

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/28/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155132		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/03/2024	
NAME OF PROVIDER OR SUPPLIER  DANVILLE REGIONAL REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 255 MEADOW DR DANVILLE, IN 46122			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 30, and May 1, 2, and 3, 2024</p> <p>Facility number: 000057 Provider number: 155132 AIM number: 100266570</p> <p>Census Bed Type: SNF/NF: 98 Total: 98</p> <p>Census Payor Type: Medicare: 15 Medicaid: 66 Other: 17 Total: 98</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 13, 2024.</p>			F 0000	<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 desk review in lieu of a Post Complaint Survey Revisit on or after.</p>		
F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must</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 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 30 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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	<p>ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a urinary catheter bag and catheter tubing did not touch the floor resulting in a urinary tract infection (UTI) for 1 of 2 residents observed for catheter acquired urinary tract infection (cauti) (Resident 81), and failed to ensure residents had diagnoses to support the insertion of urinary Foley catheters for 2 of 2 residents reviewed for urinary catheters (Resident 81 and 155).</p> <p>Findings include:</p> <p>1. On 4/30/24 at 12:15 p.m., Resident 81's urinary Foley bag and catheter tubing were observed on the floor.</p>			F 0690	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>The catheter was discontinued for resident 81; resident 81 has had no adverse effects or complications. Resident 155 no longer resides in the facility. The record for Resident 81 shows a dx of retention of urine R33.9 since 4/22/24. The record for Resident 155 shows a dx of retention of urine R33.9 since 4/25/24 and dx</p>		05/31/2024

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	<p>On 5/1/24 at 12:15 p.m., Resident 81's records were reviewed.</p> <p>A care plan, dated 4/17/24, indicated Resident 81 required an indwelling urinary catheter related to urinary retention. The goal indicated she would have catheter care managed appropriately as evidenced by not exhibiting signs of urinary tract infection. A nursing approach was to not allow tubing or any part of the drainage system to touch the floor.</p> <p>An Infection Control Surveillance document, dated 4/29/24, indicated Resident 81 had a urinary catheter related infection and was on antibiotic therapy until 5/8/24. Her symptoms onset was 4/29/24 with acute change in mental status and suprapubic pain or costovertebral angle pain or tenderness. She was placed on enhanced barrier precautions.</p> <p>On 5/2/24 at 10:52 a.m., her record indicated she was scheduled to be given Macrobid (antibiotic) 100 mg every 12 hours for 7 days for a UTI from 5/1/24 to 5/8/24.</p> <p>A progress note, dated 4/17/24 at 5:07 p.m., indicated Resident 81 complained of back pain often. Her PVR (post-void residual) was obtained and she was retaining approximately 226 milliliters (mL) of urine. The Nurse Practitioner (NP) was notified and a new order to anchor a foley was received. Resident 81 tolerated it well.</p> <p>During an interview, on 4/30/24 at 10:24 a.m., the Moving Forward Unit Manager (MFUM) 5 indicated Resident 81 had a foley catheter due to urinary retention.</p>				<p>of obstructive and reflux uropathy N13.9 since 4/30/24.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</b></p> <p>All residents with an indwelling urinary catheter have been reviewed for proper placement of urinary drainage bag and tubing and reviewed to ensure that the supporting diagnosis/condition for catheter use is in their record.</p> <p>Education will be provided by the DNS/Designee to licensed nursing staff regarding documenting a diagnosis/condition supporting the use of an indwelling urinary catheter on or before May 31, 2024.</p> <p>Education will be provided by the DNS/Designee to nursing staff regarding proper placement of urinary drainage bags and tubing to avoid touching the floor on or before May 31, 2024.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</b></p>		

