

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155784	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/14/2014
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NAME OF PROVIDER OR SUPPLIER MICHIANA HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 E DOUGLAS RD MISHAWAKA, IN 46545
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F000000	<p>This visit was for an Investigation of Complaint #IN00148582.</p> <p>Complaint IN00148582 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: May 12,13, and 14, 2014.</p> <p>Facility number: 012329 Provider number: 155784 AIM number: 201002500</p> <p>Survey team: Shelly Miller- Vice, RN</p> <p>Census bed type: SNF/NF: 86 Total: 86</p> <p>Census payor type: Medicare: 23 Medicaid: 48 Other: 15 Total: 86</p> <p>Sample: 7</p> <p>These deficiencies reflect state findings</p>	F000000	<p>This plan of correction constitutes this facilities written allegation of compliance for the deficiencies cited. This submission of this Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection report. Michiana Health and Rehabilitation Center requests consideration for a desk review of the plan of correction.</p>	

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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F000225 SS=D	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on May 22, 2014, by Brenda Meredith, R.N.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his</p>			

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	<p>designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to report an alleged incident of abuse to the Administrator. This affected 1 of 3 incidents reviewed.</p> <p>Findings included:</p> <p>On 5/12/2014 at 7:30 p.m., an interview was conducted with the Power of Attorney (POA) of Resident G indicating an abusive act that was reported to the staff, Employee #7 and #8, involving CNA #15 on the night shift approximately, "...3-4 weeks ago now...." The POA indicated that the Resident had been approached by CNA #15 on the night shift and, "...bullied and pushed around and made to feel very insecure...." The POA also indicated Resident G and the POA were aware of staff involvement with the incident due to their verbalizations about the incident to both the POA and the Resident of concern. "... [employee #5] indicated the facility was very short staffed at that time, and I understand that, but there is still no reason to treat an elderly person in that manner... and no one has said a word to</p>	F000225	<p>F225 It is the practice of this facility that all alleged violations involving mistreatment, neglect, or abuse and misappropriation of resident property are reported immediately to the administrator of the facility. Corrective Action: Resident G no longer resides in center. Facility will continue to follow Policy and Procedure related to Abuse Prohibition. How others identified: Residents residing in facility will be addressed by following policy and procedure and re-education and/or disciplinary action per policy of employees. Preventative Measures: Staff re-educated on reporting procedure related to Abuse Prohibition. Monitoring: Administrator and/or designee will continue to follow up on all allegation of abuse immediately. A grievance form and accident/incident will be completed on any allegation of abuse and will be followed up by Administrator and/or designee immediately per policy. All grievance and accident /incident forms are reviewed daily during morning meeting. Monitoring will continue on an indefinite basis per policy. All findings will be reviewed at monthly QPI meeting.</p>	06/11/2014

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	<p>me about this incident outside of [employee #5]. I cannot begin to know why this would be so. [Resident G] had bruises on her upper arms, I questioned those being from someone pushing her around, they appeared to resemble hand prints...."</p> <p>On 5/12/2014 at 7:35 p.m., an interview was conducted with the Administrator indicating no knowledge of the above incident in question.</p> <p>On 5/13/2014 at 10:30 a.m., an interview was conducted with Staff #7 indicating an incident/ allegation of "abuse" had been reported to her "supervisor somewhere about a month ago now for [Resident G's name] ... the Director of Nursing Services [DNS] came into the therapy department while we [the therapist] were working with our clients in the gym, and [Resident G's name] was on the arm-bike working her arms. I did not mention this to any family member's of [Resident G's name] and I haven't heard of anything else in relation to this concern."</p> <p>On 5/13/2014 at 10:55 a.m., an interview was conducted with the DNS indicating the awareness of an incident concerning Resident G " several weeks ago now...." It was indicated the Administrator was</p>		<p>Any identified non-compliance will be addressed through one to one re-education up to and including termination. Systems Changes: Completed by June 11, 2014. Requesting a desk review for this tag.</p>	

