STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155672	A. BUILDING 00 B. WING	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HAMILTON GROVE	31869 CHICAGO TRAIL NEW CARLISLE, IN 46552

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00426075 and IN00425874. Complaint IN00426075 - No deficiencies related to the allegations are cited. Complaint IN00425874 - Federal/State deficiencies related to the allegations are cited at F690. Survey dates: February 12, 13, & 14, 2024 Facility number: 000427 Provider number: 155673 AIM number: 100275150 Census Bed Type: SNF/NF: 59 Total: 59 Census Payor Type: Medicare: 3 Medicaid: 51 Other: 5 Total: 59 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 2/21/24.	F 0000	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	
F 0690 SS=D Bldg. 00	483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI Based on observation, interview, and record review, the facility failed to ensure catheter orders and catheter care orders were in place for a resident with a catheter, and failed to ensure	F 0690	The facility is alleged to be out of compliance by failing to ensure catheter orders and catheter care orders were in place for a resident	03/22/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Carlos Romero	Administrator	03/01/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	intake and output were consistently documented as ordered, for 1 of 2 residents reviewed for catheters. (Resident B). Finding includes: On 2/12/24 at 10:12 A.M., Resident B's clinical records were reviewed. Diagnoses included, but were not limited to, stroke, peripheral vascular disease, epilepsy, and chronic pain syndrome. Resident B's most recent Minimum Data Set (MDS) assessment, dated 2/3/24, indicated the resident had severe cognitive impairment, rarely made himself understood, and only sometimes understood others. The resident had functional limitation impairment to upper and lower extremities on both sides, and was dependent on others for all Activities of Daily Living. Resident B had an indwelling catheter for urinary retention and failed voiding trials. Resident B was in Hospice care. On 1/6/23 at 9:26 A.M., Resident B was transferred to a local Emergency Room (ER) for chief complaint of penis injury. The ER Physician's Report, dated 1/6/24 at 1:27 P.M., indicated the resident had hypospadias (a congenital condition in which the opening of the penis is on the underside of the penis rather than at the tip), and a urinary tract infection. The report indicated unlikely acute traumatic injury to the penis and recommended that the Foley catheter have plenty of laxity when tied to the resident's leg. Resident B was discharged back to the facility the same day on 1/6/24. Resident B's "Hospice Certification of Terminal Illness," dated 11/12/23, indicated the resident had a Foley catheter in place secondary to urinary		with a catheter, and failed to ensure intake and output were consistently documented as ordered. 1.Appropriate orders were entered for catheter and catheter care for resident B. Team members were educated on following MD orders. The order for intake and output was discontinued. 2.No other residents have a catheter. 3.Nursing staff was educated by the DON on catheter care and following MD orders. 4. An audit will be completed by the DON/designee for catheter care and physician orders, three times a week for 4 weeks, twice a week for 4 weeks, weekly for 4 weeks and monthly thereafter until found to be in substantial compliance. Results will be reviewed by QAA and results reported in QAPI.	

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	retention. A Hospice Skilled Nursing Visit Note, dated 11/13/23, indicated the resident had an indwelling catheter with 16 French 10 cc balloon, to be changed every 30 days, and that the catheter bag should be below the level of the bladder and emptied when 1/2 full. The insertion site should be cleansed daily and as needed, starting proximately and moving distally from the patient. The catheter was to be anchored at 2 sites. An Interdisciplinary Care Plan, dated 11/12/23, indicated the indwelling catheter bag should be below the level of the bladder, emptied when 1/2 full. The insertion site should be cleansed daily and as needed, starting proximately and moving distally from the patient, and to anchor the Foley at 2 sites. Review of Resident B's Physician's Orders included; - Flomax 0.4 mg capsule, take one by mouth daily for outflow obstruction, dated 10/29/23 with no stop date, - Intake and output fluid measurements every shift, dated 10/30/23 with no stop date, There were no orders regarding the Foley catheter, and there were no orders regarding Foley catheter care. Resident B's Treatment Records (TAR), from 12/1/23 to 1/30/24, was absent of catheter care documentation and absent of any place to document catheter care. There no documentation of intake and output as ordered by the physician on the following times and dates:			

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	7:00 A.M. to 3:00 P.M., on December 13, 18, 19, 24, 25, and 26, 2023, January 2, 3, 8, 25, and 29, 2024 3:00 P.M. to 11:00 P.M., on December 4, 6, and 28, 2023, 11:00 P.M. to 7:00 A.M. on December 10, 21, and 26, 2023, January 27, 2024 Resident B's Care Plans included: Urinary Incontinence/Renal Diagnosis, dated 11/20/23 and most recently updated on 2/08/24. The care plan indicated the catheter change as ordered by the physician to assure patency, Maintain a closed drainage system, and record intake and output in the medical record. The Catheter Care Policy, provided by the Assistant Director of Nursing on 2/13/24 at 12:00 P.M., was dated 6/23/21, with the most recent revision dated of 1/29/24. The policy indicated, "It is the policy of this campus to ensure that residents with indwelling catheters receive appropriate catheter care...Catheter care will be performed every shift and as needed by nursing personnel. On 2/14/23 at 11:12 A.M., during an interview, the Director of Nursing, indicted Resident B's catheter orders and catheter care should be in the facility's physician's orders, and that catheter care should be completed per order and per facility policy. This citation relates to Complaint IN00425874. 3.1-41(a)(2)			