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	<p>Resident 81's record lacked documentation of a diagnosis of urinary retention.</p> <p>2. During an interview, on 4/30/24 at 12:30 p.m., Resident 155's wife indicated he got a new Foley catheter that morning because his abdomen was distended. She indicated the nurse had to clamp it because there was so much urine. The nurse had to empty the catheter bag three times.</p> <p>On 5/1/24 at 10:51 a.m., Resident 155 record was reviewed. He was admitted on 4/25/24. He had an admission diagnosis of retention of urine.</p> <p>A progress note, on 4/30/24 at 1:09 p.m., indicated a PVR was completed as ordered. Resident 155 was retaining approximately 800 mL of urine in his bladder. The NP was notified and a new order to I/O (in and out) catheter every 8 hours as needed (PRN) for abdominal distention and pain due to high PVR. The I/O drained 1400 mL in increments due to his hypotension. The NP was notified of the amount of urine drained and a new order to place a Foley catheter was received.</p> <p>A physician's order, dated 4/30/24, indicated to anchor a Foley catheter.</p> <p>A care plan, dated 5/1/24, indicated Resident 155 required an indwelling urinary catheter related to urinary retention.</p> <p>A care plan, dated 4/26/24, indicated Resident 155 was at risk for pain related to PVD.</p> <p>Resident 155's record lacked documentation of a diagnosis of urinary retention.</p> <p>A policy, titled, "Bowel and Bladder Program," dated 5/2019, was provided by the Regional Nurse</p>				<p>Education will be provided by the DNS/Designee to licensed nursing staff regarding documenting a diagnosis/condition supporting the use of an indwelling urinary catheter on or before May 31, 2024.</p> <p>Education will be provided by the DNS/Designee to nursing staff regarding proper placement of urinary drainage bags and tubing to avoid touching the floor on or before May 31, 2024.</p> <p>Licensed nursing staff will obtain dx for new catheter orders. If dx is not available, the clinical condition supporting the use of the catheter will be documented in the resident's record.</p> <p>IDT will review new orders for catheter use the next business day and ensure the diagnosis or clinical condition is documented in the resident's record</p> <p>Charge nurses will observe for proper placement of urinary drainage bags and tubing during resident care rounds every shift. Nurse managers will observe for proper placement of urinary drainage bags and tubing daily 5 days/week.</p> <p><b>How the corrective action(s) will be monitored to ensure the</b></p>		

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F 0761 SS=D Bldg. 00	<p>Consultant, on 5/3/24 at 12:11 p.m. A review of the policy indicated, " ...Indwelling Urinary Catheters - Suprapubic or Urethral ...Assessment will include reason for indwelling Urinary Catheter ...."</p> <p>3.1-41(a)(1) 3.1-41(a)(2)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide</p>		<p><b>deficient practice will not recur, i.e., what quality assurance program will be put into place;</b></p> <p>To ensure compliance, the DNS/Designee is responsible for the completion of the Catheter CQI tool weekly times 4 weeks, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these 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>separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 4 treatment carts remained locked and medication remained inaccessible to residents and visitors (Residents 345, 11, 79, and 63).</p> <p>Findings include:</p> <p>One 4/30/24 at 9:48 a.m., the Rosewood treatment cart was observed unlocked. Several staff were observed to pass the treatment cart. Prescription medication found inside the treatment cart included:</p> <ul style="list-style-type: none"><li>a. Resident 345 had SSD cream 1%.</li><li>b. Resident 11 had thera-gel 0.5% shampoo.</li><li>c. Resident 79 had diclofenac sodium 1% gel, one container in drawer one and one container in drawer two.</li><li>d. Resident 63 had diclofenac sodium 1% gel.</li></ul> <p>During an interview, on 4/30/24 at 10:03 a.m., Licensed Practical Nurse (LPN) 5 indicated the treatment cart should not be unlocked. She was observed locking it.</p> <p>During an interview, on 5/1/24 at 10:21 a.m., the Moving Forward Unit Manager (MFUM) 5 indicated all treatment carts should have been locked because it was a violation of resident's privacy because a resident or visitor could have been curious and looked at or taken medications</p>			F 0761	<p><u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</u></p> <p>Medications for Resident 345, Resident 11, Resident 79 and Resident 63 have been secured in a locked treatment cart and the residents have had no negative effects from the deficient practice.</p> <p><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</u></p> <p>All treatment carts have been evaluated for properly locking and remaining locked Nursing staff will be educated by the DNS/Designee regarding properly securing and locking treatment carts when unattended on or before May 31, 2024.</p> <p><u>What measures will be put into</u></p>		05/31/2024

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	<p>from the treatment cart.</p> <p>On 5/1/24 at 2:58 p.m., the Director of Nursing (DON) indicated Resident 76 and Resident 108 were residents who wandered the building with severe cognitive abilities.</p> <p>A policy, titled, "Storage and Expiration Dating of Medications, Biologicals," dated 7/21/22, was provided by the Regional Nurse Consultant, on 5/3/24 at 12:15 p.m. A review of the policy indicated, " ...Facility should ensure that only authorized Facility staff, as defined by Facility, should have possession of the keys, access cards, electronic codes, or combinations which open medication storage areas ...."</p> <p>3.1-25(m)</p>		<p><b><u>place or what systemic changes will be made to ensure that the deficient practice does not recur:</u></b></p> <p>Nursing staff will be educated by the DNS/Designee regarding properly securing and locking treatment carts when unattended on or before May 31, 2024. Treatment carts will be checked for being properly locked during resident care rounds by the charge nurses each shift and by nurse managers daily</p> <p><b><u>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:</u></b></p> <p>To ensure compliance, the DNS/Designee is responsible for the completion of the Medication Storage CQI tool weekly times 4 weeks, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these 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>		