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	<p>not informed of this incident, the family was not communicated of the report made by Resident G, and the notes of the investigation were possibly unobtainable yet she would, "...try to find something...."</p> <p>On 5/13/2014 at 11:05 a.m., an interview was conducted with the Social Services Assistant (SSA). The SSA indicated an incident/ allegation of "abuse" had been reported to herself by the therapy department on a "Monday ...a group of us talked of the incident, the Supervisor of Therapy, the DNS and myself. I know the therapist that was notified of the incident wrote a report of the incident and I do recall reading that. The Resident had indicated, '...someone had been rough' with her... a Resident Concern Report was completed by the three of us, then, the DNS and the ED investigated the report. The ED has copies of the report in his office. I did not speak to the Resident about this situation nor the family...."</p> <p>On 5/13/2014 at 11:16 a.m., a record review was completed of the Abuse and Neglect Policy and Procedure provided by the Administrator indicting the following: "Subject: Prevention and Reporting: Resident Mistreatment, Neglect, Abuse..."</p>			

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	<p>Policy: ...All allegations that meet the definition of abuse and substantiated violations will be reported to state agencies and to all other agencies... [Corporate name] requires centers to report these alleged violations to the Administrator and DON/ designee immediately. "Immediately" means as soon as possible, but not to exceed 24 hours after discovery of incident... The Administrator is responsible for eh assurance of this policy... Definitions:...</p> <p>Abuse: ... Intimidation with resulting physical harm or pain or mental anguish... Physical Abuse: Physical abuse includes hitting, slapping,... holding roughly, etc.... Reporting: 1. Notify Shift Supervisor/ Charge Nurse immediately of allegations of abuse... 2. Report immediately to the Administrator and DON/ designee, who will immediately report allegations of ... abuse... to applicable state and other agencies. 3. Create the eAI (electronic Accident/ Incident form) report upon identification of alleged abuse... 5. Notify the legal guardian, spouse, or responsible family member... of the abuse, neglect, mistreatment immediately (within 24 hours). 6. Notify the Physician immediately (within 24 hours),...9. analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent</p>			

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	<p>further occurrences."</p> <p>On 5/13/2014 at 11:16 a.m., an interview was conducted of the Administrator. The Administrator indicated a Resident Concern Care form was not on file for this accusation of abuse. "I keep the Resident Concern Care forms, both copies, in my office and have since I've been here over 2 years now...."</p> <p>On 5/13/2014 at 12:10 p.m., a review was conducted of the Investigation notes provided by the Administrator and indicated the following:</p> <p>"[Name of Corporate Rehab agency] Rehabilitation. Documentation. 4/21/2014. During the course of ST (speech therapy), (resident G's initials) stated that she was "abused" this past weekend. She stated that she couldn't get a respiratory treatment when she asked for it. She also stated that she was pushed by an African American person on staff and demonstrates this by pushing my arm. This was reported to the FRC [Facility Rehabilitation Director] and she asked me to write this statement. [Name/ title of Speech Therapist noted]."</p> <p>"Progress Notes. 4/21/2014. 3:30 p.m., it was reported to me by [Therapy Supervisor] during DCR [daily</p>						

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	<p>committee review] that [Resident G] told (speech Therapist) she was abused. I left the DCR meeting to go talk to (Resident G) who was in therapy. I introduced myself and asked her how her weekend was. She said, "You mean what I told [Speech Therapist], I said, "Yes. Were you abused." she said, "oh no, not abused, he was a little course with me because I wanted a breathing treatment and he wouldn't give it to me." I asked her what 'course' meant, She said, "he pushed me over." I said, "he knocked you down?" (Resident G) "no, he shoved me because I wanted a breathing treatment." DNS: "were you standing up when he punched you over?" (Resident G): "no, I was in bed, he just shoved my shoulder like this..." then shoved my shoulder. DNS: "did he hurt you?" (Resident G) "no, he just shoved me."</p> <p>There was no interview with staff, no communication with the family, no communication with the medical doctor or communication with the Administrator indicated on the above papers provided for investigation of the allegation/ incident in concern for Resident G.</p> <p>3.1-28(2)(c)</p>				

