

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155701	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2020
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP COD 720 E DUSTMAN RD BLUFFTON, IN 46714
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: January 2, 3, 6, 7, 8 & 9, 2020.</p> <p>Facility number: 000576 Provider number: 155701 AIM number:</p> <p>Census Bed Type: SNF/NF: 59 SNF: 2 Residential: 29 Total: 90</p> <p>Census Payor Type: Medicare: 2 Medicaid: 22 Other: 66 Total: 90</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 10, 2020</p>	F 0000	This letter along with the attached Plan of Correction and supporting documentation serve as our Allegation of Compliance that by January 31, 2020, Christian Care Retirement Community will have corrected the sited deficiency under F695 and have all of the systemic changes implemented to comply with State and Federal regulations. We are respectfully requesting a paper compliance review of our Plan of Correction.	
F 0695 SS=D Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the</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>comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on observation, interview and record review the facility failed to ensure the oxygen tubing was maintained for 1 of 1 resident reviewed (Resident 60)</p> <p>Findings include,</p> <p>Review of Resident 60's records began on 1/6/20 at 4:13 p.m., indicated diagnoses included, but were not limited to, chronic obstructive pulmonary disease, asthma, sleep apnea and right upper lobe infiltrate of lung.</p> <p>Review of Resident 60's Admission MDS (Minimum Data Set) Assessment, dated 12/13/19, indicated the resident had a BIMS (Brief Interview for Mental Status) score was 15/15, which indicated the resident was cognitively intact. The MDS Assessment also indicated Resident 60 received oxygen therapy before and while they were a resident at the facility.</p> <p>Review of Resident 60's Physician Orders indicated an order dated 12/6/19 was to apply oxygen at 3.0 liters/minute (l/min, a measurement of oxygen flow) continuously with a start date of 12/6/19. The orders were lacking for changing the oxygen tubing and humidifier. An order dated, 1/1/20, for an antibiotic, Levaquin 500 mg (milligram, a measurement) give one time a day for 7 days for right lobe infiltrates, with a start date of 1/1/20.</p> <p>Review of Resident 60's chest x-ray results, dated 12/31/19, indicated, slight right upper lobe infiltrates.</p>	F 0695	<p>This letter along with the Plan of Correction and supporting documentation serve as our Allegation of Compliance that by January 31, 2020, Christian Care Retirement Community will have corrected the sited deficiency and have all of the systemic changes implemented to comply with State and Federal regulations. We are respectfully requesting a paper compliance review of our Plan of Correction.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The oxygen tubing for Resident #60 was changed on 1/5/2020. The oxygen tubing for Resident #60 was changed again two weeks from 1/5/20 (on 1/19/2020) in accordance with facility policy and manufacturer recommendation. The task for changing the tubing every two weeks is set up in the Treatment Administration Record for Resident #60. The tubing in use by Resident #60 includes a label with the date the tubing was applied, the change by date and the initials of who changed the tubing.</p> <p>How other residents having the</p>	01/31/2020

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	<p>An observation and interview with Resident 60 on 1/2/20 at 11:47 a.m., indicated they had just gotten pneumonia, and also indicated they had a pneumonia vaccine in the past. Resident 60 was observed be sitting in their wheelchair towards the end of the bed, they had an oxygen cannula in their nose, the tubing was draped over the bed from the oxygen concentrator which was behind the recliner chair. The oxygen tubing and the humidification bottle were lacking a date labeled on them, to when it was last changed. An interview with the Resident indicated they did not know if the tubing had been changed lately.</p> <p>An interview with Nurse 1 on 1/3/20 at 11:09 a.m., indicated the oxygen tubing and the humidification bottle were to be changed weekly, on Sundays, and as needed. The nurse indicated they do not label the oxygen tubing, nor the humidifier bottle with a date when it was first used. Nurse 1 indicated they document in the resident's TAR (treatment administration record) when the oxygen tubing and humidification bottle was changed.</p> <p>Review of Resident 60's TAR on 1/3/20 at 11:30 p.m., indicated the documentation was lacking for when the oxygen tubing or the humidifier bottle was changed. The TAR was lacking an entry to document the changing of oxygen tubing nor the humidifier.</p> <p>An interview on 1/7/20 at 4:00 p.m., the DON (Director of Nursing) indicated the oxygen tubing was to be changed every 2 weeks and the humidification bottle was to be changed monthly and as needed.</p> <p>Review of Resident 60's TAR for January 2020, provided by the DON on 11/7/20 at 5:03 p.m.,</p>		<p>potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken; All residents with current oxygen orders were reviewed to ensure the tubing is being maintained in accordance with facility policy and manufacturer recommendation. All were found to be in compliance. What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur; <i>Corrective Measure:</i> At the time an order for oxygen administration is received, an entry to change oxygen tubing every 2 weeks will be established in the EMR triggering the task on the Treatment Record. There is open box on the treatment record that the nurse/QMA is required to sign off each time the task is completed. As the initial oxygen administration is set up and then every two weeks thereafter upon tubing change, the nurse will apply a label which indicates:</p> <ol style="list-style-type: none"> 1. The date the tubing was applied, 2. The change by date (2 weeks), and 3. The initials of who changed the tubing <p>The tubing for concentrators and portable tanks will be changed and labeled as outlined above. Additionally, the following has</p>	

