

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

PRINTED: 06/19/2019
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155481		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/04/2019	
NAME OF PROVIDER OR SUPPLIER ARBOR TRACE HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 3701 HODGIN RD RICHMOND, IN 47374			
(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 0000 Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00294905. This visit included the Investigation of Residential Complaint IN00295453.</p> <p>Complaint IN00294905 - Substantiated. Federal/state deficiencies related to the allegations are cited at F690 and F842.</p> <p>Complaint IN00295453 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 31, June 3 and 4, 2019</p> <p>Facility number: 000455 Provider number: 155481 AIM number: 100291010</p> <p>Census Bed Type: SNF/NF: 84 SNF: 14 Residential: 27 Total: 125</p> <p>Census Payor Type: Medicare: 33 Medicaid: 54 Other: 11 Total: 98</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on June 12, 2019</p>			F 0000	<p>This plan of correction is to serve as Arbor Trace's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute -or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>Arbor Trace respectfully requests a desk review for these deficiencies.</p>		
F 0690 SS=D	483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI						

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 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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Bldg. 00	<p>§483.25(e) Incontinence.</p> <p>§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 observation, interview and record review, the facility failed to maintain urinary catheter drainage bags in a manner to diminish potential pathogens for 1 of 3 residents reviewed for catheter care. (Resident D)</p>			F 0690	<p>F690 Bowel/Bladder Incontinence, Catheter, UTI</p> <p>CFR(s): 483.25(e)(1)-(3)</p>		06/24/2019

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	<p>Findings include:</p> <p>During an observation of urine catheter care on 6-3-19 at 11:15 a.m., two regular sized catheter drainage bags were observed hanging from a horizontal safety bar in Resident B's bathroom shower. Both bags had a small amount of clear amber colored urine in them and the drainage tubing was lying on the floor of the shower without a cap covering the end of the tubing. Neither drainage bag was placed into a protective bag or container.</p> <p>On 6-3-19 at 2:45 p.m., an observation was conducted with the Director of Nursing (DON) of Resident D's bathroom. The catheter drainage bags were unchanged from the earlier observation. The DON indicated, "How would you know which catheter bag to use? The catheter bags are to be emptied, capped and placed into a plastic bag and hung up in the resident's bathroom."</p> <p>In an interview with a family member on 6-3-19 at 10:45 a.m., he indicated Resident D currently has a catheter and a history of UTI's (urinary tract infections). "He seems prone to them."</p> <p>A record review of Resident D's clinical record on 6-4-19 at 10:40 a.m., indicated his diagnoses included, but were not limited to, dementia, urinary retention and history of UTI's. In review of the nursing progress notes, laboratory results and physician orders, it indicated Resident D had a urinalysis ordered by the attending physician and obtained on 4-30-19, and subsequently initiated on a single dose of Rocephin 500 mg (milligrams) via injection on 5-1-19, while awaiting the culture results. Upon receiving the culture</p>				<p>I. The foley cath bags in the room of Resident D were removed and discarded during the survey. A new drainage bag was placed at that time.</p> <p>II. All residents with Foley Catheters that also use a leg bag when up have the potential to be affected by the alleged deficient practice. All residents with Foley Catheters that use a leg bag when up have been reviewed to determine proper storage of their catheter bag in place. Any issues identified have been corrected.</p> <p>III. Education to all nursing staff provided related to proper storage of foley catheters bags and foley cath care. The systemic change includes the licensed nurse will monitor residents who have a foley catheter and use a leg bag to determine proper storage of the drainage bag is in place. If issues are identified a new bag will be issued.</p> <p>IV. The DON/Designee will review through direct observation all residents that have a foley catheter and use a leg bag for proper storage of the drainage bag. This will occur 7 days per week on all shifts for 1 month and then 4 times monthly thereafter to total 12 months of monitoring.</p>		

