

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155665	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/16/2018
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NAME OF PROVIDER OR SUPPLIER  MAJESTIC CARE OF NORTH VERNON	STREET ADDRESS, CITY, STATE, ZIP CODE 701 HENRY STREET NORTH VERNON, IN 47265
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00275413.</p> <p>Complaint IN00275413 - Substantiated. Federal/State deficiencies related to the allegations are cited at F641, F655, F690, and F691.</p> <p>Survey dates: October 15 and 16, 2018</p> <p>Facility number: 010996 Provider number: 155665 AIM number: 200232210</p> <p>Census Bed Type: SNF/NF: 112 Total: 112</p> <p>Census Payor Type: Medicare: 14 Medicaid: 88 Other: 10 Total: 112</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on October 22, 2018.</p>	F 0000		
F 0641 SS=D Bldg. 00	<p>483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. Based on observation, interview, and record review, the facility failed to ensure a resident's Minimum Data Set assessment accurately reflected the use of an indwelling Foley catheter</p>	F 0641	<p>All residents with foley catheters have the potential to be affected.</p> <p>MDS coordinator re-educated on</p>	11/14/2018

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 0655 SS=E Bldg. 00	<p>for 1 of 3 residents reviewed for assessments. (Resident E)</p> <p>Findings include:</p> <p>On 10/15/18 at 4:30 p.m., Resident E was observed with an indwelling Foley catheter in place.</p> <p>The clinical record for Resident E was reviewed on 10/15/18 at 4:41 p.m. Diagnoses included, but were not limited to, urinary tract infection and overactive bladder.</p> <p>The admission assessment, dated 8/17/18 at 3:53 p.m., indicated the resident was admitted with an indwelling Foley catheter.</p> <p>The 30 day MDS (Minimum Data Set) assessment, dated 9/14/18, indicated the resident did not have an indwelling Foley catheter and was always incontinent of urine.</p> <p>During an interview, on 10/16/18 at 11:20 a.m., the MDS Coordinator indicated the Foley catheter output documentation was collected by the software system used for nursing documentation. There must have been a glitch and the information did not import. She did not double check the information, which was an error on her part.</p> <p>This Federal tag relates to Complaint IN00275413</p> <p>483.21(a)(1)-(3) Baseline Care Plan §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed</p>		<p>correctly coding MDS assessments. Resident E MDS assessment was immediately updated to accurately reflect the use of a foley catheter.</p> <p>MDS assessments will be reviewed for accuracy of foley catheter coding upon completion of all MDS assessments x6 months.</p> <p>Results will be forwarded to the QA committee monthly x6 months until substantial compliance is achieved.</p>	

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	<p>to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <p>(i) Be developed within 48 hours of a resident's admission.</p> <p>(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-</p> <p>(A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary.</p> <p>Based on observation, interview, and record</p>	F 0655	All residents with foley catheters	11/14/2018

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	<p>review, the facility failed to ensure baseline care plan's were in place for residents with indwelling Foley catheters (Resident B, C and E) and a colostomy (Resident D) for 4 of 4 residents reviewed for baseline care plans.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 10/15/18 at 11:57 a.m. Diagnoses included, but were not limited to, urinary retention and malignant neoplasm of the prostate.</p> <p>The admission assessment, dated 9/6/18 at 6:45 p.m., indicated the resident had an indwelling Foley catheter.</p> <p>The five day MDS (Minimum Data Set) assessment indicated the resident had an indwelling Foley catheter.</p> <p>The clinical record lacked documentation of a baseline care plan for the Foley catheter.</p> <p>During an interview, on 10/15/18 at 4:38 p.m., the DON (Director of Nursing) indicated residents with Foley catheters should have a care plan in place.</p> <p>2. On 10/15/18 at 11:22 a.m., Resident C was observed with a Foley catheter in place.</p> <p>The clinical record for Resident C was reviewed on 10/15/18 at 12:50 p.m. Diagnosis included, but was not limited to, chronic kidney disease.</p> <p>The physician order, dated 9/30/18, indicated a Foley catheter was anchored due to no urine output for greater than 8 hours.</p>		<p>and ostomy have the potential to be affected.</p> <p>Licensed nursing staff re educated on initiating baseline care plans.</p> <p>Baseline care plan reviews will be completed 5 days per week in daily clinical meeting x6 months.</p> <p>Results will be forwarded to the QA committee monthly x6 months until substantial compliance is achieved.</p>	

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	<p>The five day MDS admission assessment, dated 10/6/18, indicated the resident had an indwelling Foley catheter.</p> <p>The clinical record lacked documentation of a baseline care plan for the Foley catheter.</p> <p>3. The clinical record for Resident D was reviewed on 10/15/18 at 3:04 p.m. Diagnosis included, but was not limited to, ovarian cancer with metastases to the digestive tract.</p> <p>The admission assessment, dated 8/17/18 at 5:42 p.m., indicated the resident had a colostomy to the left side of the abdomen.</p> <p>The clinical record lacked documentation of a baseline care plan for the colostomy.</p> <p>During an interview, on 10/15/18 at 4:38 p.m., the DON indicated a resident with a colostomy should have a care plan in place.</p> <p>4. On 10/15/18 at 4:30 p.m., Resident E was observed with an indwelling Foley catheter in place.</p> <p>The clinical record for Resident E was reviewed on 10/15/18 at 4:41 p.m. Diagnoses included, but were not limited to, urinary tract infection and overactive bladder.</p> <p>The admission assessment, dated 8/17/18 at 3:53 p.m., indicated the resident was admitted with an indwelling Foley catheter.</p> <p>The clinical record lacked documentation of a Foley catheter baseline care plan.</p> <p>On 10/16/18 at 9:55 a.m., the DON provided a</p>			

