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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155333 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 03/30/2022 |
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| NAME OF PROVIDER OR SUPPLIER PAOLI HEALTH AND LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP COD 559 W LONGEST ST PAOLI, IN 47454 |
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| F 0000 Bldg. 00 | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 24, 25, 28, 29, and 30, 2022.</p> <p>Facility number: 000226 Provider number: 155333 AIM number: 100267730</p> <p>Census Bed Type: SNF/NF: 85 SNF: 6 Total: 91</p> <p>Census Payor Type: Medicare: 9 Medicaid: 70 Other: 12 Total: 91</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 5, 2022.</p> | F 0000 | <p>The plan of correction is to serve as Paoli Health and Living's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Paoli Health and Living's Community 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>The facility respectfully requests desk review for the following citations. Date of compliance 4/25/2022</p> | |
| F 0580 SS=D Bldg. 00 | <p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's</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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| | <p>physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> | | | |

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| | <p>Based on record review and interview, the facility failed to notify the physician when a resident experienced changes in a level of consciousness, swallowing ability, wound condition, and the need to continue antibiotics for 1 of 19 residents reviewed for physician notification. (Resident 71)</p> <p>Findings include:</p> <p>The clinical record for Resident 71 was reviewed on 3/28/22 at 9:21 a.m. The diagnoses included, but were not limited to, cerebral palsy, pressure ulcer of sacral region, stage 4 pressure ulcer, sepsis, unspecified protein-calorie malnutrition, dysphagia, pharyngoesophageal phase; and type 2 diabetes mellitus with diabetic neuropathy.</p> <p>The nurse's note, dated 10/5/21 at 11:36 a.m., indicated the resident's dressing to the coccyx was saturated with foul-smelling fluid. Nursing was going to turn and reposition the resident.</p> <p>The nurse's note, dated 10/24/21 at 1:03 p.m., indicated the resident's dressing to the coccyx area was saturated with yellow foul smelling drainage with scant red streaks. Nursing staff were going to continue to monitor.</p> <p>The nurse's note, dated 10/26/21 at 10:54 a.m., indicated the resident's dressing to the coccyx area was saturated with serous drainage (thin and watery yellowish or brownish drainage) with drainage observed on the under pad. Nursing staff were going to continue to monitor.</p> <p>The nurse's note, dated 10/28/21 at 7:10 p.m., indicated the resident's skin was slightly clammy and she was not drinking and eating normally. Because the vital signs were within normal range and the resident seemed comfortable, staff were</p> | F 0580 | <p>F 580 Notify of Changes</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the practice. Resident 71's physician has been notified about changes in level of consciousness, swallowing difficulties, wound condition, and the need for antibiotics previously. Resident suffered no ill effects from this alleged deficient practice.</p> <p>II. The facility will identify other residents that may potentially be affected by this practice. Residents residing at Paoli Health and Living have the potential to be affected by this alleged deficient practice. Residents' events have been audited to ensure physicians have been notified of any new changes.</p> <p>III. The facility will put into place the following systemic changes to ensure that the practice does not recur. Licensed nurses, IDT team, and nurse managers were re-educated on notifying physicians of any resident changes.</p> | 04/25/2022 | |

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| | <p>going to continue to monitor the resident.</p> <p>The nurse's note dated 11/24/21 at 8:55 p.m., indicated the resident's wound dressing would not seal and was unable to reapply a new dressing due to not enough supplies.</p> <p>The nurse's note, dated 1/4/22 at 10:29 p.m., indicated the resident returned from the hospital. The reporting nurse from the Emergency room (ER) indicated the resident was given 1 liter of normal saline and 1 gram Rocephine while at hospital and the nursing home staff were to contact the resident's physician in the morning to find out if resident should continue on the antibiotic per the ER physician.</p> <p>The nurse's note, dated 3/3/22 at 1:17 p.m., indicated the resident had increased difficulty in swallowing foods and fluids. The resident was coughing at time's on fluids and had facial grimacing at times when swallowing. The nurse checked the resident's mouth for redness and spots with none seen.</p> <p>The nurse's note, dated 3/4/22 at 5:30 a.m., indicated the CNA (certified nurse aide) informed the nurse the resident wasn't looking or breathing well and was having periods of apnea. When the nurse arrived, the resident was cool, dry, and pale with stable vitals. She also was mouth breathing and responded to tactile and verbal stimulation. The nurse indicated she would continue to monitor the resident.</p> <p>The clinical record lacked documentation of the physician being notified when changes occurred or pertaining to the antibiotic use from the ER visit.</p> | | <p>IV. The facility will monitor the corrective action by implementing the following measure.</p> <p>DON/Designee will audit 5 random residents progress notes/events at least five (5) times per week for four (4) weeks, then weekly for four (4) weeks, then biweekly for (4) weeks, then monthly for an additional 3 months to ensure physicians are notified of any resident condition changes. The results of these audits will be presented to the monthly Quality Assurance/Performance Improvement Committee. The facility will achieve 100% compliance threshold prior to adjusting the frequency of audits. Plan to be updated as indicated.</p> <p>V. Completion Date 4/25/2022</p> | |

