

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

PRINTED: 05/18/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155253		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/11/2020	
NAME OF PROVIDER OR SUPPLIER  MEADOWOOD HEALTH PAVILION				STREET ADDRESS, CITY, STATE, ZIP CODE 2455 TAMARACK TRAIL BLOOMINGTON, IN 47408			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00319596.</p> <p>Complaint IN00319596 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684 and F690.</p> <p>Survey dates: March 10 and 11, 2020</p> <p>Facility number: 000156 Provider number: 155253 AIM number: 300024459</p> <p>Census Bed Type: SNF/NF: 49 Total: 49</p> <p>Census Payor Type: Medicare: 13 Medicaid: 2 Other: 34 Total: 49</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on March 16, 2020.</p>		F 0000	<p>By submitting the enclosed material 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 April 12th, 2020 to the annual licensure survey conducted on March 11th, 2020.</p> <p><b>We respectfully request a paper review. We will provide you with any additional information to confirm compliance per your request.</b></p>			
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</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 90 days 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 14 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>with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview, the facility failed to ensure a dressing change, was implemented as ordered by the physician, for a surgical wound for 1 of 3 residents reviewed for wound care. (Resident B).</p> <p>Findings Include:</p> <p>On 3/10/2020 at 11:20 a.m., Resident B's clinical record was reviewed. Diagnoses included, but not limited to: aftercare of displaced trimalleolar fracture right lower leg with external fixation.</p> <p>Resident B's Minimum Data Set (MDS) admission assessment, dated 1/6/2020, indicated Resident B was cognitively intact.</p> <p>Review of Resident B's Treatment Assessment Record (TAR) dated 1/1/2020 - 1/31/2020, indicated physician order dated 1/17/2020 for wound to right calf wet to dry dressing. The order indicated to cleanse with normal saline, pat dry, soak 4x4 gauze with normal saline, wring out, apply to wound and cover with ABD pad and wrap with kerlix. Change every day.</p> <p>Review of the TAR indicated each day 1/18/2020 through 1/31/2020 was signed off by nursing. On 1/26/2020 the DON was informed by an RN on Resident B's hall, Resident B's dressing was dated 1/25/2020, however 1/26/2020 was signed off by LPN 1.</p> <p>Interview with the DON, on 3/11/2020 at 11:15 p.m., indicated she spoke with LPN 1 regarding the signing of the TAR and the dressing showing</p>	F 0684	<p><b>F684 Quality of Care</b></p> <p><b>It is the practice of this facility to ensure residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan and the residents' choices.</b></p> <p><b><i>The correction action taken for those residents found to be affected by the deficient practice include:</i></b></p> <p>1. LPN #1 was issued a disciplinary action including termination.</p> <p>2. Resident B dressing change was completed.</p> <p><b><i>Other residents that have the potential to be affected have been identified by:</i></b></p> <p>Residents were reviewed. No additional residents were identified.</p> <p><b><i>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</i></b></p> <p>Staff has been in-serviced on not signing out medications or treatments until they are administered.</p> <p><b><i>The corrective action taken to monitor performance to assure compliance through quality assurance is:</i></b></p> <p>A Performance Improvement Tool</p>	04/12/2020			

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F 0690 SS=D Bldg. 00	<p>the previous day (3/10/2020), and LPN 1 indicated she did not know how to do a wet to dry dressing and she had signed it off with the intention of asking another nurse to help her, but that she had forgot to do so.</p> <p>Review of LPN 1's health and wellness department orientation checklist for a Licensed Practical/Vocational Nurse indicated, on 12/14/2019. LPN 1 was checked-off for wound dressing changes protocol and competencies.</p> <p>This Federal tag relates to Complaint IN00319596.</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 unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an</p>				<p>has been initiated that randomly observes 5 Residents with meds or treatments for proper sign off with completion observations to be made across a variety of shifts including nights and weekends. The Director of Nursing, or designee, will complete this tool weekly x3, monthly x3, then quarterly x3. Any issues with staff observed out of compliance, re-education will be initiated. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations as needed based on the outcomes of the tools.</p> <p><b>The date the systemic changes will be completed:</b> April 12th, 2020.</p>		

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	<p>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 (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. Based on record review and interview the facility failed to ensure an irrigation solution was administered to a Foley (urinary) catheter as ordered by the physician for 1 of 3 residents reviewed for catheter care (Resident C) and the facility failed to ensure the staff followed a physician's order related to the way a urine specimen was collected for 1 of 3 residents reviewed for obtaining a urine specimen (Resident D).</p> <p>Findings include:</p> <p>1. The clinical record of Resident C was reviewed on 3/11/2020 at 10:30 a.m. Diagnoses included, but were not limited to neoplasm of the bladder and neuromuscular dysfunction of the bladder.</p> <p>Resident C's Minimum Data Set (MD'S) quarterly assessment, dated 2/18/2020, indicated Resident C had an indwelling catheter and was cognitively intact.</p>			F 0690	<p><b>F690 Bowel/Bladder Incontinence, Catheter, UTI</b> <b>It is the practice of this facility to ensure residents who are 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.</b></p> <p><b><i>The correction action taken for those residents found to be affected by the deficient practice include:</i></b> 1.LPN #1 was issued disciplinary action with termination. <b><i>Other residents that have the potential to be affected have been identified by:</i></b> Residents had the potential to be effected. None were identified.</p>		04/12/2020

