

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155792	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2015
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 762 N DAN JONES RD AVON, IN 46123
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00179967 and IN00181274.</p> <p>Complaint IN00179967 - Substantiated. Federal/State deficiency related to the allegations is cited at F 514.</p> <p>Complaint IN00181274 - Substantiated. Federal/State deficiency related to the allegations is cited at F 309.</p> <p>Survey dates: September 16, 17, 2015</p> <p>Facility number: 012534 Provider number: 155792 AIM number: 201028420</p> <p>Census bed type: SNF: 15 SNF/NF: 120 Total: 135</p> <p>Census payor type: Medicare: 17 Medicaid: 87 Other: 31 Total: 135</p> <p>Sample: 6</p>	F 0000	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. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey Revisit on or after October 17, 2015.	

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 0309 SS=D Bldg. 00	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 9/21/15 by 29479.</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.</p> <p>Based on record review and interview, the facility failed to ensure staff providing peritoneal dialysis (PD) were trained by an approved trainer and a contract was obtained with a home health company for 2 of 3 residents reviewed for dialysis in a sample of 3 (Residents E and F)</p> <p>Findings include:</p> <p>1. The record for Resident F was reviewed on 9/17/15 at 4:00 p.m. Diagnoses included but were not limited to, end stage renal disease.</p> <p>A physician's order, dated 1/12/15, indicated Resident F was to receive peritoneal dialysis 2.5% at bedtime.</p>	F 0309	<p>F309 – Care/Services for highest well being It is the intent of this provider that each resident will receive the necessary care and services to</p>	10/17/2015

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	<p>A physician's order, dated 5/30/15, indicated Resident F was to have the PD 2.5% solution off at 8:00 a.m.</p> <p>In-service attendance records, dated 4/1/14 and 10/6/14, indicated signatures of nurses who had been trained by the dialysis center to administer PD to Resident F.</p> <p>The MAR (Medication Administration Record) for Resident F was reviewed and indicated the nurses who had performed PD for Resident F during August, 2015. The August 2015 Medication Administration Record (MAR) was compared with the lists of nurses trained in Resident F's PD. The MAR indicated 5 nurses provided PD to Resident F without verification of training by the contracted dialysis provider.</p> <p>During an interview with the DNS on 9/17/15 at 4:30 p.m., the DNS indicated several nurses were shown how to do Resident F's PD by herself and other nurses in the facility who were familiar with the procedure. The DNS indicated, until recently, she was unaware the training should have been by the contracted dialysis provider.</p> <p>On 9/17/15 at 1:15 p.m., the Executive</p>		<p>attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care. What corrective action(s) will be accomplished for those residents</p>	

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	<p>Director provided a document titled "Peritoneal Dialysis Coordination Agreement" signed and dated 10/6/15. The Executive Director indicated the document was a contract between the dialysis center and the facility. The agreement indicated: "...2. ECF [extended care facility] Obligation. A....Before assisting a PD patient with dialysis care, each Licensed Caregiver will complete the PD training program of the facility....ECF will ensure that a Licensed Caregiver performs all PD fluid exchanges...B. In the event that a Licensed Caregiver resigns from the employment of ECF, the ECF will provide notice of such resignation and ECF will identify a registered nurse or limited practical nurse to replace the resigning Licensed Caregiver. Such replacement Licensed Caregiver will complete Company's training program before assisting the PD Patient with respect to PD...."</p> <p>A current facility policy titled "Dialysis Care," dated 12/03 and revised 1/2015, was provided by the ED on 9/17/15 at 2:45 p.m. The policy indicated: "It is the policy of [corporation name] to ensure that the resident is rendered necessary services for the provision and maintenance of dialysis services through effective communication with the dialysis</p>		<p>found to have been affected by the alleged deficient practice? Resident F and E no longer reside at this facility. The facility initiated a services contract with IU Home Health Dialysis Center for resident E. All licensed nurses providing Peritoneal Dialysis PD</p>	

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	<p>unit."</p> <p>2. The record for Resident E was reviewed on 9/17/15 at 10:45 a.m. Diagnoses included, but were not limited to end stage renal disease and renal dialysis.</p> <p>A physician's order, dated 8/24/15, indicated Resident E was to receive PD four times a day using 2.5% solution bags, and 4.25% solution bags at night.</p> <p>On 9/17/15 at 11:00 a.m., a request was made for a copy of the dialysis contract with Resident E's home health company.</p> <p>On 9/17/15 at 11:30 a.m., the DNS indicated the facility did not have a contract with the home health agency regarding Resident E's PD.</p> <p>During an interview with the ED (Executive Director) on 9/17/15 at 12:55 p.m., the ED also indicated there was no contract.</p> <p>During an interview on 9/17/15 at 5:30 p.m., the ED indicated she had contacted the home health agency and had been informed they had no contracts with any facility, that they treat it just like a home health service to their patients.</p>		<p>were trained by an authorized trainer according to the dialysis contract for resident E. How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken All residents</p>	
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	This federal tag relates to Complaint IN00181274. 3.1-37(a)		receiving PD have the potential to be affected by this deficient practice. All nurses providing PD will be educated by an authorized trainer per provider contract by 10/17/15 using the PD skills checklist. A contract with the PD provider will be in place		

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			<p>prior to residents admitting with PD. What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur All nurses providing PD will be educated by an authorized</p>	

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			<p>trainer according to the PD contract by 10/17/15 using the PD skills checklist. The authorized trainer will ensure that all new staff assigned to residents receiving PD have completed training and the PD skills checklist prior to working with the by</p>	

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			<p>reviewing the master PD training log. The schedule will be reviewed daily by the DNS/designee to ensure only nurses that have been trained by an authorized PD trainer per the PD contract are assigned to provide care for residents that require PD. Howthe</p>	

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			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 The Director of Nursing/design ee will complete Peritoneal Dialysis CQI weekly forfour weeks, monthly for six months,	

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F 0514 SS=E Bldg. 00	483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE		and quarterly thereafter for six months. The results of these checks will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed to ensure compliance.	

