STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155481	A. BUILDING 00 B. WING	12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TRACE HEALTH & LIVING COMMUNITY	3701 HODGIN RD RICHMOND, IN 47374

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00246782. Complaint IN00246782 -- Substantiated. Federal/state deficiency related to the allegations is cited at F880. Survey dates: December 4, 5 and 6, 2017 Facility number: 000455 Provider number: 155481 AIM number: 100291010 Census bed type: SNF: 16 SNF/NF: 76 Residential: 32 Total: 124 Census payor type: Medicare: 20 Medicaid: 51 Other: 17 Total: 92 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on December 8, 2016	F 0000	**Arbor Trace requests paper compliance for the following deficiency. This plan of correction is to serve as Arbor Trace's credible allegation of compliance.** **Submission of this plan of correction does not constitute an admission by Arbor Trace 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.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;			

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	(iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.			
	Based on observation, interview and record review, the facility failed to ensure 2 of 3 residents reviewed for urinary catheters and urinary tract infections (UTI) had the catheter bag and catheter tubing from contact with the floor. (Residents C and D)	F 0880	F880 INFECTION PREVENTION AND CONTROL 1. Resident #C and #D foley catheter tubing were corrected for positioning during the survey.	12/18/2017

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	Findings include: 1. During an observation on 12-5-17 at 2:15 p.m., Resident C's catheter bag and tubing were observed to be in contact with the floor. The bed was observed to be in its lowest position. RN 2 was notified of this at 2:24 p.m. RN 2 indicated the staff try to keep the catheter bag and tubing off of the floor at all times. The clinical record review of Resident C was conducted on 12-5-17 at 12:36 p.m. Her diagnoses included, but were not limited to, spina bifida, viral pneumonia (12-4-17), UTI (11-17-17), neuromuscular bladder, urinary retention and profound intellectual disabilities. Her most recent Minimum Data Set assessment, dated 11-22-17, indicated she was nonverbal, was moderately cognitively impaired and had an indwelling urinary catheter. The nursing progress notes, dated 11-14-17, indicated the physician was notified of a strong urine odor for Resident C. The physician ordered a urinalysis with a culture and sensitivity, as well as an increase of her gastrostomy tube flushes on the same date, as a response to this concern. The final urinalysis and culture and sensitivity		2. All residents with foley catheters have the potential to be affected by the alleged deficient practice. All residents with foley catheters have been identified and are monitored for correct positioning of the catheter tubing. 3. Education will be provided to all nursing staff on infection control and prevention related to foley catheters. This education will include proper positioning and handling of foley catheter tubing. The systemic change includes charge nurses will complete rounds on each shift to observe that foley catheter bag and tubing are positioned and handled in a manner to prevent urinary tract infections. 4. The DON/Designee will audit residents with foley caths to determine the catheter tubing is correctly positioned.This audit will occur 7 days per week for 30 days, then 5 times per month for 150 days, then 3 times per month for 180 days to total 12 months. Results of report findings will be	

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	report, dated 11-17-17, reflected the growth of Klebsiella, greater than 100,00 and Proteaus mirabilis 20,000 to 25,000, for which an antibiotic of ceftriaxone 500 milligrams intramuscularly daily for seven days was ordered by the physician. 2. During an observation on 12-5-17 at 2:37 p.m., Resident D's catheter bag and catheter tubing were observed lying on floor. Her bed was observed to be in its lowest position. This was brought to attention of LPN 3 at 2:47 p.m. At this time, LPN 3 indicated with the bed in the lowest position, it was not possible to easily keep the catheter bag and tubing off of the floor. She indicated she would talk with the Director of Nursing to see what could be done to prevent this from happening in the future. The clinical record review of Resident D was conducted on 12-5-17 at 1:44 p.m. Her diagnoses included, but were not limited to, dementia without behaviors, cognitive communication deficit, history of UTI, urinary retention, and neuromuscular dysfunction of the bladder. Her most recent Minimum Data Set assessment, dated 11-23-17, indicated she was severely cognitively impaired and had an indwelling urinary catheter. A review of the clinical record indicated there had not been any UTI's in the last 2		reported to the QA committee monthly for 12 months. After 100% compliance is reached the QA committee will determine the frequency of continued monitoring. Facility Administrator will be responsible for ensuring compliance. 5. Systemic changes will be completed by December 18, 2017.	

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	months. On 12-6-17 at 10:07 a.m., the Corporate Nurse provided a copy of a policy entitled, "Catheter Care, Urinary." This policy was identified as the current policy utilized by the facility and had a revision date of 12/2007. This policy indicated, "The purpose of this procedure is to prevent infection of the resident's urinary tract...Be sure catheter tubing and drainage bag are kept off the floor..." This Federal tag relates to Complaint IN00246782. 3.1-18(a)			