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	<p>indicated an entry date of 1/3/20, to change the oxygen tubing every 2 weeks, on Sunday morning the first date was on 1/5/20. The TAR also indicated an entry date of 1/3/20, to change the humidifier one time a month, on the 1st Monday in the morning, the first date was on 1/6/20.</p> <p>An interview on 1/7/20 at 5:14 p.m., the DON indicated there were not any earlier entries in Resident 60's record which indicated the oxygen tubing was changed prior to 1/3/20.</p> <p>On 1/8/20 at 8:53 a.m., the DON provided the manufacture's recommendations for changing the oxygen tubing with cannula. She indicated the manufacture's recommendation was to replace the nasal cannula at least once every 14 days.</p> <p>Review of the current facility policy, provided by the DON on 1/7/20 at 4:00 p.m., titled, Oxygen Administration, with a revision date of 5/13, indicated, "...Change oxygen tubing bi-weekly...."</p> <p>Review of the manufacturer's recommendation, provided by the DON on 1/8/20 at 8:53 a.m., titled, Nasal Cannula Technical Bulletin, with revision date of 4/2019, indicated, "...Recommend replacing the nasal cannula at least once every 14 days..."</p> <p>3.1-47(a)(6)</p>		<p>been added to the admission checklist (followed by the admitting nurse): <i>If resident is admitted on oxygen, set up task for tubing to be changed every 2 weeks</i> <i>Systemic Change:</i> To assure the tubing change is assigned properly to the Treatment Record, the nurse on the oncoming shift will verify the new order for oxygen is entered correctly and the tubing change has been added to the Treatment Record. This order will also be checked by the office nurse assigned to check orders for that particular hall. The office nurse will also perform a visual check that the tubing change label was properly dated and in place. All RN's, LPN's, and QMA's will be in-serviced by the DON on 1/24/20. The in-service will explain the process for setting up the TAR guidance for accessory equipment such as oxygen tubing, oxygen humidifier, nebulizer tubing, etc. Any RN's, LPN's or QMA's not present on 1/24/20 will be in-serviced no later than 1/31/20.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur (what quality assurance program will be put into place) A respiratory monitoring worksheet is in place to ensure oxygen tubing is maintained according to policy and</p>	

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.	R 0000	<p>manufacture recommendation. Since tubing changes occur every other Sunday, the worksheet will be completed by the DON weekly (to catch bi-weekly rotations) for six months. The worksheet serves as verification that the task of changing the tubing was done and documented in the TAR. The worksheet also serves to verify that the label indicating the recent change date and the change by date was applied to the tubing.</p> <p>DON will report worksheet results monthly to the Administrator and QAPI team for 6 months following the Plan of Correction approval. After 6 months of review, the QAPI team will determine if monitoring worksheet can be stopped or must continue based on compliance of tubing being changed bi-weekly as evidenced on worksheet.</p> <p>By what date the systemic changes for each deficiency will be completed: January 31, 2020</p>	
			This letter along with the attached Plan of Correction and supporting documentation serve as our	

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

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	<p>Survey dates: January 6, 7, 8 & 9, 2020</p> <p>Facility number: 000576</p> <p>Residential Census: 29</p> <p>Christian Care Retirement Community was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed January 10, 2020.</p>		<p>Allegation of Compliance that by January 31, 2020, Christian Care Retirement Community will have corrected the sited deficiency under F695 and have all of the systemic changes implemented to comply with State and Federal regulations. We are respectfully requesting a paper compliance review of our Plan of Correction.</p>	