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	<p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure accurate documentation of urinary drainage for 3 of 3 residents reviewed for indwelling urinary catheters in a sample of 3 (Residents B, C, and D).</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 9/16/15 at 10:20 a.m. Diagnoses included, but were not limited to, benign prostatic hypertrophy and chronic kidney disease stage 3. Resident B had an indwelling catheter due to recent surgery with urinary retention.</p> <p>A physician's order, dated 8/5/15, indicated Resident B was to have catheter care every shift.</p> <p>The urinary output record for Resident B documented the following amounts of</p>	F 0514	<p>F514 – Resident Records It is the intent of this facility to in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident B and C no longer resides in the facility. Resident D has urinary output documented per facility policy.</p> <p>How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be</p>	10/17/2015

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	<p>urine emptied from the catheter drainage bag:</p> <p>a. 8/4/15 at 4:11 p.m. - large b. 8/5/15 at 2:26 p.m. - large c. 8/6/15 at 10:46 a.m. -medium d. 8/7/15 at 12:44 p.m. - medium e. 8/7/15 at 7:36 p.m. Medium.</p> <p>2. The record for Resident C was reviewed on 9/16/15 at 1:53 p.m. Diagnoses included, but were not limited to, fractured pelvis and urinary obstruction.</p> <p>A physician's order, dated 6/22/15, indicated Resident C was to have catheter care every shift.</p> <p>Resident C's urinary output record for September, 2015 indicated the following:</p> <p>a. 9/1/15 at 9:23 a.m.- medium b. 9/3/15 at 9:03 a.m. - large c. 9/3/15 at 4:36 p.m. - large d. 9/7/15 at 9:31 a.m. - medium e. 9/8/15 at 8:08 a.m. - medium f. 9/9/15 at 9:29 a.m. -small g. 9/10/15 at 8:19 a.m. - medium. h. 9/12/15 at 10:18 a.m. - medium i. 9/13/15 at 8:23 a.m. - large j. 9/14/15 at 8:54 a.m. -medium k. 9/14/15 at 6:56 p.m. -medium l. 9/15/15 at 9:08 a.m. -medium m. 9/16/15 at 8:34 a.m. - medium.</p>		<p>taken All residents having catheters have the potential to be affected by the alleged deficient practice. Certified Nursing Assistants and Licensed Nurses will receiver e-education on documenting urine output by the Director of Nursing/designee by10/16/15. What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur Certified Nursing Assistants and Licensed Nurses will receive re-education on documenting urine output by the Director of Nursing/designee by10/16/15. The charge nurse will review output every shift. The DNS/designee will review outputs daily to ensure documentation is documented per policy. 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 The Director of Nursing/designee is responsible for completing the Catheter Assessment CQI weekly times four, monthly times six, and quarterly for six months. The results ofthese audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p>	

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	<p>3. The record for Resident D was reviewed on 9/16/15 at 11:10 a.m. Diagnoses included, but were not limited to, benign prostatic hypertrophy and neurogenic bladder.</p> <p>A physician's order, dated 10/23/14, indicated suprapubic (catheter inserted into bladder through abdomen) care every shift.</p> <p>Resident B's urinary output record for September, 2015 indicated the following:</p> <ul style="list-style-type: none"> a. 9/1/15 at 10:24 a.m. - large b. 9/2/15 at 9:53 p.m. -medium c. 9/3/15 at 10:38 a.m. -large d. 9/4/15 at 9:00 p.m. -large e. 9/7/15 at 10:38 a.m. - large f. 9/8/15 at 4:26 p.m. -medium g. 9/12/15 at 1:39 p.m. -large h. 9/14/15 at 9:13 a.m. -large i. 9/14/15 at 7:10 p.m. -large j. 9/15/15 at 4:19 a.m. -large k. 9/15/15 at 7:12 p.m. -large l. 9/16/15 at 10:02 a.m.-large. <p>On 9/17/15 at 2:20 p.m., CNA #2 indicated she did not know what medium or large indicated in regard to volume of urinary output and indicated an aactual amount should have bee recorded on the urinary output record.</p> <p>On 9/17/15 at 2:30 p.m., CNA #3</p>			

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	<p>indicated some residents with catheters needed actual amounts of urine output recorded, but for most residents a designation of small, medium, or large was okay.</p> <p>On 9/17/15 at 1:30 p.m., the DNS (Director of Nursing Services) indicated staff should have documented the actual amount of urinary output on the tracking sheet.</p> <p>On 9/16/15 at 2:50 p.m., the DNS indicated she was aware of a documentation problem regarding urinary output recorded and indicated urinary drainage bags should be emptied every shift and the amount of drainage recorded.</p> <p>A current facility policy titled "Indwelling Urinary Catheter Care, Emptying Drainage Bag & Catheter Removal," dated 01/2010 and last reviewed 12/2012, was provided by the Executive Director on 9/16/15 at 3:50 p.m. The policy indicated: "Catheter care and emptying a urinary drainage bag may be done by a licensed nurse or certified nurse aide....Emptying a urinary catheter bag...12. Measure and accurately record amount of urine....16. Document pertinent information...."</p>			

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	This federal tag relates to Complaint IN00179967. 3.1-50(a)(1) 3.1-50(a)(2)				