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F 0690 SS=D Bldg. 00	<p>current copy of the document titled "Care Plans - Baseline". It included, but was not limited to, "Policy Statement...A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission...The baseline care plan will be used until the staff can conduct the comprehensive assessment and develop and interdisciplinary person-centered care plan..."</p> <p>This Federal tag relates to Complaint IN00275413</p> <p>3.1-30(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 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</p>			

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	<p>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 an appropriate diagnosis was in place for a resident (Resident C) with a Foley catheter and to ensure physician orders for Foley catheter care were in place (Resident E) for 2 of 3 residents reviewed for indwelling Foley catheters.</p> <p>Findings include:</p> <p>1. During an observation, on 10/15/18 at 11:22 a.m., Resident C was observed with a Foley catheter in place.</p> <p>The clinical record for Resident C was reviewed on 10/15/18 at 12:50 p.m. Diagnoses included, but were not limited to, chronic kidney disease and urinary retention.</p> <p>The physician order, dated 9/30/18, indicated a Foley catheter was anchored due to no urine output for greater than 8 hours.</p> <p>The progress note, dated 9/30/18 at 5:37 p.m., indicated a new order was received to anchor a Foley catheter due to the resident had not voided for over 8 hours and the Nurse Practitioner would be in to re-evaluate on Monday (10/1/18).</p>	F 0690	<p>All residents with foley catheters have the potential to be affected.</p> <p>Licensed nursing staff re educated on appropriate diagnosis for the use of foley catheters and related foley catheter care orders. Resident C foley catheter was discontinued with monitoring of output and follow up appointment made with urologist. Resident E orders were immediately updated to reflect foley catheter care orders.</p> <p>All residents with foley catheters orders reviewed to ensure correct diagnosis with foley catheter care orders in place. Orders will be reviewed monthly with re-writes. New admissions will be reviewed 5 times per week in daily clinical meeting x6 months.</p> <p>Results will be forwarded to the QA committee monthly x6 months until substantial compliance is achieved.</p>	11/14/2018

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	<p>The clinical record lacked documentation of a re-evaluation by the Nurse Practitioner, an appropriate diagnosis for the Foley catheter, and a post void residual since the insertion of the catheter.</p> <p>During an interview, on 10/15/18 at 4:38 p.m., the Director of Nursing indicated staff were following physician orders.</p> <p>2. During an observation, on 10/15/18 at 4:30 p.m., Resident E was observed with an indwelling Foley catheter in place.</p> <p>The clinical record for Resident E was reviewed on 10/15/18 at 4:41 p.m. Diagnoses included, but were not limited to, urinary tract infection and overactive bladder.</p> <p>The admission assessment, dated 8/17/18 at 3:53 p.m., indicated the resident was admitted with an indwelling Foley catheter.</p> <p>The clinical record lacked documentation of physician orders for the specific care of the Foley catheter.</p> <p>During an interview, on 10/15/18 at 4:38 p.m., the Director of Nursing indicated a resident with a Foley catheter should have the care orders in place.</p> <p>On 10/16/18 at 10:20 a.m., the Director of Nursing provided a copy of the nursing procedure guidance procedure guidelines as the facility does not have a policy for Foley catheters. It included, but was not limited to, "Management Of The Patient With An Indwelling...Catheter...Care Of The Indwelling Catheter...Cleanse around the area where the catheter enters urethral meatus...with</p>			

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F 0691 SS=D Bldg. 00	<p>soap and water during the daily bath to remove debris...Avoid using powders and sprays on the perineal area...Avoid pulling on the catheter during cleansing..."</p> <p>This Federal tag relates to Complaint IN00275413</p> <p>3.1-41(a)(1)</p> <p>483.25(f) Colostomy, Urostomy, or Ileostomy Care §483.25(f) Colostomy, urostomy,, or ileostomy care.</p> <p>The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.</p> <p>Based on interview and record review, the facility failed to ensure physician orders were in place for a resident with a colostomy for 1 of 1 resident reviewed for colostomy care. (Resident D)</p> <p>Findings Include:</p> <p>The clinical record for Resident D was reviewed on 10/15/18 at 3:04 p.m. Diagnosis included, but was not limited to, ovarian cancer with metastases to the digestive tract.</p> <p>The admission assessment, dated 8/17/18 at 5:42 p.m., indicated the resident had a colostomy to the left side of the abdomen.</p> <p>The admission orders, dated 8/17/18, lacked documentation of colostomy care orders.</p> <p>During an interview, on 10/15/18 at 4:38 p.m., the DON (Director of Nursing) indicated a resident</p>	F 0691	<p>All residents with ostomy have the potential to be affected.</p> <p>Licensed nursing staff re-educated on colostomy care orders. Resident D is no longer at facility. Colostomy care orders immediately clarified for all residents with an ostomy device.</p> <p>All residents with ostomy orders reviewed to ensure ostomy care orders in place. Ostomy orders will be reviewed monthly with re-writes. New admissions will be reviewed 5 times per week in daily clinical meeting x6 months.</p> <p>Results will be forwarded to the QA committee monthly x6 months until substantial compliance is</p>	11/14/2018

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

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	<p>with a colostomy should have colostomy care orders in place.</p> <p>On 10/16/18 at 10:22 a.m., the DON provided a copy of the nursing procedure guidance procedure guidelines as the facility does not have a policy for colostomy's. It included, but was not limited to, "Procedure Guidelines ..Rinse and dry skin thoroughly after cleansing..."</p> <p>This Federal tag relates to Complaint IN00275413</p> <p>3.1-47(a)(3)</p>		achieved		