

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>155156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>00</b> B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/28/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>ARBORS AT MICHIGAN CITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 E COOLSPRING AVE</b> <b>MICHIGAN CITY, IN 46360</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 IN00213476.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00211312.</p> <p>Complaint IN00211312 - Substantiated. Federal/State deficiencies related to the allegations are cited at F242.</p> <p>Complaint IN00213476 - Substantiated. Federal/State deficiencies related to the allegations are cited at F315.</p> <p>Survey dates: October 24, 25, 26, 27, and 28, 2016.</p> <p>Facility number: 000076 Provider number: 155156 AIM number: 100271060</p> <p>Census bed type: SNF: 26 SNF/NF: 96 Total: 122</p> <p>Census payor type: Medicare: 26 Medicaid: 76</p>	F 0000		

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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 0315 SS=D Bldg. 00	<p>Other: 20 Total: 122</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, record review and interview, the facility failed to ensure urinary catheter drainage bags were not positioned on the floor for 2 of 2 residents reviewed for urinary catheter use. (Residents #D and #E)</p> <p>Findings include:</p> <p>1. On 10/27/16 at 1:45 p.m., Resident #D was observed in her room in bed. The resident's foley catheter (urinary) drainage bag was directly on the floor</p>		F 0315	<p><b>F315</b></p> <p><b>The facility requests paper compliance for this citation.</b></p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of</i></p>	11/27/2016

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	<p>underneath the resident's bed and not inside a dignity bag.</p> <p>The record for Resident #D was reviewed on 10/27/16 at 10:21 a.m. The resident's diagnoses included, but were not limited to, neuromuscular dysfunction of bladder and chronic kidney disease.</p> <p>A Physician's order dated 6/10/16, indicated the resident's foley catheter and bag were to be changed as needed and foley catheter care was to be completed every shift.</p> <p>The current plan of care indicated the resident had an indwelling catheter related to neurogenic bladder. The interventions included, but were not limited to, resident has 16 french, 10 cc (cubic centimeter) foley catheter, position catheter bag and tubing below the level of the bladder and away from entrance room door.</p> <p>Interview with the Director of Nursing on 10/28/16 at 11:30 a.m., indicated the resident's foley catheter drainage bag should not have been on the floor underneath the resident's bed.</p> <p>2. On 10/24/16 at 6:24 a.m., Resident #E was observed in her room in bed. At that time, the foley catheter drainage</p>		<p><i>this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p><b>1) Immediate actions taken for those residents identified:</b> The catheter bag for Resident #D and #E was removed from the floor and covered.</p> <p><b>2) How the facility identified other residents:</b> Any resident with a Foley catheter could potentially be affected.</p> <p><b>3) Measures put into place/ System changes:</b> Staff will be educated on the proper placement of catheter bags and the use of covers.</p>	

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	<p>bag was laying on the floor uncovered.</p> <p>On 10/25/16 at 9:25 a.m., the resident's foley catheter drainage bag was observed on the floor uncovered. Interview with LPN #3, at that time, indicated the foley catheter drainage bag should not have been uncovered nor should it have been laying on the floor.</p> <p>The record for Resident #E was reviewed on 10/26/16 at 10:40 a.m. The resident's diagnoses included, but were not limited to, neurogenic bladder, non-alzheimers dementia, and chronic kidney disease.</p> <p>The Care Plan dated 9/9/16, indicated the resident had an indwelling catheter. The nursing interventions were to change monthly, perform urinary catheter care, and report any signs or symptoms of urinary tract infection (UTI).</p> <p>Interview with the Director of Nursing (DON) on 10/28/16 at 11:01 a.m., indicated it was facility policy to keep the foley catheter drainage bag from touching the floor.</p> <p>Review of the facility Urinary Catheter Care Policy, received from the DON as current on 10/28/16 at 11:30 a.m., indicated urinary catheter drainage bags and tubing were to be positioned to</p>			<p>Facility purchased additional catheter bag covers.</p> <p><b>4) How the corrective actions will be monitored:</b></p> <p>An audit was devised to monitor for proper placement and covering of catheter bags. Audit will be completed under the direction of the DON or designee 3x weekly on a variety of shifts for compliance with catheter bag placement and cover for each resident with a Foley Catheter.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months.</p> <p><b>5) Date of compliance:</b></p> <p>November 27, 2016</p>	

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OMB NO. 0938-0391

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	prevent touching the floor.  This Federal Tag relates to Complaint IN00213476.  3.1-41(a)(2)			