

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155273	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/29/2023
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NAME OF PROVIDER OR SUPPLIER CYPRESS GROVE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00421148.</p> <p>Complaint IN00421148: Deficiencies related to the allegations are cited at F690.</p> <p>Survey dates: November 28 & 29, 2023</p> <p>Facility number: 000173 Provider number: 155273 AIM number: 100290920</p> <p>Census Bed Type: SNF/NF: 83 Total: 83</p> <p>Census Payor Type: Medicare: 3 Medicaid: 38 Other: 42 Total: 83</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 5, 2023.</p>	F 0000	<p>Deficiency ID: F _ 0000 Completion Date: 12/18/2023 Plan of Correction for Cypress Grove Rehabilitation Center F000</p> <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 December 18, 2023.</p> <p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after December 18, 2023.</p>	
F 0690 SS=E 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 assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brandon P Burns	Executive Director	12/20/2023

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>§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 observation, interview, and record review, the facility failed to ensure routine catheter care was provided and infection control measures were maintained to prevent the development of urinary tract infections for 3 of 4 residents reviewed for catheter care. Routine catheter care and monthly catheter changes were not provided as ordered by a physician and catheter tubing was observed on the floor during 2 of 2 days of the survey. (Resident C, Resident D, Resident F, Resident G)</p> <p>Findings include:</p>	F 0690	<p>Residents D, F & G have been reviewed and catheter bags were replaced and tubing are off the floor. Catheter care has also been provided as ordered. Resident C no longer resides at the facility</p> <p>All residents who require catheter care have the potential to be affected by the alleged deficient practice. All residents with catheters have been reviewed and</p>	12/18/2023
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	<p>1. During record review on 11/28/23 at 11:20 A.M., Resident C's diagnoses included, but were not limited to dementia, urinary tract infection, severe sepsis, hydroureter, type II diabetes, obstructive and reflux uropathy, and chronic kidney disease.</p> <p>Resident C's most recent annual MDS (Minimum Data Set) assessment, dated 9/21/23, indicated the resident had severe cognitive impairment and had an indwelling catheter.</p> <p>Resident C's physician orders included, but were not limited to; Foley catheter care every shift (started 6/4/19) and change Foley catheter first Monday of every month (started 5/15/20).</p> <p>Resident C's care plan included, but was not limited to; resident has history of taking prophylactic antibiotic for chronic urinary tract infections (started 3/28/18), resident requires an indwelling urinary catheter for obstructive and reflux uropathy. Resident often pulls catheter apart and opens bag at times, spilling urine on bed and floor. Resident is at risk for infection and skin breakdown. (started 11/27/16). Care plan interventions included, but were not limited to change catheter per physician order, do not allow tubing or any part of the drainage system to touch the floor, and provide assistance with Foley catheter care.</p> <p>Resident C's medication administration (MAR) / treatment administration record (TAR) was reviewed from 7/1/23 through 10/25/23. The following orders were not documented as administered on the following dates: Foley catheter care every shift (started 6/4/19) was not provided on 7/2/23 (night shift), 7/8/23 (night shift), 8/21/23 (night shift), 8/25/23 (night shift),</p>		<p>their tubing & catheter bags are off the floor. All residents with catheter bags have been reviewed to ensure catheters are changed per physician orders.</p> <p>Education provided to nursing staff related to catheter care. IDT to audit catheter documentation during daily clinical meeting to ensure catheter care being provided as ordered. Staff to be educated to check for catheter and tubing to be always off floor. Re-education to be provided to nursing staff related to catheter care as needed. DNS/Designee to round each shift to ensure catheter bags/tubing are not touching the floor.</p> <p>The DNS/designee will be responsible for the completion of an Catheter Care QA Tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</p>	

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	<p>8/27/23 (night shift), and 9/1/23 (night shift). Change Foley catheter first Monday of every month (started 5/15/20) was not completed on 8/7/23 and 10/2/23.</p> <p>Resident C's progress notes from 7/1/23 through 10/25/23 included the following: 8/5/23 - Resident on antibiotic for UTI 10/12/23 - Resident not responding to staff and will not take anything by mouth. Orders received for stat labs and urinary analysis. 10/12/23 - Orders received to send to hospital.</p> <p>Resident C's hospital discharge summary, dated 10/17/23, included that Resident C's admitting diagnoses included UTI and sepsis. A discharge diagnosis included UTI associated with indwelling urethral catheter. The "Hospital Course" included, "He was sent to the emergency department where he was noted to have significant urinary tract infection. Urine is very dark with considerable sediment and strong odor... Workup in [Emergency Room] shows white count of 13.8, temp 100.8° (degrees Fahrenheit), pulse of 92 with a lactate of 1.3. However given his altered mental status and worsening kidney function, patient does meet criteria for severe sepsis..."</p> <p>2. During an observation on 11/29/23 at 9:25 A.M., Resident D was sitting in a wheelchair in his room on the West hall. The resident's catheter bag was clipped to the bottom of his wheelchair and the tubing was resting on the floor.</p> <p>During an observation on 11/29/23 at 9:45 A.M., Resident D was wheeling himself in his wheelchair from the West hall to the East hall to a common TV area in front of the East hall nurse's station. Resident D's catheter tubing was dragging the hall</p>			

