

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155166	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/30/2014
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NAME OF PROVIDER OR SUPPLIER VALPARAISO CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 606 WALL ST VALPARAISO, IN 46383
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F000000	<p>This visit was for the Investigation of Complaints IN00148254 and IN00148306.</p> <p>Complaint IN00148254-Substantiated. Federal and State deficiency related to the allegations is cited at F312.</p> <p>Complaint IN00148306-Substantiated. Federal/State deficiency related to the allegations is cited at F312.</p> <p>Survey Dates: April 29 and 30, 2014</p> <p>Facility number: 000083 Provider number: 155166 AIM number: 100289670</p> <p>Survey team: Regina Sanders, RN-TC</p> <p>Census bed type: SNF/NF: 142 Total: 142</p> <p>Census payor type: Medicare: 16 Medicaid: 116 Other: 10 Total: 142</p> <p>Sample: 6</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 5, 2014, by Janelyn Kulik, RN.</p>	F000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a post survey desk review on or after May 16, 2014.</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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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, record review, and interview, the facility failed to provide the necessary assistance related to, incontinence care for 3 of 6 incontinent residents who required extensive to dependent care for toileting, in a total sample of 6. (Residents #B, #C, and #D)</p> <p>Findings include:</p> <p>1. Resident #B's record was reviewed on 04/29/14 at 3:10 p.m. The resident's diagnoses included, but were not limited to, hypertension and stroke.</p> <p>A Quarterly Minimum Data Set Assessment (MDS), dated 04/14/14, indicated the resident was cognitively intact, required extensive assistance of two or more for toileting and transfers, was not on a toileting program, and was frequently incontinent (seven or more incontinent episodes).</p> <p>A care plan, problem start date of 12/03/10, indicated the resident had urinary incontinence. The interventions included, check and change routinely and as indicated, assist with incontinent care as needed, and assist resident to toilet upon rising, before and after meals, at bedtime, and check and change during the night.</p>	F000312	<p>F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident #B, #C and #D received incontinent care and continue to receive ADL care at regularly and routinely.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p>	05/16/2014

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	<p>A care plan, with a problem start date of 09/11/12, indicated the resident had a memory problem. The interventions included, provide verbal reminders.</p> <p>A) During the initial tour on 04/29/14 at 2:10 p.m., Unit Manager #1 indicated Resident #B was incontinent of urine and was dependent for toileting/incontinence care. The resident was observed in the hallway by the East Unit Dining Room, sitting in his wheelchair. The resident was propelling himself through out the East Unit.</p> <p>The resident was observed on 04/29/14 from 2:10 p.m. through 4 p.m. sitting in his wheelchair, and propelling self through out the Unit.</p> <p>During an observation on 04/29/14 at 4 p.m., CNA #2 and CNA #3 completed incontinent care for Resident #B, using a stand up lift. The CNA's stood the resident up and the back of the residents pants and down the right leg was wet with urine. The resident's incontinent brief was saturated with urine.</p> <p>During the observation, CNA #3 indicated the resident was assigned to her for care. She indicated she had came on duty at 2 p.m. and had not checked the resident for incontinency. She stated, "I've been busy". She indicated she had received report from the CNA on day shift and was told the resident had been toileted around 1 p.m. CNA #2 indicated the resident was to be checked for incontinency and changed.</p> <p>During an interview on 04/29/14 at 4:15 p.m., Unit Manager #1 indicated the CNA documentation indicated the resident was</p>		<ul style="list-style-type: none"> · All residents have the potential to be affected by the alleged deficient practice. · The Nurses and Unit Managers completed rounds to identify other residents that required incontinent care. Residents that were identified were immediately addressed. · All nursing staff will be educated on ADL care by the CEC/designee by 5/16/14. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> · Nursing staff will conduct rounds per shift daily all residents will be reviewed for ADL care. Findings will be documented on the Nursing Rounds Checklist and will be addressed immediately. · Unit Managers monitor resident care by making rounds on their units. Concerns are addressed with the nursing aide, as needed. · The Director of Nursing 	

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	<p>last checked for incontinency at 11:49 a.m. She indicated the resident was to be checked for incontinency at least every two hours. She indicated the resident will sometimes ask to be changed.</p> <p>A Point of Care History (form CNA's fill out when they complete incontinence care), dated 04/29/14, indicated the resident was checked for incontinence at 11:48 a.m.</p> <p>A Security Camera Review, dated 4/29/14, and received from the Director of Nursing (DoN) on 04/30/14 at 8 a.m., indicated on 04/29/14 the CNA entered the resident's room at 1:06 p.m. and left the room at 1:17 p.m. The DoN indicated she was unsure if incontinence care had been completed then.</p> <p>During an interview on 04/29/14 at 4:25 p.m., with the ADoN present, the resident indicated the staff assisted the resident to the bathroom after lunch.</p> <p>B) During an observation on 04/30/14 from 8:05 a.m. through 8:43 a.m., Resident #B was in his wheelchair and propelling self in hall from dining room.</p> <p>During an observation on 04/30/14 at 8:50 a.m., CNA #4 and Unit Manager #1 were providing incontinent care to the resident. The resident stood with the assistance of the stand up lift. There was a small wet area on the back of the resident's pants and the incontinent brief was saturated.</p> <p>During an interview at the time of the observation, CNA #4 indicated she had came on duty at 6 a.m. She indicated the night shift assisted the resident out of bed which was around 5 a.m. She indicated she had</p>		<p>Services is responsible to monitor for facility compliance and reviews the Nursing Rounds Checklists daily (Mon-Fri) and the Weekend manager will review the rounds checklist on weekends.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <ul style="list-style-type: none"> · The Unit Managers/designee will complete the "Accommodation of Needs" CQI Tool weekly x 4 weeks and then monthly ongoing thereafter for at least 6 months. · If a threshold of 95% is not met an action plan will be created. · Data will be submitted to the CQI Committee for review and follow up. · Noncompliance with facility procedures may result in disciplinary action 	

