STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155496	A. BUILDING 00 B. WING	04/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VALLEY VIEW HEALTHCARE CENTER	333 W MISHAWAKA RD ELKHART, IN 46517

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00376741, IN00376068, IN00376098, and IN00374814. Complaint IN00376741 - Substantiated. Federal/state deficiencies related to the allegations are cited at F561. Complaint IN00376068 - Substantiated. Federal/state deficiencies related to the allegations are cited at F690. Complaint IN00376098 - Unsubstantiated due to lack of evidence. Complaint IN00374814 - Substantiated. Federal/state deficiencies related to the allegations are cited at F557 and F561. Survey dates: March 29, 30 and 31, and April 2, 4, 5 and 6, 2022 Facility number: 000523 Provider number: 155496 AIM number: 100266930 Census Bed Type: SNF/NF: 80 Total: 80 Census Payor Type: Medicare: 2 Medicaid: 67 Other: 11 Total: 80 These deficiencies reflect State Findings cited in	F 0000	The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	accordance with 410 IAC 16.2-3.1.in regard to the Investigation of Complaints IN00376741 IN00376068 IN00376098 and IN00374814. Quality review completed 4/14/22.			
F 0557 SS=D Bldg. 00	483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. Based on interview and record review, the facility failed to ensure 1 of 5 residents who were reviewed for Resident Rights was treated in a manner that respected their rights regarding the retention and use of personal property. (Resident B) Finding includes: On 3/29/22 at 9:30 A.M., during an interview, Resident B indicated she was notified by the previous Social Service Director and by the current Social Service Director that she had to get rid of her vehicle because Medicaid wouldn't allow her to keep it. The resident indicated the previous Social Service Director and the current Social Service Director came to her room on an unknown date, and the current Social Service Director said she was not allowed to drive her vehicle even if she had a valid driver's licence, and she had 30 days to remove the vehicle from the facility property. The resident indicated the only	F 0557	1. Resident B remains a resident at the facility and has her personal vehicle on the facility property. The social service director is no longer employed at the facility. 2. There are no other residents requesting their personal vehicle be maintained on the facility property. 3. The current IDT has been in-serviced on Resident Rights with emphasis on: residents' right to exercise his or her rights without interference, coercion, discrimination or reprisal from the facility... (E) Respect and dignity. The resident has a right to be treated with respect and dignity, including... (2) Personal Possession. The right to retain and use personal	04/07/2022

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	reason the Social Service Director gave her was that Medicaid wouldn't allow her to have the vehicle. Resident B indicated she was not given any related policies or papers and that she did not sign any paperwork regarding her vehicle. The resident indicated she called the Administrator on an unknown date and told him her doctor cleared her to drive, but the Administrator said she has to get rid of her vehicle because Medicaid wouldn't allow her to have it. Resident B indicated she has been trying to get transferred to another local facility. On 3/30/22 at 9:40 A.M., during an interview, the Administrator indicated a couple weeks ago the previous Social Service Director told Resident B that she could not keep her vehicle because Medicare would not allow it and the vehicle would be towed if she didn't move it. The Administrator indicated when he learned of the interaction between the previous Social Service Director and Resident B, he immediately corrected the misinformation with Resident B and told her she could have her vehicle at the facility. The Administrator indicated he told the resident, given her health status, it may not be the best idea to drive, but never told her she was not allowed to drive and never told her she could not have a vehicle at the facility. The Administrator indicated the previous Social Service Director was placed on Administrative Leave for this action and other concerns on 3/25/22. On 4/1/22 at 10:00 A.M., during an interview, the Social Service Director indicated that the previous Social Service Director told the resident that her family needed to pick up her vehicle because Medicaid would not allow her to keep it at the facility. The Social Service Director indicated she never told the resident that she could not have		possessions...unless to do so would infringe upon the rights or health and safety of other residents..." 4. The IDT will complete 3 resident interviews a week for 90 days regarding possession of personal property and the right to be treated with respect and dignity. The SSD will report the findings of the audits to the monthly QAPI meeting and the QAPI committee will determine if 100% compliance is met or if ongoing monitoring is required.	