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	<p>floor as he wheeled himself.</p> <p>During an observation of care on 11/29/23 at 10:15 A.M., QMA 5 provided catheter care to Resident D. Following the completion of care, QMA 5 assisted Resident D back to his wheelchair and clipped the resident's catheter bag to the bottom of the wheelchair. The catheter tubing was resting on the resident's room floor.</p> <p>During record review on 11/29/23 at 10:20 A.M., Resident D's diagnoses included, but were not limited to chronic kidney disease, neuromuscular dysfunction of bladder, retention of urine, and overactive bladder.</p> <p>Resident D's most recent annual MDS (Minimum Data Set) assessment, dated 8/18/23, indicated the resident had an indwelling catheter.</p> <p>Resident D's physician orders included, but were not limited to catheter care every 4 hours due to excessive intake and output (started 3/20/23).</p> <p>Resident D's care plan included, but was not limited to; Resident requires a supra pubic catheter due to retention of urine due to neuromuscular dysfunction of bladder and is at risk for infection (started 9/29/21). Care plan interventions included, do not allow tubing or any part of the drainage system to touch the floor, and provide assistance with catheter care.</p> <p>Resident D's medication administration (MAR) / treatment administration record (TAR) was reviewed from 10/1/23 through 11/29/23. Catheter care every 4 hours (started 3/20/23) was not provided on 10/1/23 (5:00 P.M.), 10/2/23 (1:00 A.M. and 9:00 A.M.), 10/10/23 (5:00 P.M.), 10/14/23 (1:00 A.M.), 10/16/23 (1:00 A.M.),</p>			

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	<p>10/20/23 (9:00 A.M.), 10/27/23, (9:00 A.M.), 11/3/23 (9:00 A.M.), 11/4/23 (1:00 P.M.), 11/5/23 (1:00 P.M.), 11/6/23 (9:00 A.M.), 11/11/23 (9:00 P.M.), 11/17/23 (9:00 A.M.), 11/19/23 (9:00 A.M.), 11/20/23 (9:00 P.M.), 11/21/23 (9:00 A.M. and 9:00 P.M.) and 11/27/23 (9:00 A.M.).</p> <p>3. During an observation on 11/29/23 at 9:30 A.M., Resident F was lying in bed in his room. The resident's catheter bag and tubing were lying on the floor next to the bed.</p> <p>During record review on 11/29/23 at 10:03 A.M., Resident F's diagnoses included, but were not limited to neuromuscular dysfunction of bladder and multiple sclerosis.</p> <p>Resident F's most recent significant change MDS (Minimum Data Set) assessment, dated 11/1/23, indicated the resident had an indwelling catheter.</p> <p>Resident F's physician orders included, but were not limited to supra pubic catheter care every shift (started 6/4/19).</p> <p>Resident F's care plan included, but was not limited to; Resident has history of urinary tract infection (UTI) recurrent with supra pubic catheter due to neurogenic bladder and multiple sclerosis (started 6/15/19) and resident requires a supra pubic catheter due to neurogenic bladder, at risk for infection, recurrent UTI, due to multiple sclerosis. Resident at times will remove his catheter bag and put on floor, will also put in lap (started 5/8/15). Care plan interventions included, do not allow tubing or any part of the drainage system to touch the floor, and provide assistance with catheter care.</p> <p>Resident F's medication administration (MAR) /</p>			

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	<p>treatment administration record (TAR) was reviewed from 10/1/23 through 11/29/23. Supra pubic catheter care every shift (started 6/4/19) was not provided on 10/1/23 (day shift), 10/11/23 (night shift), 11/6/23 (night shift), and 11/13/23 (day shift).</p> <p>4. During a random observation on 11/28/23 at 12:25 P.M., Resident G was sitting in a wheelchair in her room. The resident's catheter tubing was resting on the room floor.</p> <p>During an interview on 11/29/23 at 9:50 A.M., RN 2 indicated staff should ensure that residents with a catheter have their catheter bags and tubing up off of the floor to help prevent UTI's.</p> <p>During an interview on 11/29/23 at 10:15 A.M., QMA 5 indicated catheter care should be charted each shift or more often if ordered, and that staff should document if a resident refuses catheter care.</p> <p>During an interview on 11/29/23 at 10:45 A.M., CNA 6 indicated staff should clean the residents catheters every day and empty the catheter drainage bag every shift.</p> <p>On 11/29/23 at 2:30 P.M., the facility administrator supplied a facility policy titled, Nursing, dated 6/2023. The policy included, "Policy: The nursing staff shall follow infection control guidelines to prevent the spread of infection... 2. Resident Care equipment: a. Licensed nursing staff is responsible for the insertion/removal of medical devices, including but not limited to, indwelling urinary catheters... b. Urinary catheters should have a catheter bag cover over them or a wash basin underneath them as a barrier to prevent catheter bag or tubing from touching the ground."</p>			

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

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	This citation relates to complaint IN00421148. 3.1-41(a)(2)				