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interviews and record reviews, the facility failed implement their policy when an alleged incident of abuse was not reported to the Administrator. This affected 1 of 3 incidents reviewed.</p> <p>Findings included:</p> <p>On 5/12/2014 at 7:30 p.m., an interview was conducted with the Power of Attorney (POA) of Resident G indicating an abusive act had been reported to the staff, Employee #7 and #8, involving CNA #15 on the night shift approximately, "...3-4 weeks ago now...."</p> <p>On 5/12/2014 at 7:35 p.m., an interview was conducted with the Administrator indicating no knowledge of the above incident in question.</p> <p>On 5/13/2014 at 10:30 a.m., an interview was conducted with Staff #7 indicating an incident/ allegation of "abuse" had been reported to her "supervisor</p>	F000226	<p>F226 It is the practice of this facility to ensure the implementation of policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Corrective Action: All staff to be re-educated on all the different types of abuse, how, when, and who to report all abuse. How others identified: All residents who reside at this facility have potential to be affected. Residents residing in the facility will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees who are found in violation. Systemic Changes: All staff to be re-educated on all the different types of abuse, including who to report abuse and when to report any and all types of abuse. Monitoring: The UM, ADON, DON, or designee will monitor the staff to ensure they know the different types of abuse, how, when, and who to report abuse. The UM, ADON, DON, or designee will use a monitoring log</p>	06/11/2014

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	<p>somewhere about a month ago now for [Resident G's name]"</p> <p>On 5/13/2014 at 10:55 a.m., an interview was conducted with the Director of Nursing Services (DNS) indicating the awareness of an incident concerning Resident G " several weeks ago now...." The DNS indicated the Administrator was not informed of this incident.</p> <p>On 5/13/2014 at 11:16 a.m., a record review was completed of the Abuse and Neglect Policy and Procedure provided by the Administrator indicting the following: "Subject: Prevention and Reporting: Resident Mistreatment, Neglect, Abuse... Policy: ...All allegations that meet the definition of abuse and substantiated violations will be reported to state agencies and to all other agencies... [Corporate name] requires centers to report these alleged violations to the Administrator and DON/ designee immediately. "Immediately" means as soon as possible, but not to exceed 24 hours after discovery of incident... The Administrator is responsible for the assurance of this policy... Definitions:... Abuse: ... Intimidation with resulting physical harm or pain or mental anguish... Physical Abuse: Physical abuse includes hitting, slapping,...</p>		<p>to check compliance daily for 2 weeks, 3 times a week for 2 weeks, weekly for 4 weeks, then monthly for 4 months. Trends will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one to one re-education up to and including termination. Any identified trends will be forwarded to the administrator for review and presented to QA to determine further educational needs. System changes: Completed by June 11, 2014 Requesting a desk review for this tag</p>				

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F000241 SS=D	<p>holding roughly, etc.... Reporting: 1. Notify Shift Supervisor/ Charge Nurse immediately of allegations of abuse... 2. Report immediately to the Administrator and DON/ designee, who will immediately report allegations of ... abuse... to applicable state and other agencies. 3. Create the eAI (electronic Accident/ Incident form) report upon identification of alleged abuse... 5. Notify the legal guardian, spouse, or responsible family member... of the abuse, neglect, mistreatment immediately (within 24 hours). 6. Notify the Physician immediately (within 24 hours),...9. analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences."</p> <p>3.1-28(a)</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's</p>						

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	<p>dignity and respect in full recognition of his or her individuality.</p> <p>Based on observations, record reviews and interviews, the facility failed to remove a used urinal before placing a dinner meal tray beside it. This affected 1 of 1 resident's observed. Resident H.</p> <p>Findings included:</p> <p>On 5/12/14 at 6:00 p.m., Resident H was observed during the dinner meal time. Resident H was lying in his bed behind a half pulled privacy curtain and did not have a shirt covering his torso. A half-full, male urinal was located on the outer left area of the over-the-bed table.</p> <p>On 5/12/14 at 6:10 p.m., CNA #6 entered the room, placed the meal tray on the over-the-bed table and exited the room.</p> <p>On 5/12/14 at 6:11 p.m., an observation was made of Resident C manipulating the tray to reposition it on the table. The urinal remained on the over-bed table.</p> <p>On 5/12/14 at 6:12 p.m., Resident C indicated, "They just plop the tray down and away they go. No, I don't like eating my food with my own urine sitting on the table with my food, but, what am I to do?"</p>	F000241	<p>F 241: It is the practice of this facility to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Corrective Action: Nurse or unit manager will round during meals to ensure no urinals are on the bedside table. Care plans will be audited to reflect those residents who prefer to keep urinal on bedside table between meals. How Others Identified: All residents who reside at this facility have potential to be affected. Residents residing in the facility will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees who are found in violation. Preventative Measures: All nursing staff to be re-educated regarding urinals not to be left on the resident's bedside table especially when a meal is being served. Monitoring: The unit manager, ETD, ADON, DON, or designee will monitor the log to ensure no urinals are on bedside tables during meals. Logs will be monitored for accuracy daily for 2 weeks, then 3 times a week for 2 weeks then weekly for 8 weeks then monthly for 3 months. Trends will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education</p>	06/11/2014			

