

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155358	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/06/2016
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NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 3300 POPLAR ST TERRE HAUTE, IN 47803
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00208882.</p> <p>Complaint IN00208882 - Substantiated. Federal/State deficiency related to the allegations is cited at F315.</p> <p>Survey dates: October 5, 6, 2016.</p> <p>Facility number: 000249 Provider number: 155358 AIM number: 100267640</p> <p>Census bed type: SNF/NF: 70 Total: 70</p> <p>Census payor type: Medicare: 7 Medicaid: 44 Other: 19 Total: 70</p> <p>Sample: 6</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662 on October 12, 2016.</p>	F 0000	<p>Please accept this Plan of Correction as Credible Compliance for Complaint Survey Allegations on October 5th, and 6th, 2016. Complaint Survey Title IN00208882.</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 0315 SS=E 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			

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	<p>to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview, and record review the facility failed to position urinary catheter bags and tubing in a manner to prevent infection for 4 of 4 residents reviewed with indwelling Foley catheters. (Residents B, E, F, and G)</p> <p>Findings include:</p> <p>1. On 10/5/16 at 10:00 a.m., Resident B was observed being transferred in a wheelchair from the shower room by CNA #6.</p> <p>On 10/5/16 at 10:10 a.m., Resident B was observed transferred by LPN #1 and LPN #9 from the wheelchair to the bed. The resident had an indwelling, Foley catheter. The drainage tubing was in contact with the floor during the transfer.</p> <p>On 10/5/16 at 11:00 a.m., the resident was observed in bed, the catheter drainage tubing was under the resident's leg, and in contact with the floor.</p> <p>On 10/5/16 at 11:50 a.m., the resident was observed in the Main Dining Room, in a wheelchair, with a Foley catheter bag positioned underneath the center of the</p>	F 0315	<p>All licensed and certified Nursing Staff have been in-serviced on the Policy and Procedure For Indwelling Catheter Tubing and Bag Placement. All licensed/certified Nursing Staff were in-serviced on the Manufacturer's instruction for use for StatLock Foley Stabilization Devices. Care Plans for residents that utilize the StatLock Foley Stabilization Device have been updated and Manufacturer's instructions have been included in the Care Plan. Resident E will remain on the current air mattress, the catheter tubing placement will be monitored every shift to ensure that catheter tubing is placed between the bolsters. All licensed and certified staff have been informed of the Manufacturer's guidelines for the StatLock Foley Stabilization Device, during in-service staff was informed of the recommended 1 inch slack for proper tubing placement. To ensure continued compliance in areas of noted concern the QAPI Supervisor will monitor compliance daily five (5) times per week for three (3) months, then reduce to three (3) times per week for three (3) months</p>	10/12/2016

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	<p>chair seat. The drainage tubing was in contact with the floor.</p> <p>On 10/5/16 at 1:00 p.m., the resident was observed propelling self in the hallway. The catheter drainage tubing was dragging on the floor under the wheelchair.</p> <p>On 10/5/16 at 3:00 p.m., with LPN #1, the resident's drainage tubing was checked. The tubing was secured to the resident's thigh with a "StatLock" Foley stabilization device.</p> <p>On 10/5/16 at 3:15 p.m., the resident was observed in bed, the catheter drainage tubing was in contact with the floor.</p> <p>On 10/6/16 at 8:45 a.m., the resident was observed in bed, and the catheter tubing was in contact with the floor. At 11:00 a.m., the resident had been repositioned in bed, and the catheter tubing was in contact with the floor.</p> <p>Resident B's clinical record was reviewed on 10/5/16 at 1:07 p.m. The resident's diagnosis included, but was not limited to, urine retention. Physician's orders included, but were not limited to, "Coude catheter-Dr. [name] is to care for DX [diagnosis] obstructive uropathy....Coude cath [catheter] care every shift & [and] as</p>		<p>and then reduce to one (1) time per week for three (3) months. After the stated nine (9) month period QAPI nurse will check all Foley Catheter placement for continued compliance. If any discrepancies are noted staff will be in-serviced immediately per the QAPI Supervisor.</p>		

