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	08/18/2022

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 IN00387634, IN00387008 and IN00387073. Complaint IN00387634 - Unsubstantiated due to lack of evidence. Complaint IN00387008 - Substantiated. Federal/State deficiencies related to the allegations are cited at F0690. Complaint IN00387073 - Substantiated. Federal/State deficiencies related to the allegations are cited at F0690. Survey dates: August 16, 17, & 18, 2022 Facility number: 000523 Provider number: 155496 AIM number: 100266930 Census Bed Type: SNF/NF: 77 Total: 77 Census Payor Type: Medicare: 3 Medicaid: 74 Total: 77 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed 8/25/22.	F 0000		
F 0690 SS=D Bldg. 00	483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence.			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	§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. §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 a resident with an indwelling urinary catheter received appropriate treatment and services to prevent a urinary tract infection (UTI), for 1 of 2 residents reviewed for indwelling urinary catheters, (Resident B).	F 0690	**F690** **Bowel/Bladder Incontinence, Catheter, UTI** Preparation and execution of this plan of correction does not	09/02/2022

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	Finding includes: On 8/17/21 at 2:00 P.M., Resident B's medical records were reviewed. Resident B's Admission Record indicated an admission date of 5/11/22 with diagnoses that included, but were not limited to, hemiplegia to left side, hydroureter (an abnormal enlargement of the ureter), hydronephrosis (an abnormal enlargement of the kidney), and obstructive and reflux uropathy. Review of Resident B's most recent Comprehensive Minimum Data Set (MDS) dated 7/25/22, indicated the resident had a Brief Interview for Mental Status (BIMS) Score of 7, indicating severe cognitive impairment, required an indwelling catheter and colonostomy, and required extensive assistance in all activities of daily living. Review of the resident's Physician's Order Summary Report dated from 5/11/22 to 8/31/22, included but were not limited to: "Indwelling Urinary (Foley) Catheter: measure and record output every shift..." dated 5/18/22, and to "Change Foley catheter monthly every day shift every 1 month(s) starting on the 10th for 28 day(s) for Urinary retention..." dated 6/8/22 and discontinued on 8/2/22. Review of Resident B's treatment records (TAR), from 6/1/22 to 8/1/22 indicated the resident's Foley Catheter had not been changed since 6/21/22, and the urinary catheter output had not been recorded as ordered at the following times: 6/1/22, evening and night shifts 6/3/22, evening and night shifts		constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. **The facility cordially requests paper compliance regarding alleged deficient practices.** 1. Resident B was not harmed by the alleged deficient practice. The resident no longer resides at the facility. 2. All residents with an indwelling urinary catheter have the potential to be affected by same alleged deficient practice. All residents with an indwelling urinary catheter have been reviewed to ensure output is measured/recorded each shift and any catheter change is per the MD order and documented. - 3. DON/Designee has educated all licensed nurses on the Catheter Care policy with an emphasis on “chronic indwelling catheters should not be changed routinely but replaced only for reasons of obstructions or other malfunction or prior to initiating antimicrobial treatments for symptomatic urinary tract infections”, as well as catheters	

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	6/4/22, night shift 6/6/22, night shift 6/11/22, night shift 6/18/22 night shift 6/19/22 night shift 6/21/22 day shift 6/22/22 day, evening, and night shift 7/2/22 night shift 7/10/22 night shift 7/19/22 evening shift 7/28/22 day shift 7/31/22 day shift Review of Resident B's Care Plans included but were not limited to: "...Indwelling Catheter related to urinary tract infection, benign prostatic hyperplasia, hydrouteter and obstructive uropathy, dated 5/16/22 and revised on 5/26/22. Interventions included but were not limited to, Change catheter per medical provider order, and PRN [as needed]...." Review of Nurse's Progress Note dated 8/1/2022 at 12:07 P.M., "...Situation: The Change In Condition/s...Evaluation are/were: Shortness of breath Unresponsiveness...:" Review of Nurse's Progress Note dated 8/1/2022 at 12:54 P.M., indicated, "...Resident had a change in condition.. initiated EMS [Emergency Medical Service], MD [Medical Doctor] and family notified...." On 8/17/22 at 12:59 P.M., Resident B's Emergency Room Physician's Report dated 8/1/22, was provided by Unit Manager 1 and reviewed at that time. The report indicated, "...he [Resident B] as signs of urinary tract infection [UTI]...with signs of sepsis... Assessment/plan...2. UTI 3. Sepsis Severe...."		are to be changed per MD order. In addition, the nursing staff have been educated on the Catheter Drainage Bag and Tubing Maintenance Policy with emphasis on drainage bags will be emptied each shift and documented. 4. DON/Designee will audit all new admissions for indwelling urinary catheter placement to ensure physician orders are in place for catheter changes, catheter care and output monitoring. In addition, all catheters will be reviewed to ensure they are being change per MD order and output is measured and recorded each shift. This will occur in daily clinical meeting, Monday thru Friday, 5 x wk x 4 wks, then 3 x wk x 4 wks then 1 x wk x 4 wks. DON/Designee will report on audits monthly to the interdisciplinary team for a total of 6 months during QAPI Meeting. The IDT will determine if the audits are necessary to continue after 6 months with 100% compliance achieved.	

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	On 8/18/22 at 12:32 P.M., the policy titled," Intake and Output Measurement" with an effective dated of 1/1/2000 and revised on 8/7/18 was provided by Unit Manager 1 indicating this was the current policy, was reviewed at that time. The policy indicated, "...The nurse is responsible for the oversight...of output of fluids including urine...V. Documentation a. In the medical record as a 24 hour summary balance sheet of intake and output daily...." On 8/18/22 at 1:00 P.M., a policy regarding the changing of indwelling urinary catheters was request from the Director of Nursing, but none was provided. On 8/17/22 at 3:00 P.M., an interview with Unit Manager 2 indicated the output from Resident B's indwelling catheter should have been recorded every shift and every day as order, but there were times when the output was not recorded. Unit Manager 2 indicated she did not personally change the resident's indwelling catheter and no nursing staff documented a catheter change in July. On 8/17/22 at 3:05 P.M., an interview with the Director of Nursing indicated it was unclear whether the resident had his indwelling urinary catheter changed on 7/10/22, as ordered, by the current documentation on the July TAR. The Director of Nursing indicated she cannot be certain the indwelling catheter had been changed as ordered. The Director on Nursing indicated the Resident B's indwelling urinary catheter output should have been noted on every shift every day as ordered. This Federal tag relates to Complaint IN00387008			

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	and IN00387073. 3.1-41(2)			