

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

PRINTED: 12/08/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155857	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2021
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NAME OF PROVIDER OR SUPPLIER TRANQUILITY NURSING AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N CENTRAL AVENUE INDIANAPOLIS, IN 46205
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00363933 completed on October 5, 2021.</p> <p>This visit was in conjunction with a PSR to the Recertification and State Licensure and Investigation of Complaint IN00358273 completed on August 19, 2021.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00361924 completed on September 17, 2021.</p> <p>Complaint IN00358273 - Corrected. Complaint IN00361924 - Not corrected. Complaint IN00363933 - Not corrected.</p> <p>Survey dates: November 9-10, 2021</p> <p>Facility number: 014265 Provider number: 155857 AIM number: 300029339</p> <p>Census Bed Type: SNF/NF: 25 Total: 25</p> <p>Census Payor Type: Medicaid: 24 Other: 1 Total: 25</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 17, 2021</p>	F 0000		

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 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 disclosed 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 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review facility failed to administer medication as ordered for 1 of 3 residents reviewed for medication administration (Resident D) and ensure a wound dressing was applied as per physician's orders for 1 of 3 residents residents reviewed for wound care (Resident C).</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 11/9/21 at 2:30 p.m. The Resident's diagnosis included, but were not limited to, pain in right shoulder and neuromuscular dysfunction of the bladder.</p> <p>A Quarterly MDS (Minimum Data Set) Assessment, completed 9/9/21, indicated he was receiving scheduled pain medications.</p> <p>A physician's order, dated 5/8/2020, indicated he was to receive Norco (narcotic pain medication) 5-325 mg (milligram) each day at bedtime.</p> <p>An administration note, dated 11/2/21 at 9:59 p.m., indicated his Norco 5-325 mg was unavailable to administer and had been ordered.</p>	F 0684	<p>F - 684</p> <p>1.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident D, now has all of their medications readily available for administration including Norco as ordered by their physician.</i></p> <p>2.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident B has now had their physician notified related to the orders for wound treatment. An appropriate treatment order is in place and is being provided as ordered by their physician.</i></p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that a housewide audit of all medications and treatments has been conducted to ensure all medications and treatments are</i></p>	11/11/2021

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	<p>The November 2021 MAR (Medication Administration Record) indicated he had not received his scheduled Norco from 11/1/21 through 11/9/21.</p> <p>During an interview on 11/10/21 at 3:42 p.m., LPN 10 indicated that she had been told in shift report that he did not have Norco available and that the medication had been ordered. She was unsure why it had not been addressed earlier.</p> <p>On 11/10/21 at 4:24 p.m., the Executive Director provided the current Medication Administration Policy which read "The facility will provide appropriate care and services to manage the resident's medication regimen to avoid unnecessary medications and minimize negative outcome. The licensed nurse and/ or QMA [Qualified Medication Aide] shall administer each resident's medication in accordance with the physician's orders..."</p> <p>2. Resident B's clinical record was reviewed on 11/9/21 at 9:32 a.m. Resident B's diagnoses included, but not limited to, anoxic(lack of oxygen) brain damage and acute respiratory failure.</p> <p>A physician's order dated 11/3/21 indicated, to cleanse the right ear's open area with wound cleanser, pat dry, apply collagen sheet, and cover with foam dressing daily and as needed for soilage.</p> <p>An observation was made on 11/9/21 at 10:56 a.m. with LPN (Licensed Practical Nurse) 3. Resident B had an open area to his right ear. The dressing in place was a band-aide with the date of 11/9/21.</p> <p>An interview with LPN 3 was conducted on</p>		<p>readily available and appropriate for each resident in accordance with their current physician's orders.</p> <p><i>The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for all licensed nurses and QMAs on the facility's medication administration policy as well as the facility's practice related to the reordering of medications. The staff was also instructed that if a treatment is no longer effective or applicable for the resident, they are to promptly notify the physician and request an appropriate treatment intervention.</i></p> <p><i>The corrective action taken to monitor to ensure the deficient practice will not recur is that a Quality Assurance tool has been developed and implemented to monitor the administration of medications and treatments in accordance with the current physician's orders. The tool will also monitor to ensure that if a treatment is no longer effective or applicable, that there is documentation to support that the physician has been notified and an appropriate treatment intervention has been promptly obtained. This tool will be completed by the Director of Nursing and/or their designee weekly for four weeks, then monthly for three months and</i></p>	