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	<p>needed...."</p> <p>The most recent Minimum Data Set (MDS) assessment, a significant change, dated 8/1/16, coded the resident with no cognitive impairment, required extensive assistance of two for bed mobility and transfers, was non-ambulatory and required supervision of one for locomotion. The assessment indicated the resident utilized a Foley catheter due to obstructive neuropathy.</p> <p>A plan of care, with problem onset date of 12/18/15, was reviewed on 10/6/16 at 10:30 a.m., after being provided by LPN # 8. The problem indicated the resident had a Coude Foley catheter related to obstructive uropathy. Interventions included: "Staff to ensure catheter tubing is kept below level of bladder. Physician to change Couday [sic] catheter as needed. Maintain closed sterile system and keep tubing free of kinks. Secure catheter tubing to upper leg to help prevent catheter being pulled out. Observe fluid intake and output every shift and record accurately. Provide good peri/cath care every shift. May irrigate catheter as directed. Will notify physician of any changes as needed and follow instructions. Give all medications as prescribed." LPN #8 indicated the care plan had been done, but not printed</p>			

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	<p>out and put on the resident's clinical record. The plan had not been accessible to nursing staff. The plan did not include any manufacturer's directions of the "StatLock" device.</p> <p>2. On 10/5/16 at 10:11 a.m., Resident E was observed in bed on an air flow mattress with four bolsters made into the sides of the mattress. The resident had an indwelling, Foley catheter. The tubing was positioned up over the bottom left bolster and then down to the drainage bag attached to the bed frame.</p> <p>The Resident was observed on 10/5/16 at 1:00 p.m. and 3:00 p.m., with the tubing positioned over the top of the bolster above the level of the bladder.</p> <p>On 10/6/16 at 8:45 a.m., the resident was observed in bed and the urinary drainage tubing was positioned over the top of the bolster.</p> <p>During an observation on 10/6/16 at 9:00 a.m., with CNA #3, the resident's drainage tubing was observed. The tubing was attached to the resident's upper thigh with a "StatLock" stabilization device. The CNA indicated there was very little slack in the catheter tubing from the meatus to the device.</p>			

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	<p>Resident E's clinical record was reviewed on 10/6/16 at 10:05 a.m. The resident's diagnoses included, but was not limited to, history of urinary tract infection and urinary retention.</p> <p>A physician's order was noted, dated 7/1/13, of Foley catheter 16 french 10 cubic centimeter balloon, for urinary retention change every month, catheter care every shift and as needed. A physician's order was noted dated 10/5/16, for Neosporin to meatus two times daily.</p> <p>A quarterly MDS, dated 8/20/16 coded the resident with no cognitive impairment, required total assistance of two for bed mobility and transfers, was non-ambulatory and utilized a Foley catheter for obstructive neuropathy.</p> <p>A plan of care, dated 2/19/16, addressed the problem of resident has indwelling Foley catheter related to prostate cancer/obstructive uropathy. An approach included, but was not limited to, "Staff to keep catheter tubing below level of the bladder...."</p> <p>3. Resident G was observed in bed on 10/5/16 at 9:15 a.m. and had a Foley catheter.</p>			

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	<p>On 10/6/16 at 8:45 a.m., and 10:00 a.m., the resident was observed in bed, and had a Foley catheter.</p> <p>On 10/6/16 at 11:00 a.m., the resident was observed in a wheelchair in the room, having just been transferred by CNA #3. With the CNA, the resident's catheter tubing was observed. It was secured to the resident's leg with a "StatLock" device. The CNA indicated there was very little slack in the tubing.</p> <p>The resident's clinical record was reviewed on 10/6/16 at 1:25 p.m. Diagnoses included but were not limited to, neurogenic bladder, and history of urinary tract infections.</p> <p>Physician's orders were noted, dated 7/27/15 for the resident to have a Foley catheter, and antibiotics to treat urinary tract infections on 7/14/16, 9/2/16, and 3/26/16.</p> <p>The most recent MDS, a quarterly, dated 8/3/16, coded the resident without cognitive impairment, required extensive assistance of two for bed mobility, and transfers, was non-ambulatory. The assessment indicated the resident utilized a Foley catheter.</p> <p>A plan of care, dated 5/3/16, addressed</p>						

