

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155700	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2017
NAME OF PROVIDER OR SUPPLIER CATHERINE KASPER HOME		STREET ADDRESS, CITY, STATE, ZIP COD 9601 S UNION RD DONALDSON, IN 46513		
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00246855.</p> <p>Complaint IN00246855 - Substantiated. Federal/state deficiencies related to the allegations were cited at F658 and F677.</p> <p>Survey dates: December 4 & 5, 2017</p> <p>Facility number: 002982 Provider number: 155700 AIM number: 200382090</p> <p>Census Bed Type: SNF/NF: 47 SNF: 26 Total: 73</p> <p>Census Payor Type: Medicare: 12 Medicaid: 27 Other: 34 Total: 73</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on December 6, 2017.</p>	F 0000	<p>Submission of the response and plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly sited and is also not to be construed as an admission of interest against the facility, the Executive Director or other associates, agents, or other individuals who draft or may be discussed in this response and plan of correction. Preparation and submission of this</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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F 0658 SS=D Bldg. 00	<p>483.21(b)(3)(i) Services Provided Meet Professional Standards</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. Based on observation, interview and record review, the facility failed to ensure a 1 of 4 residents with skin ulcers, received wound care as ordered by the physician. (Resident</p>	F 0658	<p>plan of correction does not constitute and admission or agreement of any kind by the facility of the truth of any fact alleged or the correctness of any conclusion set forth in these allegations by the survey agency. Catherine Kasper Life Center is requesting a desk review for the tags cited on this 2567.</p> <p>F658 Services Provided Meet Professional</p>	12/22/2017

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	<p>E)</p> <p>Finding includes:</p> <p>During an interview, on 12/4/17 at 10:05 A.M., Resident E's family member indicated his wound dressing were not being changed.</p> <p>On 12/4/17 at 10:30 A.M., a review of the clinical record for Resident E was conducted. The record indicated the resident was admitted on 9/25/17. The resident's diagnoses included, but was not limited to: chronic kidney disease, congestive heart failure, amputation of right foot, polyneuropathy, peripheral vascular disease and diabetes.</p> <p>A Progress Note, dated 11/21/17 at 5:29 P.M., indicated a venous stasis ulcer was located on the resident's left heel and measured 4 x 4.5 centimeters (cm). The physician was notified and an order for treatment of the ulcer was started.</p> <p>A care plan for the venous ulcer of the left heel, dated 11/21/17, indicated the wound care would be performed as ordered.</p> <p>A Physician's Order, dated 11/21/17, indicated to cleanse the left venous stasis ulcer with normal saline, apply Santyl</p>		<p>Standards</p> <p>The facility failed to ensure 1 of 4 residents with skin ulcers, received wound care as ordered by physician. All residents with skin ulcers have the potential to be affected. Current physician orders for all skin ulcers have been reviewed for accuracy and completion. Resident E has been discharged to home. Nurses will be re-educated on accuracy and completion of treatments as ordered by physician.</p>	

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	<p>(wound care ointment), cover with calcium alginate, optifoam (type of dressing) daily and prn (as needed) for drainage. A Physician's Order, dated 11/22/17, indicated to sent the resident to the local emergency room for an evaluation and treatment of the left heel.</p> <p>A Progress Noted, dated 11/22/17, indicated the family member was upset about the wound and had requested the resident be seen at a local emergency room (ER), regarding the development of a new stasis ulcer on the resident's left foot.</p> <p>A new wound care order was received from the ER and indicated staff were to cleanse the left heel with normal saline, apply alginate and cover with a dressing daily. The resident was to follow up with the wound clinic physician.</p> <p>The November Treatment Administration Record (TAR) indicated the above treatment was not completed on the 11/25 or 11/26/17, as the area for the nurse to initial after completion was left blank.</p> <p>A Physician Orders from Wound Care Clinic, dated 11/27/17, indicated the right stump and left heel were to have medihoney, alginate, cover with foam and secure</p>		<p>DON or designee will audit treatment orders for skin ulcers for accuracy and completion three times per week for four weeks, weekly times four weeks.</p> <p>Results of audits will be taken to QAPI for review/revision as appropriate. Date of compliance:</p> <p>December 22, 2017</p>	

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	<p>dressing in place with kerlix daily.</p> <p>The November TAR indicated the above treatments for the left heel and right stump were not completed on 11/30/17.</p> <p>The December TAR indicated the wrong treatment was written in as was directed by the ER physician and not the current treatment ordered by the Wound Clinic physician. The nurses completed the wrong treatment on 12/1, 12/2 and 12/3/17. The order to cleanse left heel with normal saline and apply alginate, cover with dressing with discontinued and the correct treatment was completed on 12/4/17.</p> <p>During an interview, on 12/5/17 at 12:57 P.M., the Assistant Director of Nursing (ADON) revealed the dressing change for the 25th was documented in the nursing notes, and pointed out the nurse should of documented on the TAR. There was no documentation indicating the 11/30/17 dressing change had been completed on either wound. The DON indicated the wrong order was written on the December TAR and wasn't corrected until the 4th.</p> <p>On 12/5/17 at 1:35 P.M., the ADON provided a policy titled, "Medication Administration", dated May 2008 and</p>			