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	<p>not checked the resident for incontinency prior to this incontinent care.</p> <p>There was a lack of documentation on the Point of Care History, dated 04/30/14, to indicate the resident had incontinence care from 04/29/14 at 9:28 p.m. through 04/30/14 at 9:05 a.m.</p> <p>2. Resident #C's record was reviewed on 04/30/14 at 10 a.m. The resident's diagnoses included, but were not limited to hypertension and dementia.</p> <p>The Significant Change MDS Assessment, dated 04/15/14, indicated the resident had poor short and long term memory problems, was severely impaired for decision making, required extensive assistance of two or more for transfers and toileting, was not on a toileting program, and was always incontinent of bowel and bladder.</p> <p>A care plan with a problem start date of 06/01/10, indicated the resident was incontinent of urine. The approaches included to assist with incontinent care as needed and to check and change routinely and as needed for incontinence.</p> <p>On 04/30/14 at 8:10 a.m., the resident was observed sitting in her Broda chair (high back and reclining chair) across from the Nurses' Station. At 8:25 a.m. the resident was no longer sitting across from the Nurses' Station.</p> <p>During an observation on 04/30/14 at 9 a.m., Occupational Therapist #5 transported the resident to the area across from the Nurses' Station. Occupational Therapist #5 indicated she had assisted the resident to the Therapy Room, completed the therapy, and was</p>			

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	<p>assisting the resident back to the Unit.</p> <p>During an observation on 04/30/14 at 9:10 a.m., CNA #4 and RN #6 assisted the resident from the chair to her bed. The resident's brief was saturated with urine and the resident was incontinent of bowel movement.</p> <p>During an interview at the time of the observation, CNA #4 indicated she was unsure when the resident had been checked for incontinency prior to this observation. She indicated earlier at 8:50 a.m. she had came on duty at 6 a.m.</p> <p>The Point of Care History, dated 04/29/14 through 04/30/14 indicated the resident was last checked for incontinency on 04/30/14 at 2:08 a.m.</p> <p>3. Resident #D's record was reviewed on 04/30/14 at 9:50 a.m. The resident's diagnoses included, but were not limited to, dementia and stroke.</p> <p>A Quarterly MDS(Minimun Datat Set) Assessment, dated 02/21/14, indicated her cognition was moderately intact, required extensive assistance of 2 or more for transfers, and was frequently incontinent of bowel and bladder.</p> <p>A care plan, problem start date of 05/09/11, indicated the resident was frequently incontinent of urine. The approaches included, check and change routinely and assist with incontinent care as needed.</p> <p>During an observation at 8:10 a.m. on 04/30/14, Resident #D was sitting in her wheelchair in the hallway across from the</p>			

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	<p>Nurses' Station. At 8:30 a.m., Unit Manager #1 assisted the resident to the resident's room, turned on the TV and changed the channel to the station the resident wanted to watch and then left the room. The resident was not offered to be toileted nor checked for incontinence.</p> <p>During an observation at 8:55 a.m. on 04/30/14, Resident #D was still sitting in her wheelchair in her room and watching TV. The resident had not been toileted or checked for incontinence.</p> <p>During an interview at 9:20 a.m. on 04/30/14, Resident #D stated she wanted to go to the Dining Room.</p> <p>During an observation on 04/30/14 at 9:40 a.m., CNA #7 assisted the resident to the Dining Room for activities. The resident had not been toileted or checked for incontinence.</p> <p>During an observation on 04/30/14 at 10:30 a.m., CNA #8 assisted the resident back to her room, after the activity. CNA #8 indicated she had came on duty at 6 a.m. CNA #8 then transferred the resident to the bed and removed the resident's brief. The brief was saturated with urine. CNA #8 stated about the brief, "It's pretty wet". CNA #8 indicated she had toileted the resident around 7-7:30 a.m. She also indicated the resident's urine had a strong odor.</p> <p>The resident's Point of Care History, dated 04/30/14, indicated the resident had been toileted at 3:47 a.m. then at 10:49 a.m.</p> <p>A facility policy, dated 09/2013, titled, "Bladder Program", and received from the DoN as current, indicated, "...If a resident is</p>			

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	<p>totally incontinent and unable to be placed on toilet or bedpan, resident should be checked and changed every two hours...If a voiding pattern cannot be determined, resident should be toileted upon rising, before or after meals, and at bedtime..."</p> <p>This Federal Tag relates to complaints IN00148254 and IN00148306.</p> <p>3.1-38(a)</p>			