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	her vehicle and never told the resident that she had to move her vehicle. On 4/1/22 at 12:45 P.M., during an interview in Resident B's room with the Administrator and Resident B, the Administrator indicated the resident misunderstood that she had to move her vehicle. The Administrator indicated that because Resident B was looking to transfer to another facility, she would have to take her vehicle from the facility lot within 30 days of discharge, or it would have to be towed away. Resident B indicated she had been trying to go to a facility closer to her family, and now she understood why the facility said she would have to move her vehicle. On 4/4/22 at 2:47 P.M., Resident B's Progress Notes were provided by the Director of Nursing and reviewed at that time. The resident's Progress Notes indicated the following; On 3/7/2022 at 12:26 P.M., the previous Social Service Director indicated she met with resident on this date, advising her that the facility did not allow residents to have personal vehicles on the facility property. The resident became upset and angry, stating she would relocate. On 3/8/2022 at 1:20 P.M., the current Social Services Director indicated she and the previous Social Service Director spoke with Resident B about her vehicle, explained that she would be able to keep her vehicle on property if A) she did not drive and B) that she needed to be scheduled for a discharge. Resident B stated that her daughter would be picking up the vehicle some time in the upcoming weekend. On 3/10/2022 at 10:18 A.M., the previous Social			

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	Services Director indicated Resident B purchased a vehicle which was parked in the facility parking lot. Resident B was counseled in regards to safety issues as well as facility policy, stating that residents are not permitted to have their vehicles on facility property, nor drive them. Resident B was advised that if her vehicle was not removed from the property, she would need to discharge. Resident B refused to sign an agreement contract, however, will have her vehicle removed from the property in the upcoming weekend when her daughter was available to assist her. On 3/16/2022 at 4:08 P.M., the previous Social Services Director indicated she met with Resident B as a follow-up regarding 3/10/22 meeting. Resident B was advised that she could not keep her personal vehicle on the property of the facility per policy. Resident B was advised that the vehicle needed to be removed immediately or resident would need to discharge no later than 30 days after the conversation, 4/10/22. As of 3/16/22, the resident had not removed her vehicle. Resident B stated she would discharge the facility with all of her belongings no later than 4/10/22. The previous Social Service Director was going to submit admission paperwork to another local facility on behalf of the resident. Review of a note provided by the Administrator on 3/30/22 at 11:00 A.M. and dated 3/30/22, indicated the following,"...Writer [Administrator] met with [Resident B], via telephone on March 7, 2022 to discuss her concerns regarding her vehicle on the premises. Resident was reassured that her vehicle being on the premises was permissible. During the course of the conversation,, we did discuss meeting with her physician to confirm that driving was safe. Resident indicated that she would continue to			

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	drive while a resident at the center...." On 3/29/22 at 2:00 P.M., the Infection Preventionist provided an undated facility policy entitled, "FEDERAL Resident Rights & Facility Responsibilities," that was reviewed at that time. The policy indicated, "...(B) Exercise of rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. (1) No Interference. The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination or reprisal from the facility...(E) Respect and dignity. The resident has a right to be treated wit respect and dignity, including...(2) Personal Possession. the right to retain and use personal possessions,...unless to do so would infringe upon the rights or health and safety of other residents..." This Federal tag relates to complaint IN00374814. 3.1-9(a)			
F 0561 SS=D Bldg. 00	483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of			

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	this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. Based on observation, interview, and record review, the facility failed to honor the bathing preferences of 5 of 5 residents reviewed for showers and bathing. This deficient practice had the potential to affect all 80 residents who bathed, showered, and resided in the facility. (Residents B,C,D,F, and L). Findings include: On 3/29/22 at 9:30 A.M., during an observation and interview with Resident B, the resident was noted to be in her bed wearing a night gown with uncombed hair with general unkempt appearance. The resident indicated she did not get regular showers or baths only getting showered about 1 time per month. Resident B indicated she was supposed to get at least 2 showers every week on Wednesday and Saturday afternoons. During a Resident Council meeting on 3/29/22 at 2:00 P.M., Resident L indicated the facility was not providing showers to residents as scheduled.	F 0561	1. 1. Residents B, C, D, F, and L received a shower. 2. 2. All residents residing in the facility have the potential to be affected. The SSD/Designee will interview residents to validate choice in bathing. Shower schedules have been updated to reflect any preference changes. 3. 3. In-services will be provided to nursing staff members to include: a).Personal Bathing and choices. b). CNAs will complete a shower sheet for documentation of care provided. 4. DON/Designee to validate shower/bathing schedules are being followed/provided during am clinical meetings by comparing the schedule with the completed shower sheets. Any concerns or issues identified will be addressed with appropriate staff. The DON/	04/22/2022