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	<p>Physician order, dated 12/03/2019 (start date), indicated insert Renacidin Solution. Two vials per irrigation every night shift on every Monday, Wednesday, and Friday for catheter care and perform on days catheter is changed, "IRRIGATION AND CLAMP CATHETER X 30 MINUTES-USE TWO VIALS!"</p> <p>Accessdata.fda.com indicated, Renacidin Solution, irrigation was a sterile, non-pyrogenic irrigation solution for use within the lower urinary tract in the dissolution of bladder calculi (stone) of the struvite or apatite variety, and prevention of encrustation's of urethral catheters.</p> <p>Resident C's MAR (Medication Administration Record) dated 1/2/2020 - 1/31/2020, indicated LPN 1 (Licensed Practical Nurse) signed the MAR that she placed 2 vials of Encoding Solution into Resident C's catheter and clamped for 30 minutes as indicated by the physician's order. Upon review, at that time, the DON (Director of Nursing) indicated she was informed by RN 1, checking the medication cart, that 2 vials of Encoding Solution were still in the medication drawer with the date of 1/22/2020, indicating LPN 1 signed the MAR, but did not administer the medication as indicated by the physician's order.</p> <p>Interview with the DON, on 3/10/2020 at 11:00 a.m., indicated when LPN 1 was interviewed, LPN 1 indicated to the DON she had forgot to administer the medication.</p> <p>On 3/10/2020 at 2:47 p.m., the ADON (Assistant Director of Nursing) provided General Dose Preparation and Medication Administration, revised 01/01/13, and indicated the policy was the</p>		<p><b><i>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</i></b></p> <p>1. Staff has been in-serviced on not signing out medications or treatments until they are administered.</p> <p>2. Staff has been in-serviced on urine specimen, straight catheterization and obtaining a physician's order for such.</p> <p><b><i>The corrective action taken to monitor performance to assure compliance through quality assurance is:</i></b></p> <p>A Performance Improvement Tool has been initiated that randomly reviews 5 Residents with meds or treatments for proper sign off with completion &amp; 3 Residents with specimen collections needed for orders, signature and completion. observations will be made across a variety of shifts including nights and weekends. The DON, or designee, will complete this tool weekly x3, monthly x3, and quarterly x3. Any issues identified will be immediately corrected.</p> <p>The Quality Assurance Committee will review the tool at the scheduled meetings with recommendations for additional interventions as needed based on review of the outcomes of the PI tool.</p> <p><b><i>The date the systemic changes will be completed:</i></b> April 12th, 2020.</p>				

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	<p>one currently being used by the facility. A review of the policy indicated, "...Document necessary medication administration/treatment information (e.g. when medications are open, when medications are given,...application sight) on appropriate forms."</p> <p>2. The clinical record of Resident D was reviewed on 3/11/2020 at 11:00 a.m. Diagnoses included, but were not limited to: Parkinson's disease and dementia.</p> <p>Resident D's Minimum Data Set (MDS), admission assessment dated 1-24-2020, indicated Resident D was severely cognitively impaired.</p> <p>Resident D's order summary report, dated 1/28/2020 (no time noted) indicated for facility to obtain a U/A (urinalysis), C&amp;S (culture and sensitivity) one time only for behaviors for 1 day.</p> <p>Interview with the DON, on 3/6/2020 at 11:00 a.m., indicated during a care conference with Resident D's spouse, administrator and MDS coordinator, Resident D's spouse asked why Resident had to have the urine specimen by catheter. MDS checked Resident D's physician orders, and it was found there was no order for the urine specimen to be obtained by a catheter. The DON was not present, but was notified and an investigation was initiated.</p> <p>The DON indicated during interview with LPN 1, she indicated she had obtained the urine specimen by a catheter, because the order read to obtain a clean catch sample. When the DON educated LPN 1 the difference between a catheter specimen and a clean catch specimen (no</p>						

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	<p>catheter) LPN 1 indicated she was not aware there was a difference.</p> <p>On 3/10/2020 at 2:47 p.m., the ADON provided the Urine Specimen policy, effective date of 9/1/19, and indicated the policy was the one being currently used by the facility. A review of the policy indicated, "This document sets forth the procedures to be followed for collecting a urine specimen for laboratory screening for urinary systemic disorders... Urinal: if the resident is a male and dependent, lift penis and retract foreskin. Wash with soap and water and dry thoroughly.</p> <p>This Federal tag relates to Complaint IN00319596.</p> <p>3.1-41(a)(1) 3.1-41(a)(2)</p>						