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	<p>results on 5-3-19, the resident was ordered to receive Cipro 500 mg twice daily for 7 days for a UTI. Later in the month, on 5-17-19, a second urinalysis was obtained as ordered by the attending physician. Upon receipt of the urine culture results, the physician provided an order on 5-19-19, for Ampicillin 500 mg twice daily for 7 days for a UTI.</p> <p>On 6-3-19 at 3:50 p.m., the DON provided a copy of procedure entitled, "Urinary Leg Drainage Bags." This policy had a revision date of October, 2010 and was indicated to be the current policy utilized by the facility. This policy indicated, "The purpose of this procedure is to provide guidelines to decrease the likelihood of nosocomial [facility acquired] urinary tract infections associated with the intermittent use of leg drainage bags with foley [indwelling] catheters...Leg drainage bags should be used only after careful consideration and after a decision has been made that the benefits of use of the bag outweigh the potential increased of urinary tract infection. The resident should be informed that there is increased risk when the integrity of the closed urinary drainage system is compromised. A new sterile drainage bag should be used every time the regular straight tubing is disconnected and the leg bag is used. The regular straight drainage bag may be reconnected only if it appears that the integrity of the system has been maintained. Aseptic technique must be used when handling urinary drainage systems...Wash and dry hands thoroughly. Put on gloves. Wipe the foley catheter/drainage tubing junction with alcohol before disconnecting. Disconnect the catheter from the tubing...Carefully remove sterile cover over the connection tip on the urinary leg drainage bag. Place the cover over the connection tip of the straight drainage tip.</p>				<p>Results of audits will be reported to the QA Committee monthly to assist with additional recommendations if necessary.</p> <p>COMPLIANCE DATE: June 24, 2019</p>		

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F 0842 SS=D Bldg. 00	<p>Connect the foley catheter with the urinary leg drainage bag...Empty straight drainage bag and measure urine, as indicated. Keep the drainage bag in a safe place where it will not be mishandled...Notify the supervisor if the resident refuses the procedure or if there is reason to believe that contamination has occurred."</p> <p>This Federal tag relates to Complaint IN00294905.</p> <p>3.1-41(a)(2)</p> <p>483.20(f)(5); 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident</p>						

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	<p>representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p>						

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	<p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. Based on interview and record review, the facility failed to ensure the accuracy of the dating of resident shower records and that the residents were in the facility and not in the hospital for 1 of 3 residents reviewed for receipt of showers. (Resident B)</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 5-31-19 at 10:45 a.m. Her diagnoses included, but were not limited to, cerebrovascular accident (CVA), hypertension, unspecified pain, neuromuscular dysfunction of bladder and diabetes with chronic kidney disease. It indicated she was hospitalized three times during her stay at the facility, including, but not limited to, the dates of 3-27-19 through 3-29-19.</p> <p>Review of Resident B's shower sheets indicated she had received a shower on 3-28-19. The "Resident Shower Sheet" indicated on "3-28," [sic] Resident B received a shower without nail care. This form had the unrecognizable signature and date of "3-28-19" of the CNA and the licensed nurse on the form to signify this care had been provided on the listed date.</p> <p>In an interview on 5-31-19 at 4:00 p.m., with the Director of Nursing (DON), she indicated, "The aide and the nurse should have been more careful about making sure they had the right date on the form (shower sheet). And I see where the date is on there three different times. I can't tell you whose signatures those are without going to check it out. They are hard to read."</p> <p>This Federal tag relates to Complaint IN00294905.</p>			F 0842	<p>F 842 Resident Record-Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>I. Resident B no longer resides in the facility.</p> <p>II. All residents have the potential to be affected by the alleged deficient practice. All residents shower sheets have been reviewed for accuracy and completion for the past 14 days. Any issues identified have been corrected.</p> <p>III. Education to all nursing staff provided related to proper completion of shower sheets, including the correct date. The systemic change includes the licensed nurse will monitor shower sheets for accuracy of completion. If issues are identified the nurse will have shower sheet completed accurately.</p> <p>IV. The DON/Designee will review through direct observation random residents shower sheets completion and accuracy. This will occur 5 days per week for 5 random residents for 1 month and then 4 times monthly thereafter to total 12 months of monitoring.</p>		06/24/2019

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R 0000 Bldg. 00	<p>3.1-50(a)(1) 3.1-50(a)(2)</p> <p>This visit was for the Investigation of Residential Complaint IN00295453. This visit included the Investigation of Nursing Home Complaint IN00294905.</p> <p>Complaint IN00295453 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00294905 - Substantiated. Federal/state deficiencies related to the allegations are cited at F690 and F842.</p> <p>Survey dates: May 31, June 3 and 4, 2019</p> <p>Facility number: 000455</p> <p>Residential Census: 27</p> <p>Arbor Trace Health and Living Community was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00295453.</p>	R 0000	<p>Results of audits will be reported to the QA Committee monthly to assist with additional recommendations if necessary.</p> <p>COMPLIANCE DATE: June 24, 2019</p> <p>This plan of correction is to serve as Arbor Trace's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute -or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>Arbor Trace respectfully requests a desk review for these deficiencies.</p>		

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