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	<p>On 5/12/14 at 6:13 p.m., an observation was conducted of Resident C spilling the urinal, catching the urinal with his hands and returning the urinal with some urine remaining inside to the location noted above on the table with his dinner meal. Resident C used his hand to feel the bed sheets, indicated it was wet and would need changing. Resident C proceeded to eat a grilled cheese sandwich from his meal tray with his soiled hand.</p> <p>On 5/12/14 at 7:15 p.m., an interview was conducted with CNA #6 indicating, "... all I know is I took (Resident C's name) his meal tray and set it down... I don't know nothin' else...."</p> <p>On 5/12/14 at 7:20 p.m., an interview was conducted with Staff #5 indicating, "... no, the urinal should've been emptied and moved... we'll get things cleaned up...."</p> <p>On 5/14/14 at 2:00 p.m., a record review was conducted of the Clinical Medical Record (CMR) and indicated "Diagnosis: Cancer of the lungs with metastasis to the brain, hyperglycemia and weakness."</p> <p>The Nutrition Risk Care Plan, dated 5/14/2014, indicated the resident needed set up assistance.</p>		<p>and/or monitoring needs. Log will be turned into and monitored by the DON for completion. Identified non-compliance will result in one to one re-education up to and including termination. Any identified trends will be forwarded to administrator for review and presented to QA to determine further educational needs. System Changes: Completed by June 11, 2014 Requesting a desk review for this tag.</p>				

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F000309 SS=E	<p>The Nursing Comprehensive Admission Data Collection and Assessment, dated 4/23/2014 at 3:30 p.m., indicated "ADL (activity of daily living): Eating: Support of Set Up; Toileting: did not occur..."</p> <p>The Care Plan for "Alteration in Urinary Incontinency" indicated "Request urinal at bed side table at all times."</p> <p>3.1-3(t)</p> <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. Based on interviews and record reviews, the facility failed to assess and reassess dialysis fistulas for 3 of 3 residents. (Resident C, E and F)</p> <p>Findings included:</p> <p>1. On 5/13/14 at 10:30 a.m., a record review was conducted of Resident C's Clinical Medical Record and the</p>	F000309	F 309: It is the practice of this facility to 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. How Others Identified: All residents who reside at this facility have potential to be affected. Residents residing in the facility	06/11/2014

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	<p>following was noted: "Patient Transfer Assessment Form. Dated 2/15/2014. Long Term Vascular Devise. Renal Access. Type: Fistula. Location. LUA (left upper arm)..." "Diagnosis: End Stage Renal Failure..."</p> <p>On 5/13/2014 at 2:30 p.m., a record review was conducted of Resident C's CMR of the Dialysis Center Communication Records and the following was indicated: "...date 4/28/14... Access Site: Fistule[sic] L..." with the remainder left blank or uncheck-marked and the lower portion was not completed. "...date 4/21/14... Access Site: Fistula L..." with the remainder left blank or uncheck-marked and the lower portion was not completed. "...date 4/4/14... " all areas of top and lower sections left blank. "...date 3/26/14... Access Site: Fistul[sic] L. Bruit/ Thrill present: Y. Bleeding after last treatment: N. Signs of Infection: N..." with the remainder left blank or uncheck-marked and the lower portion was not completed. "...date 3/24/14..." all areas of top and lower section left blank. "...date 3/21/14..." all areas of top and lower section left blank. "...date 3/19/14... Access site: R arm. Bruit/ Thrill present: Y. Bleeding After</p>		<p>will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees who are found in violation. Corrective Action: A 100% audit completed with all in house dialysis residents to ensure the dialysis communication form is completed by facility nurse prior to going to dialysis, by the dialysis center while there and by the facility nurse upon return from dialysis. 100% audit of all dialysis residents skin sheet and care plan to ensure fistula sites are captured. Preventative Measures: All licensed nursing staff to be re-educated on the importance of completing the dialysis communication form. Monitoring: The nurse will check for completion of the dialysis portion of the form upon return from dialysis and assessment of the fistula per policy. The unit manager, ETD, ADON, DON, or designee will monitor the dialysis communication form to ensure it is filled out completely, the assessment of the fistula per policy and complete the log indicating completeness. This log will be monitored for accuracy 3 times a week for 4 weeks, weekly for 8 weeks then monthly for 3 months. Trends will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education and/or monitoring needs. Log will be turned into and monitored by</p>	

