This visit was for the Investigation of Complaint IN00213476.

This visit was in conjunction with the Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00211312.

Complaint IN00211312 - Substantiated. Federal/State deficiencies related to the allegations are cited at F242.

Complaint IN00213476 - Substantiated. Federal/State deficiencies related to the allegations are cited at F315.


Facility number: 000076
Provider number: 155156
AIM number: 100271060

Census bed type:
SNF: 26
SNF/NF: 96
Total: 122

Census payor type:
Medicare: 26
Medicaid: 76

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.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Identification Number: 155156

X2) Multiple Construction
A. Building 00
B. Wing

Date Survey Completed: 10/28/2016

Name of Provider or Supplier: Arbors at Michigan City
Street Address, City, State, Zip Code: 1101 E Coolspring Ave, Michigan City, IN 46360

(X4) ID
PREFIX
TAG

(name of provider or supplier)

Summary Statement of Deficiencies
(Each deficiency must be preceded by full regulatory or LSC identifying information)

ID
PREFIX
TAG

(other: 20)

Total: 122

These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.

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.

Based on observation, record review and interview, the facility failed to ensure urinary catheter drainage bags were not positioned on the floor for 2 of 2 residents reviewed for urinary catheter use. (Residents #D and #E)

Findings include:

1. On 10/27/16 at 1:45 p.m., Resident #D was observed in her room in bed. The resident's foley catheter (urinary) drainage bag was directly on the floor.

Other: 20
Total: 122

The facility requests paper compliance for this citation.

This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of
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1. The resident's foley catheter bag was not placed correctly. The record for Resident #D was reviewed on 10/27/16 at 10:21 a.m. The resident's diagnoses included, but were not limited to, neuromuscular dysfunction of bladder and chronic kidney disease.

2. On 10/24/16 at 6:24 a.m., Resident #E was observed in her room in bed. At that time, the Foley catheter drainage bag was on the floor underneath the resident's bed. Any resident with a Foley catheter could potentially be affected.

3. The catheter bag for Resident #D and #E was removed from the floor and covered. The catheter bag for Resident #D and #E was removed from the floor and covered. Any resident with a Foley catheter could potentially be affected.

4. Staff will be educated on the proper placement of catheter bags and the use of covers. Staff will be educated on the proper placement of catheter bags and the use of covers.

5. The plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

6. 1) Immediate actions taken for those residents identified:

   - The catheter bag for Resident #D and #E was removed from the floor and covered.

2) How the facility identified other residents:

   - Any resident with a Foley catheter could potentially be affected.

3) Measures put into place/ System changes:

   - Staff will be educated on the proper placement of catheter bags and the use of covers.
On 10/25/16 at 9:25 a.m., the resident's foley catheter drainage bag was observed on the floor uncovered. Interview with LPN #3, at that time, indicated the foley catheter drainage bag should not have been uncovered nor should it have been laying on the floor.

The record for Resident #E was reviewed on 10/26/16 at 10:40 a.m. The resident's diagnoses included, but were not limited to, neurogenic bladder, non-alzheimers dementia, and chronic kidney disease.

The Care Plan dated 9/9/16, indicated the resident had an indwelling catheter. The nursing interventions were to change monthly, perform urinary catheter care, and report any signs or symptoms of urinary tract infection (UTI).

Interview with the Director of Nursing (DON) on 10/28/16 at 11:01 a.m., indicated it was facility policy to keep the foley catheter drainage bag from touching the floor.

Review of the facility Urinary Catheter Care Policy, received from the DON as current on 10/28/16 at 11:30 a.m., indicated urinary catheter drainage bags and tubing were to be positioned to

Facility purchased additional catheter bag covers.

4) How the corrective actions will be monitored:

An audit was devised to monitor for proper placement and covering of catheter bags. Audit will be completed under the direction of the DON or designee 3x weekly on a variety of shifts for compliance with catheter bag placement and cover for each resident with a Foley Catheter.

The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months.

5) Date of compliance:

November 27, 2016
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**Summary Statement of Deficiencies**

This Federal Tag relates to Complaint IN00213476.

3.1-41(a)(2)

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prevent touching the floor.