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	Resident L indicated the residents were supposed to get 2 to 3 showers per week and they often don't get any showers during the week. During an interview on 3/29/22 at 3:54 P.M., the Infection Preventionist indicated the facility recently developed a new program to ensure residents receive their scheduled showers. The Infection Preventionist indicated the facility residents should receive at least 2 showers every week and more if that is the resident's preference. During an interview on 3/29/22 at 4:03 P.M., the Director of Nursing indicated not all of the facility residents had been receiving their showers 2 times weekly or per their preference. The Director of Nursing indicated the facility is working on developing a better system to provide residents showers at least 2 times every week. The Director indicated the Certified Nursing Assistants should be following the shower schedule and documenting the resident's showers and bathing refusals. On 3/30/22 at 2:22 P.M., Resident B's clinical record was reviewed. Resident B's Admission Sheet indicated the resident was admitted to the facility on 2/07/22, with an original admission date of 7/14/21. Resident B's most recent comprehensive Minimum Data Set (MDS), was a quarterly assessment dated 2/14/22, and indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. The resident required extensive assistance in Activities of Daily Living (ADLs), and required physical assistance of 1 person in part of bathing activity. The residence preferences were not documented in the MDS.		Designee will complete an audit daily x 5 days for 4 weeks, then three times a week for 4 weeks, then weekly for 4 weeks, and quarterly thereafter. The DON will report the results of audit at the QAPI Committee Monthly. The QAPI committee will determine when compliance is achieved or if ongoing monitoring is required.	

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	On 3/29/22 at 4:10 P.M., the Director of Nursing provided the facility's shower schedule that indicated Resident B's scheduled bath or shower days were Wednesday and Saturday between 2:00 P.M. and 10:00 P.M. On 3/30/22 at 11:20 A.M., the Director of Nursing provided Resident B's "Documentation Survey Report v2," that was reviewed at that time and indicated Resident B received a bath or shower on the following days: Tuesday, 1/18/22 at 9:59 P.M. shower Tuesday, 1/25/22 at 4:18 P.M. shower Resident was out of facility from 1/31/22 to 2/07/22 Friday, 2/11/22 at 8:27 P.M. shower per resident's request Saturday, 2/12/22 at 1:59 P.M. shower Thursday, 2/17/22 at 9:14 P.M. shower Saturday, 2/19/22 at 1:37 P.M. bathing type was not documented Tuesday, 2/22/22 at 3:51 P.M. shower per resident's request Tuesday, 3/01/22 at 5:51 P.M. Resident Refused Friday, 3/18/22 at 9:21 P.M. Resident Refused Saturday, 3/26/22 at 11:37 P.M. bathing type was not documented On 3/30/22 at 2:45 P.M., Resident C's clinical record was reviewed. Resident C's Admission Sheet indicated the resident was admitted to the facility on 1/21/22, with an original admission date of 6/14/21. Resident C's most recent comprehensive Minimum Data Set (MDS), was the Admission assessment dated 1/27/22, and indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. The resident's "Preferences for Customary			

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	Routing and Activities," indicated it was somewhat important to her to choose between a tub bath, shower, bed bath, or spongebath, but the resident's preference were not completed in the MDS assessment. Resident C required extensive assistance in most Activities of Daily Living (ADLs), and was totally dependent on physical assistance of 1 for bathing. On 3/29/22 at 4:10 P.M., the Director of Nursing provided the facility's shower schedule that indicated Resident C's scheduled bath or shower days were Monday, Wednesday, and Friday between 6:00 A.M. and 2:00 P.M. On 3/30/22 at 11:20 A.M., the Director of Nursing provided Resident C's "Documentation Survey Report v2," that was reviewed at that time and indicated Resident C received a bath or shower on the following days: Monday, 1/31/22 at 4:12 P.M., bed bath Thursday, 2/3/22 at 6:41 P.M., bed bath Thursday, 2/10/22 at 4:03 P.M. bed bath Monday, 2/14/22 at 8:30 P.M. bed bath Thursday, 2/17/22 at 6:49 P.M. bed bath Friday, 2/18/22 at 1:59 P.M. bed bath Thursday, 2/24/22 at 4:01 P.M. bed bath Monday, 2/28/22 at 7:32 P.M. bed bath Thursday, 3/3/22 at 6:54 P.M. bed bath Thursday, 3/10/22 at 7:07 P.M. bed bath Monday, 3/14/22 at 9:00 P.M. bed bath Thursday, 3/17/22 at 9:08 P.M. bed bath Thursday, 3/24/22 at 8:45 P.M. bed bath On 3/30/22 at 3:00 P.M., Resident D's clinical record was reviewed. Resident D's Admission Sheet indicated the resident was admitted to the facility on 3/11/19, with an original admission date of 10/26/12.			