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	<p>the problem of resident at risk for signs/symptoms of urinary tract infection related to anchored Foley catheter for neurogenic bladder. An approach included, but was not limited to "Foley cath per order; follow protocol for f/c (Foley catheter) care.</p> <p>4. On 10/6/16 at 9:00 a.m., 10:00 a.m., and 10:30 a.m., Resident F was observed in a low bed and had a Foley urinary catheter. The drainage bag and tubing were in contact with the floor.</p> <p>Resident F's clinical record was reviewed on 10/6/16 at 11:20 a.m. An admission MDS assessment, dated 6/16/16 coded the resident with no cognitive impairment, required total assistance of two for bed mobility and extensive assistance of two for transfers, was non-ambulatory and utilized a Foley catheter for diagnosis of neurogenic bladder. A physician's order, dated 9/7/16 was for an antibiotic to treat a urinary tract infection.</p> <p>A plan of care, dated 5/28/16 addressed the problem of Potential for urinary retention and urinary tract infection due to occasionally incontinent. The plan did not address a Foley catheter.</p> <p>On 10/6/16 at 9:00 a.m., LPN #5 was</p>			

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	<p>interviewed. She indicated the facility utilized the "StatLock" stabilization devices for urinary catheters. She provided one on the medication cart. The LPN indicated there was no product directions for use she was aware of, and she had not been inserviced on use of the device.</p> <p>On 10/6/16 at 9:20 a.m., LPN #4 the Quality Assurance nurse and the Administrator were interviewed. LPN #4 indicated she had not been aware of the use of the devices in the facility, and staff had not been inserviced on use of the devices. The Administrator indicated she had just found out the previous central supply staff member had ordered the devices for the facility.</p> <p>The Manufacturer's directions for the "StatLock Foley Stabilization Device," dated 4/09, provided by the Administrator on 10/6/16 at 9:05 a.m., and identified as being available in the central supply room in the basement, included, but was not limited to, "4. Daily Maintenance: a. The StatLock device should be assessed daily and changed when clinically indicated, at least every seven das...c. If showering/bathing, cover with plastic wrap or waterproof dressing....Application Technique Prep 1.</p>			

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	<p>Place Foley catheter into retainer. Directional arrow should point towards catheter tip, and balloon inflation arm should be next to the clamp hinge. 2. Close lid, being careful to avoid pinching the catheter. 3. Identify securement site by laying the device retainer on the front of the thing, leaving 1 inch of catheter slack between insertion site and the "StatLock" device retainer. 4. After placing the StatLock Stabilization device off to the side, cleanse and degrease the securement site with alcohol per hospital policy. Let skin dry. 5. Apply skin protectant, in direction of hair growth, to area larger than securement site. Allow to dry completely (10-15 seconds). 6. Using permanent marker, write initials and date of application on the "StatLock" device anchor pad....Removal Technique Disengage 1. Open retainer by pressing release button with thumb, then lift to open. 2. Remove Foley catheter from the StatLock device. Dissolve 3. Wipe the edges of the pad using at least 5-6 alcohol pads until a corner lifts. Then continue to stroke undersurface of pad with alcohol to dissolve adhesive pad away from skin."...</p> <p>On 10/6/16 at 1:40 p.m., CNA #6 was interviewed. She indicated she provided showers to residents utilizing the "StatLock" devices, and had not received</p>			

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	<p>any in service training on use of the devices.</p> <p>The facility's policy and procedure for "Indwelling Catheter Tubing and Bag Placement," dated 10/14/15, included but was not limited to, "PURPOSE To assist in preventing infection and trauma to the urinary track system. PROCEDURE 1. E. Coil indwelling catheter bag on bed while in bed. Be sure catheter tubing is lying on bed (not over pillows, rails, covers, etc.)...I. Do not allow indwelling catheter bag or tubing to touch floor at anytime...."</p> <p>This Federal tag relates to complaint IN00208882</p> <p>3.1-41(a)(2)</p>			