

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155156	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/05/2014
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NAME OF PROVIDER OR SUPPLIER  ARBORS AT MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360
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F000000	<p>This visit was for the Investigation of Complaints IN00149942 and IN00149953.</p> <p>Complaint IN00149942-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00149953-Substantiated. Federal/State deficiency related to the allegation is cited at F 315.</p> <p>Survey dates: June 4 &amp; 5, 2014</p> <p>Facility number: 000076 Provider number: 155156 AIM number: 100271060</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: SNF: 30 SNF/NF: 117 Total: 147</p> <p>Census payor type: Medicare: 34 Medicaid: 92 Other: 21 Total: 147</p>	F000000	Please accept the following Plans of Correction as the facility's credible allegation of compliance. The following is not an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirements. We are requesting a desk review for this survey	

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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F000315 SS=D	<p>Sample: 8</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 11, 2014, by Janelyn Kulik, RN.</p> <p>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.</p> <p>Based on record review and interview, the facility failed to monitor a resident's urinary status and symptoms after an urinary catheterization was completed to obtain a urine sample to test for a Urinary Tract infection for 1 of 3 residents reviewed for Urinary Tract infections in the sample of 8. (Resident #G)</p> <p>Findings include:</p>	F000315	Please accept the following as the facility's credible allegation of compliance. The following is not an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirements. No corrective action can be taken for resident # G because the resident has been discharged from the facility. All residents who have had changes in condition related to a potential urinary tract infection had the potential to be affected by the	06/13/2014

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	<p>The closed record for Resident #G was reviewed on 6/5/14 at 10:10 a.m. The resident was admitted to the facility on 4/8/14 and was discharged to the hospital on 4/23/14. The resident's diagnoses included, but were not limited to, urinary retention, high blood pressure, stroke, diabetes mellitus, and dysrhythmia(an irregular heart rhythm).</p> <p>The 4/2014 Physician orders were reviewed. An order was written on 4/9/14 to discontinue the Foley catheter and to straight cath (catheterize) if the resident did not void in 4-6 hours. An order was written on 4/12/14 to straight cath the resident x 1 and follow up with the Physician in the morning related to the resident's voiding status. Another order was written on 4/22/14 to obtain an Urinalysis with a Culture and Sensitivity test if indicated. This order also indicated staff were to straight cath the resident to obtain the urine specimen if the resident was unable to urinate. An order was written on 4/23/14 to send the resident to the hospital Emergency Room.</p> <p>The Nursing Admission Assessment &amp; Data Collection form indicted the resident had a urinary Foley catheter in place. The Elimination Plan of Care on the form indicated staff were to</p>		<p>same alleged deficient practice. Nursing management reviewed the charts of all current residents with changes of condition related to urinary tract infections to ensure that they all had the proper change of condition forms completed. Nursing staff was inserviced on 6/13/14 about proper monitoring and documentation relating to changes in condition. The Director of Nursing or designee will monitor for compliance by auditing the charts of 5 residents with urinary tract infections a week for 6 months using the attached QA tool to ensure that the appropriate documentation and monitoring were completed. Results of these audits will be presented to the quality assurance committee at the monthly QA meeting held at the facility. Date of compliance- 6/13/14</p>		

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	<p>encourage fluids, observe output every shift, and observe for signs and symptoms of infection. There was no date on the Nursing Admission Assessment &amp; Date Collection form.</p> <p>Review of the 4/16/14 Minimum Data Set Admission Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (14). A score of (14) indicated the resident's cognitive patterns were intact. The assessment also indicated resident was frequently incontinent of urine and was not on a toileting program. The assessment also indicated the resident did not have an indwelling catheter in place.</p> <p>The 4/2014 Nurses' Notes were reviewed. An entry made on 4/10/14 at 6:00 a.m. indicated the resident's Foley catheter was discontinued without difficulty. An entry made on 4/10/14 at 10:00 a.m. indicated the resident's brief was wet and the resident had voided.</p> <p>An entry made on 4/11/4 at 6:30 a.m. indicated the resident had not voided and was straight cath (a one time insertion of a urinary catheter with immediate removal after urine obtained). A return of 400 cc's (cubic centimeters) of urine was obtained.</p>			

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	<p>An entry made on 4/12/14 at 1210 (no a.m. or p.m. entered) indicated the Physician was called and notified the resident had no voiding output on the 2:00 p.m.-10:00 p.m. shifts. New orders were received to straight cath the resident x 1 and follow up with the Physician in the morning with the resident's voiding status. An entry made on 4/12/14 at 2:00 a.m. indicated the resident began to void on her own when staff were prepping the resident to straight cath her. A large amount of clear yellow urine was noted and the resident stated she felt relieved.</p> <p>An entry date 4/22/14 at " 03" (no a.m. or p.m.) indicated the resident was unable to void and stated she did not void on the 6:00 a.m. to 2:00 p.m. shift or the 2:00 p.m. to 10:00 p.m. shift. The resident was crying and complained of pain and burning. The Physician was called and orders were received for a Urinalysis with a Culture &amp; Sensitivity if indicated to be completed. The entry also indicated staff were to cath the resident if she was unable to void. Staff catheterized the resident and obtained "foul " smelling urine with "pus".</p> <p>The next entry in the 4/2014 Nurses' Notes was made on 4/23/14 at 1:00 a.m. This entry indicated the resident complained of not feeling well. The</p>			

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	<p>resident's blood sugar level was (85). The resident's vitals were taken and noted: Temperature 97.1 degrees Fahrenheit, Blood pressure 103/68, Pulse rate 49, and her Respiratory rate was 24. The resident complained she was "hot". The next entry was made on 4/23/14 at 1:28 a.m. and indicated the Physician was paged. The next entry was made on 4/23/14 at 1:30 a.m. This entry indicated the Physician called back and was informed the resident had requested to be sent out to the hospital. An entry made on 4/23/14 at 1:33 a.m. indicated the Nurse spoke with the hospital Emergency Room Nurse and gave report related to the resident complaints of being hot and shortness of breath was observed. The ambulance arrived at 1:50 a.m. and the resident was transported to the hospital at 1:55 a.m.</p> <p>The laboratory results of the 4/22/14 Urinalysis were reviewed. The results indicated the protein level was 500 (normal was negative) and the leukocyte level was 500 (normal was negative). The results were signed by the Physician and noted to wait for the culture and sensitivity results.</p> <p>When interviewed on 6/5/14 at 3:05 p.m., the Director of Nursing indicated a Change in Condition form had not been</p>			

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	<p>initiated on 4/22/14. The Director of Nursing indicated a Change in Condition Form should have been been initiated on 4/22/14 when the resident was unable to void , complained of pain and burning, Physician orders were received, and the resident's urine was noted to be foul smelling with pus. The Director of Nursing indicated the resident's condition should have been monitored every shift for 72 hours related to her urinary status. The Director of Nursing indicated the Change in Condition forms have sections for an assessment of the area of concern to be assessed and documented on each shift for 72 hours.</p> <p>The facility policy title "Change in Condition Form Guidelines" was reviewed on 6/5/14 at 2:50 p.m. The last updated date on the policy was 1/08. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated upon assessment of a change in the resident's status, the Nurse was to initiate a Change in Condition Form to document the nursing process. The assessment was to be entered on the Change of Condition section labeled "Change That Prompted Physician Request for Order." The policy also indicted it was not necessary to document a separate note or assessment in the nursing progress notes.</p>			

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	This Federal tag relates to Complaint IN00149953.  3.1-41(a)(2)				