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F 0677 SS=D Bldg. 00	<p>indicated the policy was the one currently used by the facility. The policy indicated "...Medications will be administered in a timely manner and as prescribed by the resident's attending physician or the facility Medical Director...1. Only persons licensed or permitted by this State may prepare, administer or record the administration of medications...." The policy indicated "...10. Topical medications used in treatments must be recorded on the resident's treatment record...."</p> <p>This Federal tag relates to Complaint IN00246855.</p> <p>3.1-35(g)(l)</p>		F 0677	F677 ADL Care Provided for	12/22/2017

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	<p>residents observed for oral care. (Resident B and Resident D)</p> <p>Findings include:</p> <p>1. On 12/4/17 at 11:08 A.M., the Resident B was observed lying in bed and receiving restorative exercises by a staff member. When the resident smiled a white thick substance was observed coating her gum line and between her teeth. The restorative staff member indicated she was not sure if the resident had received her A.M. care.</p> <p>On 12/4/17 at 1:10 P.M., a review of the clinical record for Resident B was conducted. The resident's diagnoses included but were not limited to: dementia and manic depressive disorder.</p> <p>The Quarterly Minimum Data Set (MDS) Assessment, dated 9/12/17, indicated the resident was rarely understood, therefore the BIMS (Brief Interview for Mental Status) was not done. The assessment indicated the resident required extensive assist of 1 person with her personal hygiene.</p> <p>The care plan indicated the resident required assistance with all ADL's (Activities of Daily Living). The care plan interventions did not address oral care.</p>		<p>Dependent Residents</p> <p>The facility failed to ensure oral care was completed for 2 of 3 dependent residents observed for oral care. Oral care has been completed for those residents affected. All dependent residents have the potential to be affected. Nursing will be re-educated on oral care for dependent residents. DON or designee will audit completion of oral care on dependent residents three times per week for four weeks, and weekly times 4 weeks.</p>	

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	<p>On 12/4/17 at 1:40 P.M., the resident's teeth were observed. The teeth had white debris and white film located along her gum line and in between her teeth.</p> <p>A November Hygiene, Bath, Skin Check Roster indicated the last time the resident had oral care was on 11/18/17. The December Roster indicated no care to date 12/5/17, as it was blank.</p> <p>On 12/5/17 at 1:30 P.M., Resident B's teeth were observed with the Assistant Director of Nursing (ADON). She confirmed the resident's teeth needed to be brush.</p> <p>2. On 12/4/17 at 11:28 A.M., Resident D was observed in his room, lying in bed, watching an old movie, on his TV. The resident had some difficulty speaking but could make some understandable statements. The resident's teeth were observed to have debris and a white film along the gum line. The resident indicated the staff were not brushing his teeth.</p> <p>On 12/4/17 at 1:44 P.M., a review of the clinical record for Resident B was conducted. The resident's diagnoses included but were not limited to: traumatic brain injury, chronic right-sided weakness</p>			<p>Results of audits will be taken to QAPI for review/revision as appropriate. Date of compliance: December 22, 2017.</p>

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	<p>and expressive aphasia.</p> <p>The Quarterly Minimum Data Set (MDS) Assessment, dated 9/27/17, indicated the resident's BIMS score was 12, indicating mild loss of cognition. The assessment indicated the resident was an extensive assist of 1 person with his personal hygiene (oral care).</p> <p>The ADL care plan, dated 5/11/17, indicated the resident required extensive assist of 2 persons for bed mobility, transfers and toileting. He was dependent on 1 person assistance with eating. The interventions included, but were not limited to: assist as needed and encouraged resident to complete as much for himself as able.</p> <p>A November Hygiene, Bath, Skin Check Roster indicated the last time the resident had oral care was on 11/30/17 at 12:30 A.M., 3:35 P.M. and at 7:59 P.M. The December Roster indicated no oral care on 12/1, 12/2 12/3 and 12/4.</p> <p>During an interview, on 12/5/17 at 9:55 A.M., the resident indicated no one had ever brush his teeth. The resident opened his mouth and was observed to have some missing teeth. The remaining upper and lower teeth had a white film and debris</p>			

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	<p>between his teeth.</p> <p>During an interview, on 12/5/17 at 11:25 A.M., the MDS Coordinator indicated she had not included oral care on the ADL care plans for Resident B or D. She indicated oral care was addressed on the Assignment Sheets for the Aides.</p> <p>A CNA (Certified Nursing Assistant) Assignment Sheet for Residents B and D, dated 12/2/17, was received during the initial tour and indicated "...Oral care am/pm...Daily oral care is a must...."</p> <p>On 12/5/17 at 1:30 P.M., Resident D's teeth were observed with the Assistant Director of Nursing (ADON). She confirmed the resident's teeth needed to be brush. The resident told the ADON he had never had his teeth brushed.</p> <p>On 12/5/17 at 9:04 A.M. the ADON provided a policy titled "...Quality of Care Policy", undated and indicated the policy was the one currently used by the facility. The policy indicated "...Each resident shall receive the necessary care and services to attain or maintain the highest practicable physical, mental, psychological well-being in accordance with the comprehensive assessment and plan of care...Residents who</p>			

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	<p>are unable to carry out ADLs shall receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene....:</p> <p>This Federal tag relates to complaint IN00246855.</p> <p>3.1-38(a)(3)(C)</p>			