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F 0690 SS=D Bldg. 00	<p>11/9/21 at 10:56 a.m. LPN 3 indicated, she had changed the dressing to the right ear this morning and the foam dressing was not sticking so she just replaced it with a band-aid and a piece of tape. She indicated, she had not thought to inform the physician of the issue with applying the required foam dressing but rather thought as long as the wound was covered with something, that it would be good.</p> <p>An interview with ADON (Assistant Director of Nursing) was conducted on 11/9/21 at 11:17 a.m. ADON indicated, the order should have been clarified with the physician prior to applying the bandaid.</p> <p>This Federal tag relates to complaint IN00363933.</p> <p>This deficiency was cited on 8/19/21 and 10/5/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-37(a)</p> <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 ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized</p>		then quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meetings to determine if any additional action is warranted.	

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	<p>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 interview and record review, the facility failed to ensure a resident with a urinary catheter receives appropriate treatment and services to prevent urinary tract infections (Resident C) and to obtain and record urinary output, as ordered by the physician (Resident D) for 2 of 3 residents reviewed for indwelling catheters.</p> <p>Findings include:</p> <p>1. Resident C's clinical record was reviewed on 11/9/21 at 2:11 p.m. Resident C's diagnoses included, but not limited to, disease of the spinal cord, neuromuscular dysfunction of the bladder, and dependence on ventilator.</p> <p>A physician's order dated 7/14/21 indicated for catheter care to be performed daily on each shift.</p>	F 0690	<p>F - 690</p> <p>1.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident C is now receiving catheter care in accordance with facility policy in an effort to prevent the development of a urinary tract infection. The LPN identified as LPN 3 has been re-educated on the facility policy related to catheter care and has successfully completed a return demonstration on catheter care per facility policy.</i></p> <p>2.) <i>The corrective action taken for those residents found to have</i></p>	11/11/2021

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	<p>A physician's order dated 11/6/21 indicated for the urinary catheter to be irrigated with 60 ml (millimeters) of normal saline once each day.</p> <p>An observation of urinary catheter care and urinary catheter irrigation was performed on 11/9/21 at 3:29 p.m. with LPN (Licensed Practical Nurse) 3. LPN 3 had washed her hands, donned clean gloves, filled a tub with warm water and soap. She grabbed the catheter tubing with her index finger and thumb of one hand and with the other hand, she took a clean, soapy wash cloth and just below labia, she wiped downward. She did this a total of 3 times while rotating the wash cloth each time. She then took another clean, soapy wash cloth and without separating the labia, wiped downward between Resident C's labia. A brown substance was observed on wash cloth when after she finished the wipe. She did not provide any further cleaning to the area between the labia, cleanse the urethral meatus per policy, and did not perform the procedure in the correct order as to not contaminate the catheter tubing.</p> <p>A Urinary Catheter Care policy was received on 11/9/21 at 9:20 a.m. from ED (Executive Director). It indicated, " Steps in Procedure...13. With non-dominant hand separate the labia of the female resident...Maintain the position of this hand throughout the procedure. 14. Assess the urethral meatus. 15. For the female: Use a washcloth with warm water and soap to cleanse the labia. Use one area of the washcloth for each downward, cleansing stroke. Change the position of the washcloth with each downward stroke. Next, change the position of the washcloth and cleanse around the urethral meatus...16. Use a clean washcloth with warm water and soap to cleanse and rinse the catheter from insertions site</p>		<p><i>been affected by the deficient practice is that the resident identified as resident D is now having their urinary output recorded at the end of each shift. During shift change report, the on-coming nurse is verifying with the off-going nurse that the resident's urinary output has been record at this change.</i></p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that all residents with urinary catheters are now receiving catheter care and their urinary outputs are being recorded at the end of each shift. All nursing staff has been re-educated on the facility's catheter care policy and have successfully completed a return demonstration of this task. In addition, during each shift change report, the on-coming nurse is verifying with the off-going nurse that each resident with a urinary catheter has had their urinary output recorded in the clinical record at the end of the shift.</i></p> <p><i>The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for all nursing staff on the facility's catheter care policy and each nursing staff member has successfully completed a return demonstration of catheter care in accordance</i></p>	