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	Resident D's most recent comprehensive Minimum Data Set (MDS), was a quarterly assessment dated 1/8/22, and indicated the resident had a Brief Interview for Mental Status (BIMS) score of 5, indicating significant cognitive impairment. The resident required extensive assistance in Activities of Daily Living (ADLs), and was totally dependent on physical assistance of 1 for bathing. On 3/29/22 at 4:10 P.M., the Director of Nursing provided the facility's shower schedule that indicated Resident D's scheduled bath or shower days were Tuesday and Friday between 6:00 A.M. and 2:00 P.M. On 3/30/22 at 11:20 A.M., the Director of Nursing provided Resident D's "Documentation Survey Report v2," that was reviewed at that time and indicated Resident D received a bath or shower on the following days: Tuesday, 1/4/22 at 12:42 P.M. bed bath Tuesday, 1/11/22 at 12:42 P.M. bed bath Tuesday, 1/18/22 at 1:59 P. M. shower Tuesday, 2/8/22 at 9:00 A.M. bed bath Tuesday, 2/15/22 at 1:59 P.M. bed bath Friday, 2/25/22 at 10:28 A.M. bed bath Tuesday, 3/1/22 at 1:59 P.M. bed bath Friday, 3/4/22 at 10:52 A.M. bed bath Tuesday, 3/8/22 at 11:39 A.M. bed bath Tuesday, 3/15/22 at 1:59 P.M. bed bath Friday, 3/18/22 at 1:59 P.M. bed bath Tuesday, 3/22/22 at 12:22 P.M. bed bath Tuesday, 3/29/22 at 12:07 P.M. bed bath On 3/30/22 at 3:15 P.M., Resident F's clinical record was reviewed. Resident F's Admission Sheet indicated the resident was admitted to the facility on 2/9/22, with an original admission date			

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	of 11/20/20. Resident F's most recent comprehensive Minimum Data Set (MDS), was a quarterly assessment dated 2/7/22 and indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact. The resident required extensive to total assistance in ADLs, and was totally dependent with assistance of 2 for bathing activity. On 3/29/22 at 4:10 P.M., the Director of Nursing provided the facility's shower schedule that indicated Resident F's scheduled bath or shower days were Tuesday and Friday between 6:00 A.M. and 2:00 P.M. On 3/30/22 at 11:20 A.M., the Director of Nursing provided Resident F's "Documentation Survey Report v2," that was reviewed at that time and indicated Resident F received a bath or shower on the following days: Friday, 2/4/22 at 7:53 A.M. bed bath Tuesday, 2/8/22 at 9:48 A.M. unknown bath type Friday, 2/18/22 at 1:59 P.M. bed bath Friday, 2/25/22 at 10:50 A.M. shower Friday 3/25/22 at 3:20 A.M. bed bath On 4/6/22 at 11:30 A.M., Resident L's clinical record was reviewed. Resident L's Admission Sheet indicated the resident was admitted to the facility on 8/20/20. Resident L's most recent comprehensive Minimum Data Set (MDS), was a quarterly assessment dated 3/1/22 and indicated the resident had a Brief Interview for Mental Status (BIMS) score of 12 indicating moderate cognitive impairment. The resident required limited assistance in ADLs and supervision for bathing activity.			

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(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
	On 3/29/22 at 4:10 P.M., the Director of Nursing provided the facility's shower schedule that indicated Resident L's scheduled bath or shower days were Tuesday and Friday between 6:00 A.M. and 2:00 P.M. On 4/6/22 at 1:00 P.M., the Director of Nursing provided Resident L's "Documentation Survey Report v2," that was reviewed at that time and indicated Resident L received a bath or shower on the following days: Thursday, 2/3/22 at 10:08 A.M. shower Monday, 2/7/22 at 10:47 A.M. shower Thursday, 2/10/22 at 10:36 A.M. bed bath Monday, 2/21/22 at 10:25 A.M. shower Monday, 2/28/22 at 11:41 A.M. shower Monday, 3/29/22 at 3:13 A.M. shower On 4/6/22 at 1:00 P.M., the policy titled, "...Personal Bathing and Showering," dated 4/25/18, was provided by the Corporate Vice President, and reviewed at that time. The policy indicated, "...Residents have the right to choose their schedules, consistent with their interests...This includes, but is not limited to, choices about the schedules and type of activities for bathing that may include a shower, a bed-bath or tub bath, or a combination and on different days..." This Federal tag relates to complaint IN00374814 and IN00376741. 3.1-3(a)(t)			
F 0690 SS=G Bldg. 00	483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that			

