurate labeling of medication.1. Resident #47 Baclofen order was clarified to include the proper route. 2. All residents have the potential to be affected. All physician's orders were reviewed to ensure orders were correct. No concerns were noted. See below for corrective measures.3. The Physician Drug Orders policy and procedure was reviewed with no changes made. (See attachment C) The staff was inserviced on the on the above procedure.4. All new physician's orders reviewed by the DON or her designee daily times four weeks, then weekly times four	11/24/2015

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	The MD (Medical Doctor) order received on 5/27/2015 indicated to give Baclofen 10 mg tablet twice daily no route selected. The pharmacy medication label on the medication card indicated give Baclofen 10 mg tablet twice daily by mouth. During an interview on 11/10/2015 at 11:20 a.m., with LPN #1, she indicated the MAR and the pharmacy medication card were incorrect. Resident #47 received all medications via G-Tube. During an interview on 11/10/ 2015 at 2:30 p.m., with the Director of Nursing, she indicated Resident #47 did not receive any medication by mouth and the MAR and pharmacy card were incorrect. A record review on 11/12/2015 at 11:00 a.m., of the medication administration record (MAR), indicated the resident had received a Baclofen 10 mg tablet twice a day by mouth since 5/27/2015. A record review on 11/12/2015 at 11:30 a.m., of the pharmacist monthly medication reviews for June thru October 2015 did not indicate a medication error for resident #47. During an interview on 11/13/2015 at		weeks, then every two weeks times two months, then quarterly thereafter to ensure physician orders are correctly wrote including medication, dose, time, and route. The audits will continue until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly.5. The above corrective measures will be completed on or before November 24, 2015.	

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	9:15 a.m., with the Director of Nursing, she indicated the pharmacy medication card and MAR should have been reviewed at the time of medication delivery, pharmacy notified and a "direction change refer to chart" label should have been applied to pharmacy medication card. She indicated a clarification MD order was completed 11/10/2015 and a label was applied to the medication card indicating a route change for the medication. The policy titled "Physician Drug Orders ", dated 01/2015, received from the Director of Nursing on 11/13/2015 at 4:00 p.m., indicated "... 6. Any drug order that is unclear or could be deemed as potentially unsafe to the resident will be clarified. A member of the pharmacy team will call the facility or physician to have the order clarified before being sent. This could include orders that are incomplete or unclear, orders with severe drug interactions, orders contraindicated for residents' disease state...." 3.1-25(i)			

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F 0458 SS=E Bldg. 00	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. Based on record review, observation and interview, the facility failed to provide at least 80 square feet (sq.ft.) per resident in multiple resident rooms. This was evidenced in 4 of 25 resident rooms in the facility. (Rooms 1,16,18, and 19) Findings include: During the initial facility observation, on 11/09/14 at 9:15 a.m., Rooms #1 and 16 were found to have three bed's. Rooms #18 and 19 were found to have four beds. Facility documentation of room size certification, dated 11/07/14, and provided by the Administrator on 11/13/15 at 3:00 p.m., indicated the following: 1. Room #1, 3 beds/NF 238.8 Sq.Ft/79.6 Sq.Ft. for each resident. 2. Room #16, 3 beds/NF 237.9 Sq.Ft/79.3 Sq Ft. for each resident.	F 0458	A new request for a room size waiver was sent to the Indiana State Department of Health on November 24th, 2015 to include rooms 1, 16, 18, and 19. See attached request.	11/24/2015

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	3. Room #18, 4 beds/NF 319.6 Sq.Ft/79.9 Sq.Ft. for each resident. 4. Room #19, 4 beds/NF 319.6 Sq.Ft/79.9 Sq.Ft. for each resident. During an interview with the facility Administrator, on 11/13/15 at 3:00 p.m., she indicated a room size waiver has been requested in the past and granted. 3.1-19(1)(2)			