

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

PRINTED: 01/19/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155482		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/28/2022	
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 1802 E DOWLING ST KENDALLVILLE, IN 46755			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0690 SS=D 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> <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 interview and record review, the facility failed to ensure interventions were initiated related to bowel incontinence and constipation for</p>			F 0690	Plan of correction By submitting the enclosed		12/17/2022

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

TITLE

(X6) DATE

Celestine Morgan

RN

12/16/2022

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 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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	<p>1 of 3 residents reviewed. (Resident B).</p> <p>Findings include:</p> <p>On 11/28/22 at 10:58 A.M., Resident B's record was reviewed. Diagnoses included left sided hemiplegia/hemiparesis due to stroke, diabetes with polyneuropathy, chronic kidney failure, constipation, history of fall with clavicle fracture, and history of recurrent sepsis due to urinary tract infections. The resident was currently hospitalized following a diagnosis of ileus (temporary lack of muscle contractions of the intestines) which could be caused from a blockage, certain medications such as narcotics, infections, kidney or lung disease, or decreased blood supply to the intestines.</p> <p>A significant change MDS (Minimum Data Set) assessment, dated 8/4/22, indicated the resident had a BIMS (Brief Interview Mental Status) of 15, no cognitive impairment. She had no behaviors or rejection of care. She was dependent on 2 staff members and hoist lift for transfers. She required extensive assistance of 2 for toileting and personal hygiene. Resident B was frequently incontinent of bowel and was not on a bowel toileting program. The resident was prescribed a narcotic medication for pain she received all days of the assessment.</p> <p>A Comprehensive Bladder and Bowel Evaluation form, dated 6/7/22 at 11:45 a.m., indicated the resident was incontinent of bowel with symptoms of constipation. The assessment indicated that a stroke and diabetes could affect her bowel function as well as use of anti-depressant medication. There was no further evaluation completed to restore her bowel function, if possible. Her bowel incontinence was to be</p>				<p>materials, 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 17th, 2022, to the complaint survey completed on November 28th, 2022. Kendallville Manor would like to respectfully request a desk review/paper compliance of this plan of correction.</p> <p>F0690 Bowel/Bladder incontinence It is the practice of this facility to ensure that resident receive treatment and care to treat bowel incontinence and prevent constipation in accordance with professional standards of practice.</p> <p>The corrective action for those residents found to be affected by the deficient practice include:</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Charts were reviewed for all residents that have bowel incontinence and constipation. Toileting programs for bowel</p>		

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	<p>managed with scheduled incontinence care.</p> <p>A Comprehensive Bladder and Bowel Evaluation form, dated 7/27/22 at 3:32 p.m., indicated the resident was continent of bowel but required extensive assistance to total dependence with bowel management, a risk factor for bowel incontinence. The evaluation hadn't addressed how the resident's change in mobility (from a stand up lift to a hoier lift) would affect her ability to use the toilet nor how the use of routine narcotics would impact her constipation.</p> <p>Review of care plans indicated there was no plan developed to address the cause or management of the resident's bowel incontinence, diagnosis of constipation, use of constipation causing medications, or change in ability to sit on the toilet for bowel elimination.</p> <p>On 11/28/22 at 3:14 P.M., the Director of Nursing was interviewed. She indicated Resident B should've had interventiona implemented for her bowel incontinence and constipation.</p> <p>A current facility policy, titled "Bowel and Bladder Evaluation", revised 6/1/2019, stated the following:"Residents are evaluated for continence on admission/readmission, quarterly, and with significant change in status. Residents who have been determined to be incontinent without a documented irreversible cause...will be further evaluated for potential for bowel or bladder management...On admission, residents without a documented reversible cause for bowel and bladder incontinence will have a bowel and bladder evaluation completed and will have bowel and bladder elimination pattern evaluation completed...Scheduled toileting programs, re-training programs, and routine incontinent care</p>				<p>incontinence were initiated for those residents determined to be candidates. A BM list will be running each night and the bowel protocol followed as indicated to prevent constipation. The care plans for those residents with the potential to be affected were updated to include interventions for treatment of incontinence and preventing constipation.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur. Nurses and CNAs have been in-serviced on toileting programs to improve bowel incontinence and bowel protocol for preventing constipation. The policies for bowel training and the bowel protocol have been reviewed by the IDT team. A Performance Improvement Tool has been developed that audits the need for bowel training programs and potential for constipation.</p> <p>The corrective action taken to monitor the deficient practice to ensure it will not recur: A Performance Improvement Tool has been initiated that randomly reviews 5 residents to ensure that bowel training programs have been initiated as indicated, the bowel protocol has been followed, and care plans have been updated with interventions. The DON, or</p>		

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	<p>will be added to the resident care plan."</p> <p>This Federal tag relates to Complaint IN00394874.</p> <p>3.1-35(a)</p>				<p>designee, will complete this tool weekly x3, monthly x3, and then quarterly x3. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations as needed based on the outcomes of the tools.</p> <p>By what date the systemic changes for each deficiency will be completed:</p> <p>December 17, 2022</p>		