

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155029	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2021
NAME OF PROVIDER OR SUPPLIER COMMUNITY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 5600 E 16TH ST INDIANAPOLIS, IN 46218	
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00360521 and IN00359623.</p> <p>Complaint IN00359623 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00360521 -Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: August 25, 2021</p> <p>Facility number: 000012 Provider number: 155029 AIM number: 100274900</p> <p>Census bed type: SNF/NF: 45 Total: 45</p> <p>Census payor type: Medicaid: 34 Other: 11 Total: 45</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 30, 2021</p>		F 0000	
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</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>facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview, and record review, the facility failed to reschedule a resident's missed urology appointment for 1 of 3 residents reviewed for appointments. (Resident K)</p> <p>Findings include:</p> <p>The clinical record for Resident K was reviewed on 8/25/21 at 2:35 p.m. The diagnoses included, but were not limited to, BPH (Benign prostatic hyperplasia, also called prostate gland enlargement) and contiguous unstageable pressure ulcer of the back, buttock, and hip.</p> <p>The 7/29/21 nurse practitioner note read, "Acute visit at [name of facility] due to abnormal labs and patient c/o [complaints of] urine leakage....Patient's PSA (prostate-specific antigen test] returned elevated. Today patient reports urine leaking getting into bilateral buttock wounds. He denies dysuria or hematuria. Patient denies abdominal pain for flank pain. Noted large pile of paper towel on the floor, near bedside. Per nursing, patient stuffing paper towels due to urine leakage. He is requesting indwelling catheter....assessment: 1. BPH without obstruction/lower urinary tract symptoms. Ambulatory referral to Urology. 2. Elevated PSA Ambulatory referral to Urology. 3. Pressure injury of skin of buttock, unspecified injury stage, unspecified laterality. Plan: 1. BPH without obstruction/lower urinary tract symptoms. Continue Flomax, Finasteride. Will order bladder scan q [every] shift X [times] 3 days - Ambulatory referral to Urology; Future. 2. Elevated PSA -</p>	F 0684	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident K had missed urology appointment rescheduled.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>All residents with appointments scheduled have the potential to be affected by deficient practice.</p> <p>DNS/Designee will complete a facility audit of all residents with scheduled appointments within the last 30 days to ensure that residents with missed scheduled appointments have been rescheduled. All residents with missed appointments will have them rescheduled per physician ordered.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>DNS/Designee will complete in-service/education for all licensed staff on following appointment standards on or before 09/24/21. ED/Designee will</p>	09/24/2021

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	<p>Ambulatory referral to Urology: Future. 3. Pressure injury of skin of buttock, unspecified injury stage, unspecified laterality. Facility wound team following. Continue routine turns, dietitian recommendations, and skin breakdown interventions. May use ex-dwelling catheter."</p> <p>The physician's orders indicated a 7/30/21 order to refer to Urology for a diagnosis of BPH and elevated PSA.</p> <p>The 8/3/21 physician note read, "BPH without urinary obstruction. Will order Flomax bid [twice daily.] Bladder scan if available (broke for months). In/out cath [catheter] if needed. Scheduled to see urology on 8/16."</p> <p>The 8/3/21 nurse's note, written by LPN (Licensed Practical Nurse) 2 read, "Appointment scheduled with the Urology clinic for 8-16-21."</p> <p>The physician's orders indicated a urology appointment for 8/16/21 at 10:00 a.m.</p> <p>An interview was conducted with Resident K on 8/25/21 at 2:42 p.m. He indicated he didn't know anything about a urology appointment on 8/16/21, and if he had one, he didn't go.</p> <p>An interview was conducted with UM (Unit Manager) 3 on 8/25/21 at 2:44 p.m. She indicated Resident K did not go to his urology appointment on 8/16/21, because the transportation company did not come to pick him up. The appointment was just rescheduled today, 8/25/21, and was unsure as to why it was not rescheduled before now.</p> <p>An interview was conducted with the AD on 8/25/21 at 2:55 p.m. She indicated, on 8/13/21, she set up the transportation for Resident K's 8/16/21</p>		<p>complete an appointment audit using the Administrative Meeting tool Monday through Friday x 30 days, areas thereafter will be monitored through the QAPI process.</p> <p>How will the corrective actions be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>DNS/ designee will complete the Appointment QAPI tool weekly times 4 weeks, monthly times 6 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 the threshold of 95% is not achieved an action plan will be developed to ensure compliance. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p>	

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	<p>urology appointment, but the transportation company never came and she never received another transportation request form from nursing for a rescheduled urology appointment until today.</p> <p>The AD provided the Transport Form for Resident K's 8/16/21 urology appointment. There was a side note on the top of the form dated 8/16/21 at 8:01 a.m. The note read, "Still working on it."</p> <p>An observation of Resident K was made on 8/25/21 at 3:45 p.m. He was wearing a gown, lying in bed on top of an incontinent pad. There was a urinal on his bedside table with 1/2 inch of urine inside.</p> <p>This Federal tag relates to Complaint IN00359623.</p> <p>3.1-37(a)</p>			