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	155496	A. BUILDING 00 B. WING	04/06/2022

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	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. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (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; (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 (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. §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 interview and record review, the facility failed to ensure 1 of 3 residents reviewed for urinary tract infections, received appropriate treatment and services to prevent a worsening urinary tract infection, when the resident demonstrated signs of a urinary tract infection and when the resident's contaminated urinalysis	F 0690	1. 1.Resident C readmitted to the facility 1/21/2022 after completing treatment with antibiotics. 2. 2. An audit was completed to validate any resident with a lab order had the lab obtained and	04/22/2022

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	was not repeated. (Resident C) Finding includes: On 3/30/22 at 10:00 A.M., Resident C's clinical record was reviewed. The resident's Admission record indicated the resident was initially admitted to the facility on 6/14/21 and readmitted to the facility on 1/21/22. A review of Resident C's most recent comprehensive Minimum Data Set (MDS) was a quarterly assessment dated 1/27/22 and indicated the following; Resident C's Brief Interview for Mental Status Score (BIMS) of 15, indicated the resident was cognitively intact. The resident required extensive assistance for transfers and toilet use, was not steady and required staff assistance for moving from seated to standing position and surface-to-surface transfers, and utilized a wheelchair for mobility. Resident C was always incontinent of bladder and frequently incontinent of bowel. Diagnoses included but were not limited to, fall, stroke, anxiety disorder, metabolic encephalopathy. Resident C had a fall in the last month prior to reentry, and recent surgery. The resident received surgery involving the kidneys, and ureters and was on 6 days of antibiotics in the previous 7 days. Review of the Progress Notes included, but were not limited to the following: 11/22/21 at 11:34 A.M., Nurse Practitioner (NP) Note indicated, "...seen for post covid with urinary sx [symptoms]...She c/o [complains of] dyssuria off and on according to son she [has] been delusional over the weekend..." 11/29/21 at 1:19 A.M., Nurses Note indicated,		reviewed by the physician or nurse practitioner. Any findings have been addressed with the physician or nurse practitioner, resident, and family. 3. 3. Education was completed with all licensed nurses to include the nurse practitioner on the Lab Services and Results Reporting. 4. 4. The DNS/Designee will audit five times a week lab orders to validate all labs have been obtained, resulted, and any follow up orders implemented. This will be an ongoing process completed in the clinical AM meeting. All results of these audits will be reported to the monthly QAPI Committee and the QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.	

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	"...resident was lowered to the ground by CNA (Certified Nursing Assistant) while she was being transferred from wheelchair to the bathroom...no injuring [sic] or complain [sic] at this time..." 11/30/21 at 9:56 A.M., Nurse Practitioner Note indicated, "...seen for felling [sic] lethargic...She fell the other day she is independent able to transfer herself. she [She's] c/o[complains of] dyssuria off and on...She is seen laying in bed and she says she [is] afraid of getting up and said she cannot take care of herself anymore or doesn't want to go back home...We will run labs..." 12/2/21 at 11:30 A.M., Nurse Practitioner Note indicated, "...seen for felling [sic] lethargic and alter mental status changes. the last few days she did more complaining abut [sic] staff she is post covid she never did mentioned [sic] what is bothering her. She had a fall and she was altos told that she was getting close to dc and since then she just laid in bed...She c/o [complained of] dyssuria off and on...She is seen laying in bed with no effort to eat or drink. She mentioned she [is] afraid of getting up and said she cannot take care of herself anymore or doesn't want to go back home. She is likely making her statement. the [The] labs order [ordered] today she refuses. She appears more pallor..." 12/2/21 at 12:08 P.M., Nurses Note indicated, "...Resident continues to refuse to get out of bed and not do anything for herself. Seen by the Nurse Practitioner who stated vital signs are ok but to send her out to local Emergency Room due to her being lethargic and altered mental status. Son notified. Resident refused her labs this A.M...." 12/2/21 at 7:40 P.M., Nurses Note. "...Resident			

