

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

PRINTED: 08/26/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155482		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/10/2022	
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 1802 E DOWLING ST KENDALLVILLE, IN 46755			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00386539 and IN00386794.</p> <p>Complaint IN00386539 - Substantiated. Federal/state deficiencies related to the allegations are cited at F690.</p> <p>Complaint IN00386794 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 9 and 10, 2022</p> <p>Facility number: 000529 Provider number: 155482 AIM number: 100267140</p> <p>Census Bed Type: SNF/NF: 45 Total: 45</p> <p>Census Payor Type: Medicare: 9 Medicaid: 31 Other: 5 Total: 45</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 11, 2022.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective August 28th, 2022, to the complaint survey completed on August 10th, 2022.</p> <p>It is the practice of this facility to ensure that resident receive treatment and care in accordance with professional standards of practice.</p> <p>Kendallville Manor would like to respectfully request a desk review/paper compliance of this plan of correction.</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</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 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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	<p>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 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 assess and monitor chronic urinary tract symptoms for 1 of 1 residents reviewed. (Resident C)</p> <p>Findings include:</p> <p>On 8/9/22 at 10:33 A.M., Resident C's record was reviewed. Diagnoses included diabetes, chronic</p>			F 0690	<p>F0690 Bowel/Bladder incontinence</p> <p>1. The corrective action for those residents found to be affected by the deficient practice include:</p> <p>Resident C is no longer on the antibiotic. The medication was discontinued on 7/13/22.</p>		08/28/2022

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	<p>kidney disease, hemiplegia, hemiparesis following stroke, and severe sepsis with septic shock.</p> <p>An admission MDS (Minimum Data Set) assessment, dated 6/10/22, indicated the resident had no cognitive impairment. She required assistance of 2 staff for toileting and was frequently incontinent of bladder and bowel.</p> <p>Care Plans indicated the following:</p> <p>Dated 6/6/22, the resident was on antibiotic therapy for prophylaxis of UTI's (Urinary Tract Infection). The goal was she would be free from discomfort or adverse side effects of antibiotic therapy. Interventions were to administer medication as ordered; monitor for secondary infections due to antibiotics; observe for possible side effects; and report pertinent lab results to the physician.</p> <p>Dated 6/13/22, the resident had bladder incontinence due to impaired mobility. The goal was she would be continent at all times. The intervention was to encourage fluids during the day to promote prompted voiding responses.</p> <p>Resident C was admitted to the facility from another skilled facility where she had chronic UTI's and had been prescribed Nitrofurantoin (antibiotic) 50 milligrams (mg) by mouth every day for prevention of UTI's. While at the previous facility, she had hematuria (blood in urine) and had been referred to a Urologist (bladder specialist) with an appointment scheduled on 6/21/22. Upon admission to the current facility, she was prescribed and administered daily, Nitrofurantoin 50 mg by mouth beginning on 6/3/22 and continuing until 7/13/22.</p> <p>A Nurse Practitioner (NP) note, dated 6/6/22 at</p>				<p>2. Other residents that have the potential to be affected by deficient practice include: All orders were reviewed to identify residents on an antibiotic for UTI. Monitoring of signs/symptoms was added to the orders to assess the resident condition.</p> <p>3. The measures or systemic changes that have been put into place to ensure the deficient practice does not recur include: An in-service was held for licensed nurses on assessing for signs and symptoms of UTI. A review was completed on the policy for the clinical protocol for managing UTI's. An auditing tool has been created to track symptom monitoring.</p> <p>4. The corrective action taken to monitor to assure the deficient practice does not recur: A Performance Improvement Tool has been initiated to audit antibiotic orders received to treat a UTI. The Director of Nursing, or designee, will complete this audit weekly X3, then monthly times x3, then quarterly x3. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tool at least quarterly.</p> <p>5. Date of completion August 28th, 2022.</p>		

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	<p>7:55 a.m., indicated the resident had been seen due to being newly admitted. The resident was assessed to have recurrent UTI's, a repeat urinalysis would be done once she completed her antibiotic (Nitrofurantoin) and she would be referred to urology. At 8:20 p.m., the NP wrote another progress note. The note indicated the resident had been seen for hematuria and Resident C would be prescribed Macrochantin (Nitrofurantoin) 50 mg every day for UTI prevention and would follow up with urology.</p> <p>A urinalysis report, dated 6/8/22, indicated the resident's urine was cloudy and concentrated; had a moderate amount of blood, white blood cells, red blood cells and many bacteria present. A culture and sensitivity report, dated 6/12/22, indicated the resident had over 100,000 Escherichia Coli and 51,000-100,000 Proteus Mirabilis bacteria present. The Escherichia Coli bacteria was sensitive to Nitrofurantoin however, the Proteus bacteria were resistant to the antibiotic.</p> <p>The NP was notified of the urinalysis and culture and sensitivity report on 6/12/22 at 7:40 p.m. There were no new orders.</p> <p>An after visit summary from the Urologist, dated 6/21/22, indicated new orders for a urinalysis with culture and sensitivity to be done as well as an abdominal xray. The summary indicated the resident had urinary urgency, malodorous urine, and incontinence. An antibiotic would not be prescribed until the urine culture results came back. An abdominal x-ray was to be done to evaluate the resident for kidney stones. The summary listed her current medications but did not indicate she was on Nitrofurantoin daily for prophylaxis of UTI's. The resident was to return for a follow up visit on 8/16/22.</p>						

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	<p>A urinalysis report, dated 6/21/22 at 9:00 p.m., indicated the residents urine was cloudy and concentrated; had a moderate amount of blood, white blood cells, red blood cells, nitrites, and many bacteria present. A culture and sensitivity report, dated 6/24/22, indicated the resident had over 100,000 Escherichia Coli and over 100,000 Proteus Mirabilis bacteria present. The Escherichia Coli bacteria were sensitive to Nitrofurantoin however, the Proteus bacteria were resistant to the antibiotic.</p> <p>Nurse notes indicated the urinalysis report and abdominal x-ray reports were faxed to the urologist office on 6/22/22 at 12:03 p.m. and again on 6/23/22 at 4:58 p.m. with no response.</p> <p>A nurse note, dated 6/24/22 at 10:51 a.m., indicated the residents urinalysis, culture and sensitivity report and abdominal x-ray reports were faxed to the urology office for review. There were no new orders at that time. Resident C remained with complaints of urinary urgency, burning, and had foul smelling urine.</p> <p>There was no further documentation completed after 6/24/22, regarding the residents urinary complaints of urgency, burning or foul smelling urine, until 7/11/22.</p> <p>A nurse note, dated 7/11/22 at 1:49 p.m., indicated new orders were received by the facility NP for Pyridium (medicine for bladder spasms) 200 mg by mouth 3 times per day for dysuria (pain with urination) for 3 days.</p> <p>On 7/13/22 at 12:59 p.m., a change in condition form indicated the resident had weakness and was short of breath. Orders were given to transport the</p>						

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	<p>resident to the hospital where she was admitted.</p> <p>On 8/10/22 at 9:25 A.M., the Director of Nursing was interviewed. She indicated there should have been a care plan developed for the resident's chronic UTI's and nursing staff should have assessed and documented the residents continued urinary tract symptoms and complaints.</p> <p>This Federal tag relates to Complaint IN00386539.</p> <p>3.1-41(a)(2)</p>						