

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

PRINTED: 06/21/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155715		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/21/2023	
NAME OF PROVIDER OR SUPPLIER LUTHERAN COMMUNITY HOME				STREET ADDRESS, CITY, STATE, ZIP COD 111 W CHURCH AVE SEYMOUR, IN 47274			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00403708.</p> <p>Complaint IN00403708 - Federal/State deficiency related to the allegation is cited at F690.</p> <p>Survey date: March 21, 2023</p> <p>Facility number: 000347 Provider number: 155715 AIM number: 100275440</p> <p>Census Bed Type: SNF/NF: 85 Residential: 26 Total: 111</p> <p>Census Payor Type: Medicare: 13 Medicaid: 46 Other: 26 Total: 85</p> <p>This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 26, 2023.</p>			F 0000	<p>Submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or corrections set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p>		
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>						

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

TITLE

(X6) DATE

Karyn Fleetwood

Executive Director

04/06/2023

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 provide appropriate care and services related to perineal care for incontinence and the use of a bedpan, and hand hygiene for 2 of 6 residents reviewed for bowel and bladder related to Urinary Tract Infections. (Residents J and H)</p> <p>Findings include:</p> <p>1. During an observation and interview on 3/21/23</p>			F 0690	<p>F690 Bowel/Bladder Incontinence, Catheter, UTI</p> <p>It is the policy of this facility to provide appropriate care and services related to perineal care for incontinence and the use of a bed pan as well as proper hand hygiene and glove use.</p> <p>Corrective Action For Residents Affected:</p> <p>Individual re-education was provided to CNA 2 and QMA 3</p>		04/17/2023

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	<p>at 2:10 p.m., CNA (Certified Nursing Aide) 2 assisted Resident H to the bathroom. The CNA propelled the resident's wheelchair into the bathroom and used a gait belt to assist the resident to the toilet. The CNA donned gloves with no hand hygiene observed. She removed the residents' urine-soaked brief, doffed the gloves, washed her hands with soap and water, and donned clean gloves. CNA 2 moved the wheelchair twice, touching both the hand grips and arm rests with both gloved hands. When the resident indicated she was finished, the CNA had her stand with her legs apart. CNA 2 picked up a package of wipes, used one wet wipe to clean the peri area by wiping from front to back, folding the same wet wipe for a total of eight wipes. She placed a clean brief on the resident, pulled up the resident's pants, and moved the wheelchair around to the sink by holding the handles with her gloved hands so the resident could her wash hands. CNA 2 doffed her gloves, washed her hands with soap and water, used her left hand to turn off the water, and then used two paper towels to dry her hands. The CNA indicated hand hygiene should be done before and after providing care, and during if the gloves needed to be changed. She did not remove her gloves after wiping the resident's peri area and should have. She acknowledged she also touched the gait belt and wheelchair with those same dirty gloves.</p> <p>2. During an observation and interview on 3/21/23 at 2:43 p.m., QMA (Qualified Medication Assistant) 3 indicated Resident J was on the bedpan and the staff were about to get her cleaned up. QMA 3 and RN (Registered Nurse) 4 entered the room and donned gloves, no hand hygiene was observed. QMA 3 went into the bathroom and with her gloved right hand, turned on the water in the bathroom sink, and wetted</p>				<p>regarding the proper procedure for perineal care, glove use, and hand hygiene. These two staff members signed off on the Perineal Care Procedure to acknowledge the re-education. (Attachment titled Perineal Care Procedure).</p> <p>Corrective Action For Other Residents Having The Potential To Be Affected: All residents who require incontinence care and/or toileting assistance have the potential to be affected. The facility policy for perineal care was reviewed and no changes were necessary. (Attachment title Perineal Care). Residents with urinary tract infections were reviewed to determine if e-coli was identified on the culture. (Attachment titled C&S Result/Isolation Audit). Outside of those identified during the survey, one other resident was identified as having a urinary tract infection caused by e-coli. This resident is independent with toileting. Education was provided stressing the importance of wiping from front to back and to call for assistance if necessary. (Attachment titled Progress Note).</p> <p>Systemic Changes and Steps To Assure Deficient Practice Does Not Recur: Staff education will be completed on the deficiency cited during the survey and the Perineal Care Policy including hand hygiene and</p>		