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| | <p>The care plan, dated 9/21/21 and last reviewed on 3/1/22, indicated the resident was nutritionally at risk. The interventions included, but were not limited to, an approach to monitor and report difficulties with eating, chewing, and swallowing, and staff were to notify the physician and Speech Therapist if observed.</p> <p>During an interview with the Director of Nursing (DON) on 3/28/22 at 11:00 a.m., she indicated that whenever there was a change in the resident's condition or wound from their usual pattern, the physician should have been notified.</p> <p>On 3/29/22 at 9:10 a.m., the Administrator presented the facility's current policy titled Change in a Resident's Condition or Status dated 10/2010. Review of this policy at this time included, but was not limited to, "Policy Statement: Our facility shall promptly notify the resident, his or her Attending Physician,...of changes in the resident's medical/mental condition and/or status...Policy Interpretation and Implementation: 1. The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician when there has been:...d. a significant change in the resident's physical/mental condition; e. A need to alter the resident's medical treatment significantly...h. Instructions to notify the physician of changes in the resident's condition...6. The Nurse Supervisor/Charge Nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status..."</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p> | | | |

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| 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> <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. Based on observation, record review, and interview, the facility failed to ensure proper catheter care was provided for 2 of 3 residents</p> | F 0690 | F 690 Bowel/Bladder Incontinence, Catheter, UTI | 04/25/2022 | |

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| | <p>reviewed related to indwelling urinary catheters. (Residents 35 and 40)</p> <p>Findings included:</p> <p>1. During an observation of catheter care, on 3/30/22 at 10:40 a.m., CNA (Certified Nurse Aide) 4 provided catheter care for Resident 35. Upon removing his disposable brief, she used a disposable wipe with the same side of the wipe, cleansing first the left side of his groin with 3 swipes, the right side of his groin with 3 swipes, and the scrotum with 3 swipes. She then obtained a new disposable wipe, and used multiple swipes, more than 30 with the same side of the cloth, to cleanse from the meatus down. She then took the same side of the same wipe and cleansed in a scrubbing motion around the catheter insertion site in the urethra. She then collected a new wipe and cleansed the length of the catheter in a scrubbing motion, going back and forth and made several passes over the length of the catheter from the insertion site to approximately 6 inches outwards.</p> <p>The clinical record for Resident 35 was reviewed on 3/28/22 at 10:13 a.m. The diagnoses included, but were not limited to, urinary tract infection (UTI), weakness, difficulty walking, dementia, type 2 diabetes mellitus, repeated falls, malignant neoplasm of prostate, benign prostatic hyperplasia with lower urinary tract symptoms, obstructive and reflux uropathy, and hypertension.</p> <p>The care plan, with a start date of 2/4/22, indicated the resident had an indwelling urinary catheter related to obstructive uropathy. The interventions included, but were not limited to, avoid tugging of catheter during transfers and care delivery,</p> | | <p>I. The corrective actions to be accomplished for those residents found to have been affected by the practice. Residents 35 and 40 have had proper cath care completed and suffered no ill effects from this alleged deficient practice.</p> <p>II. The facility will identify other residents that may potentially be affected by this practice. Residents residing at Paoli Health and Living have the potential to be affected by this alleged deficient practice. Residents with a foley catheter have been audited during catheter care to ensure proper catheter care has been provided efficiently.</p> <p>III. The facility will put into place the following systemic changes to ensure that the practice does not recur. Nursing staff have been re-educated on proper catheter care.</p> <p>IV. The facility will monitor the corrective action by implementing the following measure.</p> <p>V. DON/Designee will complete foley catheter care</p> | |

