

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

PRINTED: 10/26/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/23/2016	
NAME OF PROVIDER OR SUPPLIER ARBORS AT MICHIGAN CITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00210587.</p> <p>Complaint IN00210587- Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F315.</p> <p>Survey dates: September 22 & 23, 2016</p> <p>Facility number: 000076 Provider number: 155156 AIM number: 100271060</p> <p>Census bed type: SNF: 23 SNF/NF: 92 Total: 115</p> <p>Census payor type: Medicare: 23 Medicaid: 75 Other: 17 Total: 115</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 32883 on</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 0157 SS=D Bldg. 00	<p>9/26/16.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically</p>						

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	<p>update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the Physician was notified of a resident returning from the hospital with an indwelling Foley (urinary) catheter in place without indications for the continued use of the Foley catheter for 1 of 3 residents reviewed for Foley catheters in a sample 5. (Resident #F)</p> <p>Finding includes:</p> <p>The closed record for Resident #F was reviewed on 9/22/16 at 9:50 a.m. The resident's diagnoses included, but were not limited to, heart failure, history of falling, depressive disorder, and diabetes mellitus.</p> <p>Review of the 8/26/16 MDS (Minimum Data Set) admission assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive pattern were intact. The assessment indicated the resident did not have an indwelling Foley catheter.</p> <p>The resident was sent to the hospital on 8/28/16 and was readmitted to the facility on 9/2/16.</p>	F 0157	<p>F157</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Resident F's physician was notified and the catheter was D/C'd.</p>		10/17/2016		

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	<p>Review of a 9/2/16 admission Foley Catheter Evaluation form indicated the resident had an indwelling Foley catheter in place, the "Indication for Use" was marked "other" and the Foley catheter had been inserted in the hospital. The "Evaluation/Plan" section - "plan for removal" was noted as "call placed to M.D. for order to D/C (discontinue)."</p> <p>A Nursing Administration Note completed on 9/7/16 at 12:48 p.m. indicated staff removed the resident's Foley catheter. The note was completed by an RN.</p> <p>When interviewed on 9/23/16 at 11:00 a.m., the Director of Nursing (DON) indicated the resident returned from the hospital with an indwelling Foley catheter and staff should have notified the Physician to clarify the need to remove the Foley catheter on 9/2/2016.</p> <p>The facility policy titled "Physician/Family/Responsible Party Notification" provided by the DON and deemed as current, was reviewed on 9/22/16 at 8:55 a.m. The policy indicated staff were to notify the resident's Physician of any need to alter treatment.</p> <p>This Federal tag related to Complaint</p>				<p>2) How the facility identified other residents:</p> <p>All residents with a Foley catheter in place could potentially be affected. No other residents were affected.</p> <p>3) Measures put into place/ System changes:</p> <p>Nursing staff educated on the acceptable diagnosis for using a Foley catheter and completion of the Foley Catheter Evaluation. .</p> <p>Nursing staff educated on the assessment to use for all admissions/ readmissions. An addition was made to the assessment which indicates that the catheter should be discontinued if there is not an acceptable medical diagnosis.</p> <p>An audit will be completed on all admissions/ readmissions by the Director of Nursing or designee to determine if a catheter is present and if there is an appropriate diagnosis. If not, physician will be notified to request an order to discontinue.</p>		

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	IN00210587. 3.1-5(a)(3)				<p>4) How the corrective actions will be monitored:</p> <p>An audit will be completed on all admissions/ readmissions by the Director of Nursing or designee to determine if a catheter is present and if there is an appropriate diagnosis. If not, physician will be notified to request an order to discontinue.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x3</p> <p>months, then quarterly x1 for a total of 6 months.</p> <p>5) Date of compliance:</p> <p>October 17, 2016</p>		
F 0315 SS=D Bldg. 00	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						

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	<p>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 record review and interview, the facility failed to ensure assessments and indications for the need for indwelling (urinary) catheters were completed for 1 of 3 residents in a sample of 4 reviewed for indwelling Foley catheters. (Resident #F)</p> <p>Finding includes:</p> <p>The closed record for Resident #F was reviewed on 9/22/16 at 9:50 a.m. The resident's diagnoses included, but were not limited to, heart failure, history of falling, depressive disorder, and diabetes mellitus.</p> <p>Review of the 8/26/16 MDS (Minimum Data Set) admission assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive pattern were intact. The assessment indicated the resident did not have an indwelling Foley catheter.</p> <p>The resident was sent to the hospital on 8/28/16 and was readmitted to the facility</p>		F 0315	<p>F315</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Resident F's physician was</p>		10/17/2016	

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	<p>on 9/2/16.</p> <p>Review of a 9/2/16 admission Foley Catheter Evaluation form indicated the resident had an indwelling Foley catheter in place, the "Indication for Use" was marked "other", and the Foley catheter had been inserted in the hospital. The "Evaluation/Plan" section - "plan for removal" was noted as "call placed to M.D. for order to D/C (discontinue)."</p> <p>A Nursing Administration Note completed on 9/7/16 at 12:48 p.m. indicated staff removed the resident's Foley catheter. The note was completed by an RN.</p> <p>There was no documentation of a diagnosis or need for the continued use of the Foley catheter in the resident's record.</p> <p>When interviewed on 9/23/16 at 9:50 a.m., the ADON (Assistant Director of Nursing) indicated the resident had been sent to the hospital on 8/28/16 and returned to the facility on 9/2/16. The resident did not have an indwelling Foley catheter when she was sent to the hospital on 8/28/16 but had an indwelling Foley catheter in place when she returned to the facility on 9/2/16. The ADON found no documentation to verify the indication for the need for the Foley catheter.</p>				<p>notified and the catheter was D/C'd.</p> <p>2) How the facility identified other residents:</p> <p>All residents with a Foley catheter in place could potentially be affected. No other residents were affected.</p> <p>3) Measures put into place/ System changes:</p> <p>Nursing staff educated on the acceptable diagnosis for using a Foley catheter and completion of the Foley Catheter Evaluation. .</p> <p>Nursing staff educated on the assessment to use for all admissions/ readmissions. An addition was made to the assessment which indicates that the catheter should be discontinued if there is not an acceptable medical diagnosis.</p> <p>An audit will be completed on all admissions/ readmissions by the Director of Nursing or designee to determine if a catheter is present and if there is an appropriate diagnosis. If not, physician will be</p>		

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	<p>This Federal tag related to Complaint IN00210587.</p> <p>3.1-41(a)(1)</p>			<p>notified to request an order to discontinue.</p> <p>4) How the corrective actions will be monitored:</p> <p>An audit will be completed on all admissions/ readmissions by the Director of Nursing or designee to determine if a catheter is present and if there is an appropriate diagnosis. If not, physician will be notified to request an order to discontinue.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x3</p> <p>months, then quarterly x1 for a total of 6 months.</p> <p>5) Date of compliance:</p> <p>October 17, 2016</p>			