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	<p>to approximately four inches downward..."</p> <p>LPN 3 performed the urinary catheter irrigation immediately following the observation of catheter care. She had donned clean gloves, opened the container of normal saline and opened the sterile piston syringe. LPN 3 dunked the piston syringe into the container of normal saline and drew up 60 ml (milliliters) of normal saline. She then with two hands pulled the catheter apart from the drainage tubing and began instilling the normal saline into the end of the catheter. Meanwhile, the tip of the drainage tubing was lying on the residents bed. After instilling the normal saline and allowing it to drain, LPN 3 wiped the tip of the drainage tube with an alcohol pad and reattached the drainage tubing back to the end of the catheter. LPN 3 did not don sterile gloves for the procedure nor did she secure a sterile protector cap to the end of the drainage tubing.</p> <p>A Open System Catheter Irrigation policy was received on 11/10/21 at 4:26 p.m. from ED. It indicated, "Steps in the Procedure...6. Put on sterile gloves. 7. Place the sterile drape under the catheter...10. Disconnect the catheter from the drainage tubing. Cover the open end of the drainage tubing with the sterile protector cap. Position capped tubing so that it remains coiled on the bed surface...13. Remove the protector cap, clean the end of the drainage tubing with an alcohol wipe, and reconnect tubing to the catheter..."2. The clinical record for Resident D was reviewed on 11/9/21 at 2:30 p.m. The Resident's diagnosis included, but were not limited to, pain in right shoulder and neuromuscular dysfunction of the bladder.</p> <p>A Quarterly MDS (Minimum Data Set) Assessment, completed 9/9/21, indicated he had</p>		<p>with acceptable standards of infection control practice. In addition, the facility has adopted a new practice in that at the end of each shift during shift change report the on-coming nurse will verify with the off-going nurse that each resident with a urinary catheter has had their urinary output recorded in the clinical record at the end of the shift. <i>The corrective action taken to monitor to ensure the deficient practice will not recur is that a Quality Assurance tool has been developed and implemented to monitor catheter care to ensure that the task is being successfully completed in accordance with facility policy. In addition, the tool will monitor to ensure that urinary outputs are being consistently recorded in the clinical record each shift for those residents with a urinary catheter. This tool will be completed by the Director of Nursing and/or their designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meeting to determine if any additional action is warranted.</i></p>	

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	<p>an indwelling urinary catheter.</p> <p>A physician's order, dated 10/7/21, indicated to collect urine output every shift.</p> <p>A care plan, dated 9/8/2019, indicated that he had a supra pubic catheter due to a diagnosis of neurogenic bladder. The goal was for him to remain free of catheter-related trauma and the intervention included, but were not limited to, observe and document intake and output.</p> <p>A health status note, dated 11/2/21 at 5:36 p.m., indicated his urinary output was 500 ml (milliliters).</p> <p>A health status note, dated 11/6/21 at 2:55 p.m., indicated his urinary output was 600 ml.</p> <p>A health status note, dated 11/7/21 at 5:25 p.m., indicated his urinary output was 500 ml.</p> <p>The November 2021 TAR (Treatment Administration Record) did not have output record for the following days and shifts: 11/1/21 for the 7:00 a.m. and 7:00 p.m. shifts, 11/2/21 for the 7:00 p.m. shift, 11/3/21 for the 7:00 a.m. and 7:00 p.m. shifts, 11/4/21 for the 7:00 a.m. and 7:00 p.m. shifts, and 11/5/21 for the 7:00 a.m. and 7:00 p.m. shifts.</p> <p>During an interview on 11/10/21 at 3:42 p.m., LPN (Licensed Practical Nurse) 10 indicated she was unsure why the output had not been documented on the November 2021 TAR.</p> <p>During an interview on 11/10/21 at 4:07 p.m., CNA (Certified Nursing Assistant) 14 indicated that the nursing assistance empty the catheter bags each shift and report the output to the nurses for them</p>			

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F 9999 Bldg. 00	<p>to record.</p> <p>On 11/10/21 at 9:20 a.m., the Executive Director provided the current Urinary Catheter Care Policy which read "...Input/ Output 1. Observe the resident's urine level for noticeable increases or decreases. If the level decreases, or increases rapidly, report to the physician or supervisor. 2. Maintain an accurate record of the resident's daily output..."</p> <p>This Federal Tag relates to complaint IN00363933.</p> <p>This deficiency was cited on 8/19/21 and 10/5/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-41(a)(2)</p>	F 9999	F9999 not listed on the 2567	11/11/2021