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| | <p>catheter care every shift and as needed, do not allow tubing or any part of the drainage system to touch the floor, educate and involve the resident and family in the plan of care, keep catheter bag below level of the bladder, laboratory testing as ordered by the physician, report any new or worsening catheter related pain, report any signs/symptoms of UTI to the physician, report psychosocial changes related to indwelling catheter and offer psychosocial support as needed.</p> <p>The physician's order, dated 2/2/22, indicated staff were to provide urinary catheter care every shift, on days, evenings, and nights.</p> <p>The infection progress note, dated 2/2/22 at 11:42 a.m., indicated the resident was on cefdinir for the treatment of a UTI.</p> <p>The nurse's note, dated 3/16/22 at 9:36 p.m., indicated the resident's catheter had to be changed due to not draining appropriately.</p> <p>The nurse's note, dated 3/24/22 at 11:05 a.m., indicated the resident complained of supra pubic discomfort, and had leaking around his catheter. The physician was informed with an order given to change the catheter and obtain a urinalysis.</p> <p>The nurse's note, dated 3/24/22 at 2:00 p.m., indicated the physician gave a new order for Cipro (an antibiotic) 500 mg (milligrams) twice daily for 7 days while awaiting the urinalysis culture.</p> <p>The nurse's note, dated 3/26/22 at 1:21 p.m., indicated the resident remained on Cipro for a UTI. His urine was cloudy with a moderate amount of sediment observed.</p> | | <p>competencies on 3 random nursing staff members per week for four (4) weeks, then weekly for four (4) weeks, then biweekly for (4) weeks, then monthly 3 additional months to ensure proper foley catheter care is completed correctly. The results of these audits will be presented to the monthly Quality Assurance/Performance Improvement Committee. The facility will achieve 100% compliance threshold prior to adjusting the frequency of audits. Plan to be updated as indicated.</p> <p>VI. Completion Date 4/25/2022</p> | |

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| | <p>During an interview, on 3/30/22 at 10:05 a.m., LPN (Licensed Practical Nurse) 6 indicated the resident currently had a UTI and was on an antibiotic. Staff should make sure they do good perineal care in the genital areas, and to the catheter as well.</p> <p>During an interview, on 3/30/22 at 2:05 p.m., the resident's family member indicated the resident did have a UTI. She had noticed his catheter looked like it had purulent drainage in it, and had the nurse check on it. They came in, switched out the catheter, and sent a specimen to the hospital. Two hours later they told her they were putting him on an antibiotic.</p> <p>2. During an observation of catheter care for Resident 40, on 3/30/22 at 11:15 a.m., CNA 5 obtained a wet washcloth and applied the soap. She cleaned the creases to the sides of the labia and across the groin area using 3 swipes with the same area of the washcloth. She then folded the washcloth and with 9 swipes cleaned the labia and onto the catheter tubing with the same area of the washcloth. She obtained a clean wet washcloth and applied soap. She used 2 swipes with the same area of the washcloth to clean the labia and down the catheter. She folded the washcloth and used 4 swipes with the same area of the washcloth and cleaned the labial area in a back-and-forth motion down onto the tubing. The washcloth had a brown stain when it was raised. She folded the washcloth and used 4 swipes with the same area of the washcloth, cleaned the labial area and down the tubing. She obtained a clean wet washcloth and proceeded to rinse the area of the labia and tubing using 4 swipes with the same area of the washcloth. She folded the washcloth and used 2 swipes with the same area of the cloth, pulled the washcloth down the tubing. She obtained a clean wet washcloth and used 3 swipes with the same area of the washcloth, pulled it down the labia and</p> | | | |

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| | <p>tubing. She folded the washcloth and used 2 swipes with the same area of the washcloth. She rinsed down the tubing from the labia. She folded and swiped, then folded and swiped, folded then used 2 swipes with the same area of the washcloth, folded then swiped the labia again. CNA 5 indicated she felt the resident had a bowel movement; the resident was rolled onto her left side. The brief was pulled back and wipes were obtained from the drawer. She used a wipe to clean the stool from the anus. She obtained another wipe and used 2 swipes with the same area of the wipe, cleaned the stool from the anus, folded the wipe, using 1 swipe, she cleaned the anus again. She obtained another wipe and swiped the anus, folded, then swiped again. She obtained 2 wipes and with 6 swipes with the same area of the wipe, cleaned the anus. She obtained 3 wipes and cleaned the anus using 5 swipes with the same area. A barrier cream was applied and the brief was placed under the resident.</p> <p>The clinical record for Resident 40 was reviewed on 3/29/22 at 11:10 a.m. The diagnoses included, but were not limited to hydronephrosis with renal and ureteral calculous obstruction, urinary tract infection, acute kidney failure, weakness, pain, hypertension and severe morbid obesity due to excess calories.</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 2/7/22, indicated the resident was cognitively intact.</p> <p>The care plan, dated 10/12/21 and last revised on 2/8/22, indicated the resident required an indwelling urinary catheter related to hydronephrosis with renal and ureteral calculous obstruction. The interventions, dated 10/12/21, included, but were not limited to, avoid lying on</p> | | | |

