

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

PRINTED: 07/31/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155214		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/17/2024	
NAME OF PROVIDER OR SUPPLIER  SAINT ANTHONY				STREET ADDRESS, CITY, STATE, ZIP COD 203 FRANCISCAN DR CROWN POINT, IN 46307			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 Recertification and State Licensure Survey and the Investigation of Complaint IN00431905 completed on May 20, 2024.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00437126, IN00437267, IN00438344, and IN00438487.</p> <p>Complaint IN00431905 - Corrected.</p> <p>Complaint IN00437126 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437267 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00438344 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00438487 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 16 and 17, 2024</p> <p>Facility number: 000120 Provider number: 155214 AIM number: 100274780</p> <p>Census Bed Type: SNF/NF: 149 SNF: 31 NCC: 3 Total: 183</p> <p>Census Payor Type: Medicare: 24</p>			F 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jami Moore

HFA

07/26/2024

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 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 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 0690 SS=D Bldg. 00	<p>Medicaid: 106 Other: 53 Total: 183</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 7/19/24.</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 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</p>						

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	<p>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, record review, and interview, the facility failed to provide appropriate treatment and services for care of a resident with a clinically-justified indwelling catheter related to ensuring urinary output was recorded as per the plan of care for 3 of 3 residents reviewed for urinary catheters. (Residents 170, 121 and 89)</p> <p>Findings include:</p> <p>1. On 7/16/24 at 3:40 p.m., Resident 170 was observed lying in bed. There was a urinary catheter bag attached to the side of the bed with a moderate amount of urine in the bag.</p> <p>The resident's record was reviewed on 7/9/24 at 2:48 p.m. Diagnoses included, but were not limited to, obstructive uropathy, diabetes mellitus and traumatic amputation of right lower leg.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 6/20/24, indicated the resident had moderate cognitive impairment and was dependent for toileting assist. The resident had an indwelling urinary catheter.</p> <p>The current Urinary Care Plan indicated the resident was at risk for infection or complications related to an indwelling catheter. An intervention included to document the catheter output every shift.</p> <p>The Bowel and Bladder Care in the Tasks section, dated 7/5/24 to 7/16/24, indicated the catheter</p>			F 0690	<p><b>The corrective actions that were accomplished for those residents to have been affected by from the practice are:</b></p> <p>Residents were assessed. Urine output noted.</p> <p>Family and physicians were notified. Residents are in stable condition and experienced no negative outcomes as a result of this observation.</p> <p><b>How other residents of the facility were identified to potentially be affected by the practice are:</b></p> <p>Whole house audit of residents with orders to document urine output was completed.</p> <p><b>The facility has taken the following measures to ensure that the problem has been corrected and will not recur by:</b></p> <p>All CNAs educated on urine output documentation charting.</p> <p>CNAs who did not complete documentation received a written counseling.</p> <p>During audits, any note discrepancies will result in a 1:1 education with clinical staff and written counseling.</p> <p><b>Quality Assurance plans and monitoring practices that have been implemented to make</b></p>		07/24/2024

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	<p>output was not documented on the following dates and shifts:</p> <ul style="list-style-type: none"><li>- Day shifts on: 7/10/24 and 7/11/24</li><li>- Evening shifts on: 7/9/24, 7/12/24 and 7/16/24</li><li>- Midnight shifts on: 7/6/24, 7/9/24 and 7/12/24</li></ul> <p>During an interview on 7/17/24 at 10:43 a.m., the Director of Nursing indicated they were auditing the urinary outputs and educating staff when holes in the charting were noted. 2. On 7/17/24 at 1:20 p.m., Resident 121 was observed sitting in his wheelchair in the unit dining room eating lunch. There was a urinary catheter bag hanging from the bottom of his wheelchair with a moderate amount of urine in the bag.</p> <p>Record review for Resident 121 was completed on 7/17/24 at 8:51 a.m. Diagnoses included, but were not limited to, congestive heart failure, obstructive uropathy, and type 2 diabetes mellitus.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 6/4/24, indicated the resident was cognitively impaired, had an indwelling urinary catheter, and was dependent on staff for toileting assistance.</p> <p>A Care Plan, updated 7/12/24, indicated the resident was at risk for infection or complications related to an indwelling catheter. An intervention included to document the catheter output every shift.</p> <p>A Physician's Order, dated 7/9/24, indicated to give ciprofloxacin (an antibiotic) 250 milligrams (mg) daily for 10 days for a urinary tract infection.</p> <p>The Medication Administration Record, dated 7/2024, indicated the resident was currently receiving ciprofloxacin for a urinary tract infection.</p>				<p><b>sure corrections are achieved and are permanent are:</b></p> <p>DON/Designee will review all results with orders for urine output (7) days per week for (6) months to ensure urine output is documented per orders. DON/Designee will report audit findings to the QAP committee monthly for (6) months. The QAPI committee will monitor the data present for any trend and determine if further monitoring/action is necessary for continued compliance.</p>		

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	<p>The Bowel and Bladder Care in the Tasks section, dated 6/18/24-7/16/24, indicated the catheter output was not documented on the following dates and shifts:</p> <ul style="list-style-type: none"> <li>- Day shifts: 6/23/24, 7/1/24, 7/2/24, 7/3/24, 7/4/24, and 7/16/24</li> <li>- Evening shifts: 6/19/24, 6/28/24, 7/1/24, and 7/16/24</li> <li>- Night shifts: 6/29/24, 6/30/24, 7/1/24, and 7/3/24</li> </ul> <p>During an interview on 7/17/24 at 10:43 a.m., the Director of Nursing indicated they were continuing to do their audits and would provide education to the CNAs as they found issues with documentation. They had completed a staff inservice on 7/1/24.3. Resident 89's record was reviewed on 7/16/24 at 10:37 a.m. Diagnoses included, but were not limited to, obstructive and reflux uropathy, benign prostatic hyperplasia, and chronic kidney disease with heart failure.</p> <p>The Quarterly Minimum Data Set assessment, dated 6/21/24, indicated the resident was cognitively intact for daily decision making. He was dependent on staff for toileting hygiene and bathing, required maximal assistance for transfers, and had an indwelling catheter.</p> <p>A Care Plan, dated 4/26/23, indicated the resident required assistance with activities of daily living. Interventions included, but were not limited to, extensive assistance for toilet use and provide additional staff assistance as needed.</p> <p>A Care Plan, dated 5/8/23, indicated the resident was at risk for infections and/or complications related to an indwelling catheter. Interventions included, but were not limited to, document catheter output every shift.</p>						

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	<p>The Bowel and Bladder Care in the Tasks section, dated 6/18/24-7/17/24, indicated the catheter output was not documented on the following dates and shifts:</p> <ul style="list-style-type: none"><li>- Day shifts: 6/26/24 and 7/11/24</li><li>- Evening shifts: 6/21/24, 6/22/24, 6/26/24, 7/2/24, and 7/11/24</li><li>- Night shifts: 7/8/24 and 7/9/24</li></ul> <p>During an interview on 7/17/24 at 10:43 a.m., the Director of Nursing indicated they were continuing to do their audits and would provide education to the CNAs as they found issues with documentation. The education was ongoing.</p> <p>This deficiency was cited on May 20, 2024. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-41(a)(2)</p>						