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	<p>several wash clothes. The QMA had brought the wash clothes, a package of wet wipes, and peri wash into the resident's room. QMA 3 moved the over the bed tray table to the bedside, laid a towel on the table, laid the wet wash clothes on the towel, and readjusted the height of the table. QMA 3 and RN 4 pulled back the resident's blanket. The RN assisted the resident to roll to the right side, while the QMA removed the bedpan. The QMA then opened the wet wipes placing the package on the bed next to the resident. The QMA used a wet wipe to wipe the resident's anus, folded the wipe three additional times and continued to clean stool from the rectum area. During the cleaning of the rectal area the QMA had stool on her right glove, on the thumb pad area. She used a wet wipe to remove the stool from the glove. The QMA then started to place a clean chuck and brief under the resident. The surveyor requested the QMA to lift the resident's left buttock and stool was observed in the vaginal area. The QMA had the resident roll to her back, bend her knees, and spread her legs. QMA 3 used a wet washcloth and peri wash to clean first, the left side of the labia, she folded the cloth and wiped the right side of the labia, she did not separate the labia but wiped over the top from the pubic area down toward the vagina. The QMA bagged the dirty linens, gathered the trash, and doffed gloves. QMA 3 went to the bathroom, used her bare right hand to turn on the water, used soap and water to wash her hands. She indicated the water was way too hot. She used the wrist area of her right arm to try and turn the water to a cooler setting but was unable to. She rinsed the palm and back of her right hand, rinsed the palm of her left hand, and with soap still visible on the back of her left hand she used a paper towel to dry her hands. She indicated hand hygiene should be performed before and after care.</p>				<p>glove usage. (Attachment titled Plan of Correction Complaint Survey 3-21-23). A competency checkoff will be performed with all nurses and CNAs on the proper procedure for perineal care including hand hygiene and appropriate glove use. (Attachment titled Validation Checklist Perineal Care). The initial competency checkoff will be completed by April 17th. Following the initial competency, 5 nursing staff members will be randomly chosen each week to perform the competency checkoff to ensure that compliance continues. This will occur weekly for two months. If 100% compliance is achieved, 5 nursing staff members will be randomly chosen monthly to complete the competency checkoff for the next four months. If 100% compliance is achieved, the competencies will stop although this will remain an annual competency for all nursing staff.</p> <p>Monitoring of Corrective Action: The deficiency and corrective plan along with the competency results will be reviewed by the Quality Assurance Performance Improvement Committee for six months. If appropriate practice is occurring 100% of the time, competency checkoffs will stop. If opportunities for improvement are identified through the competency</p>		

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	<p>During an interview on 3/21/23 at 1:53 p.m., the ADON (Assistant Director of Nursing) indicated a total of six residents recently had UTIs (Urinary Tract Infections).</p> <p>On 3/21/23 at 2:07 p.m., the ADON provided the lab reports for all six resident with recent UTI's. On review of the laboratory reports indicated 4 of the 6 residents' culture reports were positive for Escherichia coli (E-coli - a type of UTI usually caused by bacteria commonly found in the gastrointestinal tract.).</p> <p>Resident H's laboratory report, dated 3/13/23, indicated the resident's urine culture was positive for e-coli.</p> <p>The current facility policy titled "Perineal Care " and with a revised date of January 2021, was provided by the Director of Nursing on 33/21/23 at 2:59 p.m. The Policy indicated, " ...It is the practice of this facility to provide perineal care to ...prevent infection ...Policy Explanation and Compliance Guidelines ...2. Gather supplies needed. 6. Perform hand hygiene and don gloves ...9. a. Cleanse buttock and anus ...vagina to anus ...using a separate washcloth or wipes ...b. Thoroughly dry ...10. Re-position resident in supine position. Change gloves if soiled ...11. Females: c. Separate the resident's labia with one hand, cleanse perineum with the other hand ...e. Clean urethral meatus and vaginal orifice ...f. Pat dry with towel ...16. Removed gloves and discard. Perform hand hygiene ..."</p> <p>This Federal tag relates to Complaints IN00403708.</p> <p>3.1-41(a)(2)</p>				<p>checkoffs, ongoing monitoring will continue. Urinary Tract Infections are and will continue to be reviewed monthly by this committee and will remain a standing agenda item. Perineal care, hand hygiene and glove use will remain an annual competency for the nursing staff.</p>		