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	admitted to local hospital with right femur fracture, urinary tract infection, low white blood cell count, and a possible blood clot...." A review of Resident C's Physical Therapy Notes indicated the following: On 11/24/21 at 9:30 A.M., Resident C "...reports that she had pain and discomfort in her abdomen and when she urinates. Nursing is aware and a U/A [urinalysis] has been initiated per pt [patient]...." On 11/29/21 at 3:10 P.M., Resident C "...required coaxing and cueing to eat this day. Pt [patient] is lethargic and confused...." On 11/30/21 at 3:17 P.M., Resident C "...appears to be lethargic and increased confusion. Spoke with NP [Nurse Practitioner] and a U/A [urinalysis] was completed with no findings and lab work is being done to find out why patient is showing a decline...." On 3/30/22 at 2:23 P.M., the Director of Nursing provided Resident C's clinical record from local hospital, and it was reviewed at that time. The report indicated Resident C was admitted to the local hospital on 12/2/21 at 1:40 P.M. for altered mental status, possible uti, and lethargy. Review of the resident's hospital "History and Physical" documentation for services provided on 12/15/22 at 4:40 P.M., indicated, "...history of pyelonephritis and recurrent UTIs [urinary tract infections]. bilateral hydronephrosis and right renal hematoma and had bilateral stents placed at [local hospital] in September 2021...presented from nursing home to ER [emergency room] on 12/2/2021 with encephalopathy and lethargy...on			

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	12/3/21 patient underwent IR [interventional radiology] guided nephrostograms, right nephrostomy placement, left percutaneous nephroureteral stent placement. Patient also underwent IR guided aspiration of right thigh hematoma and was continued on broad-spectrum antibiotics. Patient underwent right hip hemiarthrosplasty with placement of antibiotics spacers, right hip irrigation and debridement on 12/3/21. After procedures patient was admitted to ICU [intensive care unit] on 12/3/2021 for further management/pressor support for septic shock and required transfusion. Patient was started on CRRT [continuous renal replacement therapy]. Infectious disease consulted for E. coli bacteremia and pyelonephritis and per infectious disease recommendation patient will require 6 week of antibiotics...." On 3/31/22 at 10:28 A.M., the Director of Nursing provided Resident C's Urine Culture lab which was reviewed at that time. The documented collection date was 11/23/21 at 00:00 and reported dated was 11/26/21 at 10:33 A.M. The report indicated the lab results were reviewed by the Nurse Practitioner on 11/26/21 at 11:28 A.M. The report indicated, "Result...MIXED PATH, PROBABLE CONTAMINATION..." On 4/6/22 at 1:05 P.M., the Corporate Vice President provided a laboratory order that was reviewed at that time. The order was dated 11/30/21 at 9:44 A.M., to obtain a lab for complete blood count (CBC) and basic metabolic panel (BMP), to be drawn on 12/2/21. On 3/31/22 at 10:51 A.M., an interview with the Nurse Practitioner indicated he reviewed Resident C's urinary report on 11/26/21 and was aware the			

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	urine sample was contaminated. The NP indicated he did not assess the resident until he returned to the facility on 11/30/21. The NP indicated the Physical Therapist Assistant reported the resident's condition of lethargy and increased confusion to him on 11/30/21 and so he ordered labs to be collected on 12/2/21. The NP indicated labs were collected in the facility only on Tuesdays and Thursdays, so he did not order a urinalysis to be repeated and also indicated he did not repeat the urinalysis because "the resident was complaining about everything. It was my bad, we should have repeated the U/A [urinalysis]."The NP indicated Resident C refused labs to be drawn on 12/2/21 so decided to send her to the emergency room because she was so lethargic and wasn't acting right. On 3/31/22 at 11:40 A.M., an interview with the Director of Nursing indicated only 1 urinalysis was collected from Resident C in November and December. The Director of Nursing indicated the residents contaminated urinalysis should have been repeated. On 4/6/22 at 12:01 P.M., a document entitled, "NURSING FACILITY LABORATORY AGREEMENT," dated 9/28/2018, was provided by the Administrator and reviewed at that time. The laboratory agreement with the facility indicated, "...[local laboratory] will provide STAT (life threatening situation) services 24 hours per day, 365 days per year...." On 4/6/22 at 1:05 P.M., a policy entitled,"Laboratory and Radiological Services and Results Reporting," dated 3/22/2019 and revised on 1/18/2022, was provided by the Corporate Vice President and reviewed at that time. The policy indicated, "...The facility is			

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	responsible for the quality and timeliness of services whether services are provided by the facility or an outside resource. There are clinical and physiological risks when laboratory..services are not performed in a timely manner or the results of these services are not reported and acted upon quickly. Delays may adversely affect a resident's diagnosis, treatment, assessment and interventions(SOM, 2017)..." This Federal tag relates to complaint IN00376068. 3.1-41(2)			