STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155277	A. BUILDING 00 B. WING	11/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
APERION CARE VALPARAISO	3301 N CALUMET AVE VALPARAISO, IN 46383

(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	This visit was for the Investigation of Complaint IN00279926. Complaint IN00279926 - Substantiated. Federal/State deficiencies related to the allegation are cited at F684. Survey date: November 29, 2018 Facility number: 000176 Provider number: 155277 AIM number: 100288940 Census Bed Type: SNF/NF: 83 Total: 83 Census payor type: Medicare: 4 Medicaid: 66 Other: 13 Total: 83 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 12/3/18.	F 0000		
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the			

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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	comprehensive person-centered care plan, and the residents' choices. Based on record review and interview, the facility failed to provide treatment and care to meet residents' needs related to Urinalysis laboratory tests not completed as ordered by the Physician, resulting in a delay of treatment for a urinary tract infection for 1 of 3 residents reviewed for urinary tract infections. (Resident E) Finding includes: The record for Resident E was reviewed on 11/29/18 at 9:30 a.m. Diagnoses included, but were not limited to, urinary tract infection, cellulitis, high blood pressure, depressive disorder, and dementia. The Quarterly Minimum Data Set (MDS) assessment, completed on 10/11/18, indicated no behaviors or rejection of care. An indwelling urinary Foley catheter was in place. Antibiotics were administered on three days of the seven day reference period. Physician orders to obtain an Urinalysis (UA) with Culture and Sensitivity laboratory tests were entered on 9/20/18 and 9/25/18. No results were available between 9/20/18 and 9/25/18. Another urine specimen was sent to the laboratory on 10/1/18. The results of the Urinalysis with Culture & Sensitivity were reported on 10/6/18. The 10/6/18 laboratory tests results were as follows; Protein 100 (normal is 0) Small amount of blood Moderate amount of leukocytes White Blood Cells 29 (normal is zero) Positive for Proteus Mirablis (an infection organism) greater then 100,000 colonies/ml (milliliter).	F 0684	**F684** The facility requests paper compliance for this citation. *This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of 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.* **1) Immediate actions taken for those residents identified:** Urinalysis was obtained, and orders received on 10/8/2018. Resident E referred to Infectious Disease related to complicated UTI. **2) How the facility identified other residents:** Upon notification of error related to a delay in obtaining a urinalysis on 9/20/2018 a complete house audit was completed on ordered	12/17/2018

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	Positive for Pseudomonas Aerogenosa (an infection organism) A Nurse Practitioner Progress Note, completed on 10/8/18 at 1:23 p.m., indicated UA results were positive for greater then 100,000 colonies/ml Proteus Mirablis and Pseudomonas Aerogenosa greater then 100,000 also. Will start on Levaquin (an antibiotic) which is effective for both Pseudomonas and Proteus. A Nursing Progress Note, completed on 10/8/18 at 2:51 p.m., indicated the resident was assessed by the Nurse Practitioner. New orders were given to begin Levaquin 500 milligrams one tablet a day for seven days. When interviewed on 11/29/18 at 3:15 p.m., the Director of Nursing indicated the laboratory pick up days are Mondays, Wednesdays, and Fridays. The Urinalysis was not completed between 9/20/18 and 9/30/2018. Antibiotic treatment was not initiated until 10/8/2018. This Federal tag relates to Complaint IN00279926. 3.1-41(a)(2)		urinalysis orders for the beginning 9/1/2018. **3) Measures put into place/ System changes:** Urinalysis orders will be conveyed to infection control nurse at time of order. Documentation will be completed for any urinalysis that are unable to be obtained. MD/NP/ or designee will document reasoning for need of lab and acknowledgement IDT will review all urinalysis orders on business days. **4) How the corrective actions will be monitored:** DON/Designee will complete audit on each business day of all urinalysis orders **The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.**	

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			5) Date of compliance: 12/17/18	