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	<p>last treatment: N. Signs of infection: N. Center Nurse (Signature of Staff #5). date 3/19/14 at 3:20 p.m..." areas of the lower section left blank.</p> <p>"...date 3/12/13[sic]..." all areas of top and lower section left blank.</p> <p>"...date 2/28/14..." all areas on top section left blank. Lower section, "...Thrill present: Y. Bruit cultated; Y. Bleeding at graft site: N...[signature of staff]. 2/28/14 at 10:45 p.m."</p> <p>No further information was documented in relationship to the fistula on the TAR (treatment administration), MAR (medication administration record), POS (Physician order sheets) or Progress notes.</p> <p>2. On 5/13/14 at 11:00 a.m., an interview was conducted with the DNS indicating Resident E was a resident in the facility receiving Dialysis treatments.</p> <p>On 5/13/2014 at 2:00 p.m., a record review was conducted of Resident E's Clinical Medical Record indicating the following: "Diagnosis: End Stage Renal Disease on HD (hemo-dialysis) M-W-F (Monday/ Wednesday/ Friday)..." " Admission Skin Assessment: Dated 5/7/2014. Peritoneal Dialysis Tube..." "Patient Transfer Nurse Assessment-</p>		<p>the DON for completion. Identified non-compliance will result in one to one re-education up to and including termination. Any identified trends will be forwarded to administrator for review and presented to QA to determine further educational needs. Systems Changes: June 11, 2014 Requesting a desk review for this tag.</p>				

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	<p>Extended Care. Dated: 5/7/2014: Skin Condition Report:...2. Fistula- not mature...(anatomical documentation noted on left wrist/arm area)...."</p> <p>"Skin Integrity Assessment: Prevention and Treatment Care Plan. Dated: 5/8/2014..." did not include information of fistula.</p> <p>"Dialysis Center Communication Record. Dated: 5/12/2014. Access Site: RA (right arm)...." signed by nursing staff. Lower portion left blank.</p> <p>No further information was documented in relationship to the fistula on the TAR (treatment administration), MAR (medication administration record), POS (Physician order sheets) or Progress notes.</p> <p>On 5/13/14 at 2:05 p.m., an interview was conducted with the DNS indicating Resident E's Dialysis Center Communication Record was not available due to the book had been left at the facility yesterday and had not been returned. It was also indicated that the facility did not have any fistulas in house for care at the current time.</p> <p>3. On 5/13/14 at 11:00 a.m., an interview was conducted with the DNS indicating Resident F was a resident in the facility receiving Dialysis treatments.</p>			