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| | <p>top of tubing, document urinary output every shift, record the amount, type, color, odor, observe for leakage, monitor lab work as ordered, position the bag below the level of the bladder, provide catheter care every shift and as needed, report signs and symptoms of a UTI, such as foul odor, concentrated urine, and blood in the urine.</p> <p>The nurse's note, dated 10/6/21 at 1:51 a.m., indicated the resident was diaphoretic during bed check. The blood pressure was 92/50, pulse was 62, respiratory rate was 16, and her oxygen saturation was 96% (percent) on room air, and her temperature was 96.6 degrees Fahrenheit. The resident indicated it was difficult to breathe. The physician was contacted.</p> <p>The nurse's note, dated 10/6/21 at 8:42 a.m., indicated the nurse spoke with the physician. A new order was received to send the resident to a local hospital emergency room.</p> <p>The nurse's note, dated 10/11/21 at 6:05 p.m., indicated the resident remained on an antibiotic for a urinary tract infection without adverse effects. The indwelling urinary catheter was in place and had yellow urine output with a small amount of sediment.</p> <p>The nurse practitioner's note, dated 10/23/21 at 4:36 p.m., indicated the resident had recently been treated for a "... terrible UTI..." The resident had completed antibiotics. She continued to have the indwelling urinary catheter. The resident reported passing pus from time to time, and this was uncomfortable. The resident hoped to have the catheter out soon. The foley had clear urine and some sediment in the tubing.</p> <p>The nurse's note, dated 2/19/22 at 7:38 a.m.,</p> | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155333 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 03/30/2022 |
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| NAME OF PROVIDER OR SUPPLIER PAOLI HEALTH AND LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP COD 559 W LONGEST ST PAOLI, IN 47454 |
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| | <p>indicated the indwelling urinary catheter had a large amount of blood in the urine. The physician was notified.</p> <p>The nurse's note, dated 2/24/22 at 3:02 p.m., indicated the physician reviewed the culture and sensitivity. A new order was received for Bactrim DS (double strength) for 10 days.</p> <p>During an interview, on 3/30/22 at 11:29 a.m., CNA 5 indicated for catheter care, she would wash the entrance of the labia down, from front to back. She would use washcloths on the labial area and wipes on the anal area. She would obtain a different washcloth after each swipe. She would fold between each swipe. Use wipes from front to back on the anus. She would fold the wipe between swipes.</p> <p>During an interview, on 3/30/22 at 1:15 p.m., the DON (Director of Nursing) indicated when performing catheter care, she would expect staff to use disposable wipes to cleanse from outer to inner of the labia, and from the front to the back. She would expect them to use one wipe per swipe, and not wipe the same area with the same wipe more than once. She would expect them to cleanse the catheter tubing with a wipe, in one solid motion, moving from the labia or meatus down the tubing</p> <p>The Catheter Care, Urinary policy, revised December 2017, was provided by the DON on 3/30/22 at 1:15 p.m. The policy included, but was not limited to, "The purpose of this procedure is to prevent infection of the resident's urinary tract... 10. With nondominant hand separate the labia of the female resident or retract the foreskin of the uncircumcised male resident. Maintain the position of this hand throughout the procedure...</p> | | | |

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| | <p>12. For the female: Use a washcloth with warm water and soap to cleanse the labia. Use one are of the washcloth for each downward, cleansing stroke.. Change the position of the washcloth with each downward stroke. Next, change the position of the washcloth and cleanse around the urethral meatus... For the male: Use a washcloth with warm water and soap to cleanse around the meatus. Cleanse the glans using circular strokes from the meatus outward. Change the position of the washcloth with each cleansing stroke. With a clean washcloth, rinse with warm water using the above technique. Return the foreskin to normal position. 13. Use a clean washcloth with warm water and soap to cleanse and rinse the catheter from insertion site to approximately four inches outward..."</p> <p>3.1-41(a)(1) 3.1-41(a)(2)</p> | | | |