

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2013
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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F000000	<p>This visit was for the Investigation of Complaint IN00139033.</p> <p>Complaint IN00139033 - Substantiated. Federal/State deficiencies related to the allegations are cited at F315 and F514.</p> <p>Survey dates: November 5 and 6, 2013</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100267720</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 67 SNF: 10 Total: 77</p> <p>Census payor type: Medicare: 10 Medicaid: 56 Other: 11 Total: 77</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410</p>	F000000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</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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	IAC 16.2. Quality review completed by Debora Barth, RN.				

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F000315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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 observation, record review, and interview, the facility failed to ensure catheter tubing was kept off of the floor to help prevent urinary tract infections for 1 of 3 residents observed with indwelling Foley catheters in a sample of 4. (Resident #C)</p> <p>Findings include:</p> <p>The clinical record for Resident #C was reviewed on 11/5/13 at 1:05 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, urinary retention with Foley catheter placement, history of urinary tract infections, and history of renal failure.</p> <p>A health care plan problem, dated 10/18/13, indicated Resident #C was at risk for infection related to the need</p>	F000315	<p>1. Resident C's catheter tubing is positioned appropriately so as not to be touching the floor. 2. All other residents with catheters have the potential to be affected, have been reviewed, and their catheter tubing is positioned appropriately so as not to be touching the floor. 3. The facility's policy for Catheter Maintenance has been reviewed and no changes are indicated at this time (See Attachment A). The nursing staff have been re-educated on catheter maintenance with a special focus on the positioning of catheter tubing (See Attachment B). A Catheter Monitoring form has been initiated (See Attachment C). 4. The DON or designee will be responsible for monitoring appropriate catheter positioning on scheduled work days as follows: Daily x 2 weeks, then weekly thereafter on an ongoing basis. Should a concern be found, immediate corrective action will occur. Results of these</p>	11/13/2013			

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	<p>for a Foley catheter due to urinary retention and a neurogenic bladder. One of the approaches for this problem, was for the staff to "Position catheter tubing and drainage bag in such a way to avoid contact with the floor."</p> <p>The clinical record indicated the resident had been treated with antibiotic therapy for urinary tract infections in August and September 2013. The clinical record indicated the resident had a current order for Bactrim DS (an antibiotic) one tablet twice daily for ten days which was started on 11/3/13 for treatment of a urinary tract infection.</p> <p>During an observation on 11/6/13 at 10:15 a.m., Resident #C was up in her wheelchair in an activity in the dining room. The plastic tubing of her catheter was lying on the floor under her wheelchair. An unidentified CNA came and got the resident and wheeled her down to the small lounge across from the 100 hall nursing station. The catheter tubing was dragged down the hallway on the floor during this transfer from the dining room to the lounge. The CNA left the unit to get another resident.</p> <p>During an observation with LPN #1 on</p>		<p>reviews will be discussed during the facility's quarterly QA meetings for a minimum of 6 months and the plan adjusted as indicated.</p>		

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	<p>11/6/13 at 10:17 a.m., Resident #C was up in her wheelchair in the small lounge and her catheter tubing was on the floor. LPN #1 readjusted the tubing and connected it in a different manner which elevated it off of the floor.</p> <p>LPN #1 was interviewed on 11/6/13 at 10:20 a.m. She indicated the resident's catheter tubing should not make contact with the floor. She indicated the clip was "not back far enough" on the tubing to keep it off of the floor.</p> <p>Review of a current, but undated, facility policy, provided by the DoN on 11/6/13 at 3:10 p.m., titled "Foley Catheter Maintenance Procedure", included, but was not limited to, the following:</p> <p>"Purpose: To maintain constant urinary drainage and to monitor renal function....</p> <p>Placement of Catheter Tubing--</p> <p>1. When in bed or wheelchair:</p> <p>a) Position tubing with no tension....</p> <p>c) Ensure bag or tubing is not touching floor."</p> <p>This federal tag relates to Complaint IN00139033.</p>						

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	3.1-41(a)(2)				

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F000514 SS=D	<p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE 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 resident clinical records were complete and accurately documented for 1 of 3 residents reviewed for documentation of pressure ulcer orders and treatments in a sample of 4. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 11/5/13 at 2:10 p.m.</p> <p>A "Skin Condition Flowsheet for Non-Pressure Related Skin Conditions" indicated Resident #B had a venous ulcer present on the left heel on admission and a treatment consisting of Marathon (a skin barrier protectant) was ordered to be applied</p>	F000514	<p>1. Resident B's clinical record has been reviewed and new skin forms with appropriate documentation have been implemented.2. All other residents experiencing skin issues have the potential to be affected, have been reviewed, and new skin forms with appropriate documentation have been implemented.3. The facility's policy for Skin Management has been revised (See Attachment D). The nursing staff has been educated on the new policy (See Attachment B). A Skin Management Monitoring form has been implemented (See Attachment E).4. The DON or designee will be responsible for reviewing skin management forms on 3 residents to ensure appropriate documentation is in place on scheduled work days as follows: Daily x 2 weeks, then</p>	11/13/2013			

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	<p>every 3 days and then wrap the heel with Kerlix (a cotton dressing).</p> <p>This treatment was changed on 9/13/13 to "Cleanse left inner heel with wound wash, apply thin layer of hydragel (a debriding treatment), cover with two by two [dressing] and wrap with Kerlix every day.</p> <p>The treatment administration record indicated the treatment was changed as ordered and this treatment remained in use until changed again on 9/30/13.</p> <p>The "Skin Condition Flowsheet for Non-Pressure Related Skin Conditions" contained measurements and information dated 9/19/13 and 9/26/13. This form continued to list "Marathon" as the treatment in use for these dates and did not reflect the change in treatment ordered on 9/13/13.</p> <p>A "Pressure Ulcer Flowsheet, dated 10/17/13, indicated Resident #B had a pressure area on her coccyx and was receiving a treatment of Santyl (a debriding agent) with Enluxtra (a padlike dressing which absorbs moisture).</p> <p>The treatment order for the coccyx</p>		<p>once weekly thereafter on an ongoing basis. Should concerns be found, immediate corrective action will occur. Results of these reviews will be discussed during the facility's quarterly QA meetings for a minimum of 6 months and the plan adjusted as indicated.</p>				

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	<p>wound was changed on 10/21/13 to a Santyl treatment followed by the application of Hydroferen Blue (a different type of absorbent dressing) which was to be covered on top with a gauze dressing.</p> <p>The treatment administration record indicated the treatment was changed as ordered and this treatment remained in use until the resident's transfer to the hospital on 10/28/13.</p> <p>The "Pressure Ulcer Flowsheet" contained measurements and information dated 10/26/13. This form continued to list "Enluxtra" as the treatment in use for 10/26/13 and did not reflect the change in treatment ordered on 10/21/13.</p> <p>During an interview with the DoN and LPN #2 on 11/6/13 at 2:40 p.m., they indicated they make the wound rounds and measure the wounds. They indicated they had failed to update the wound records with the correct treatments being given for the dates noted.</p> <p>This federal tag relates to Complaint IN00139033.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				

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