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	<p>On 5/13/2014 at 2:20 p.m., a record review was completed of Resident F's Clinical Medical Record (CMR) and the following was indicated:</p> <p>"Diagnosis: End Stage Renal Disease..."</p> <p>"Patient Transfer Assessment Form. Dated: 4/4/2014.... Long Term Vascular Devise. (blank)... Rt(right) fem(femoral) perm (permanent) lumen central line for dialysis placed on 4/3 and on 4/4 Rt fem perm cath (catheter) placed... On dialysis Tues, Wed, Thurs, Sat...."</p> <p>"Clinical Summary. 4/10/2014....Vascular Surgery...Discharge instructions: May use left groin permacath tomorrow, 4/11/14. For today, 4/10/14, use right groin for dialysis..."</p> <p>"Hemodialysis Plan of Care. Date 9/3, 10/7, 11/1/2013, 4/7/2014:... AV fistula/ Graft site- care and monitor as ordered... 5/14. Monitor for signs/ symptoms of infection. Fistul[sic]- Left arm... (signature of Registered Nurse)..."</p> <p>"Dialysis Center Communication Record: "5/10/14. Access site: LLE (left lower extremity)...." assessment left blank.</p> <p>"5/8/14. Access site: LLE..." lower assessment left blank.</p> <p>"5/3/14. Access site: LLE..." lower assessment left blank.</p> <p>"5/1/14. Access site: LLE..." lower assessment left blank.</p> <p>"4/29/14. Access site: LLE..." lower</p>			
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	<p>assessment left blank. "4/26/14. Access site: LLE..." lower assessment left blank. "4/24/14. Access site: LLE..." lower assessment left blank. "4/19/14. Access site: LLE..." lower assessment left blank. "4/15/14. Access site: LLE..." lower assessment left blank. "4/12/14. Access site: LLE..." lower assessment left blank. "4/10/14..." top and lower assessment left blank.</p> <p>No further information was documented in relationship to the fistula on the TAR (treatment administration), MAR (medication administration record), POS (Physician order sheets) or Progress notes.</p> <p>On 5/13/14 at 2:05 p.m., an interview was conducted with the DNS indicating Resident F's Dialysis Center Communication Record's were not available due to the book was with the resident at dialysis for the day.</p> <p>On 5/13/14 at 2:10 p.m., an interview was conducted with the Corporate Nurse indicating the assessment's of the AV fistulas "usually would be documented in the TAR (treatment administration records)" for the dialysis residents.</p>			

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	<p>On 5/13/2014 at 2:15 p.m., an interview was conducted with the DNS indicating the assessments of the AV fistulas/ dialysis access sites would be documented on the Dialysis Communication Sheets at the top of the form with the pre-dialysis section and on the lower post-dialysis section. This form was located in the Dialysis Communication Book. This book was transported along-with the Resident to/ from the Dialysis off-site provider of service.</p> <p>On 5/14/14 at 12:15 p.m., an interview was conducted with the Unit Manager of the 100 hall indicating it was the procedure of the facility for nurses to complete the dialysis center communication record before and after the dialysis visits.</p> <p>On 5/14/14 at 12:45 p.m., an interview was conducted with the Unit Manager of the 300 hall indicating it was the procedure of the facility for nurses to complete the dialysis center communication record before and after the dialysis visits.</p> <p>On 5/14/14 at 1:00 p.m., an interview was conducted with the Unit Manager of the 400 hall indicating it was the</p>			

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	<p>procedure of the facility for nurses to complete the dialysis center communication record before and after the dialysis visits. It was indicated,"... I rely upon the Dialysis form to document and assess the renal access site... I can't tell you what I'm suppose to do unless I'm looking at that form...."</p> <p>On 5/14/14 at 2:30 p.m., an interview was conducted with the DNS indicating an inconsistency with access to the Dialysis Communication Books, "... we struggle with getting them back from the facility's upon return...."</p> <p>On 5/14/14 at 2:45 p.m., a record review was completed of a form titled, "Procedure for Dialysis Patients. 1. When new Pt arrives: Place face sheet with access site and dialysis days/ times/ center in this binder. 2. Transfer form and dialysis communication form must be filled out every time!!!... 6. Assess access sight[sic] and document! (Bruit/ Bleeding)...."</p> <p>On 5/14/14 at 2:46 p.m., a record review was completed of a procedure titled, " Subject. dialysis Communication Pre-Visit & Post- Visit (Hemodialysis). Procedure. Pre- Dialysis: 1. Complete the Dialysis Center Communication Record.... Post Dialysis: 1. Review the</p>			

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	<p>Dialysis Center Communication Record...2. Document return assessment using the Dialysis Center Communication Record. 3. Check Vital Signs... 4. Check access site for bruit (or condition of access device) upon return post-dialysis and daily thereafter. Document on TAR... Effective July 2008. Applies to all centers. 6. Keep dressing on graft...7. Monitor for signs of postural hypotension.... 8. Monitor resident closely for signs and symptoms of toxic or adverse medication reactions, especially residents on cardiac medications as these resident may become toxic rapidly...."</p> <p>This Federal tag relates to Complaint IN00148582.</p> <p>3.1-37(a)</p>			