

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

PRINTED: 09/07/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145469	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/01/2016
NAME OF PROVIDER OR SUPPLIER PARIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH MAIN STREET PARIS, IL 61944		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	INITIAL COMMENTS	F 000			
F 315 SS=D	<p>Complaint Investigation #1664897 / IL 88053 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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 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>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to seek timely treatment for R1's urinary retention and increased R1's risk for an Urinary Tract Infection. This failure affects one of three residents (R1) reviewed for Urinary Tract Infection on the sample of seven.</p> <p>Findings include:</p> <p>The "Admit/Discharge" Report dated 5/29/16 to 8/29/16 documents R1 was admitted to the facility on 8/2/16 and discharged on 8/20/16 to an acute care hospital. R1's Cumulative Diagnosis Sheet documents R1 diagnoses on 8/2/16 (admission to facility) included Severe Peripheral Vascular Disease with Ischemic Left Leg Ulcer, Gangrenous Changes over Left Foot, Severe Systolic Congestive Heart Failure, Diabetes Mellitus, Hypertension, Chronic Kidney Disease,</p>	F 315			
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 315	<p>Continued From page 1</p> <p>Chronic Obstructive Pulmonary Disease, Myocardial Infarction, Ischemic Cardiomyopathy, Cellulitis Left Lower Extremity, and Anemia Normocystic. R1's Cumulative Diagnosis Sheet also documents Urinary Retention on 8/19/16.</p> <p>R1's Minimum Data Set (MDS) dated 8/9/16 document R1 is moderately cognitively impaired and requires the extensive assistance of two staff for bed mobility, transfers, toileting and hygiene and total dependence on staff for wheel chair ambulation.</p> <p>R1's Care Plan Dated 8/4/16 documents "Monitor/record/report to MD (Medical Doctor) for s/sx (signs and symptoms) UTI (Urinary Tract Infection): no output, deepening of urine color, increased pulse, increased temp (temperature), Urinary frequency, foul smelling urine..., fever, chills, altered mental status, change in behavior, change in eating patterns."</p> <p>On 8/31/16 at 2:00 pm E10, Licensed Practical Nurse (LPN) stated E10 worked on 8/18/16 the evening shift from 2 pm to 10 pm. E10 stated R1 was incontinent of urine. R1's urine was "dark yellow" with a strong urine odor.</p> <p>R1's Nurses Notes dated 8/19/16 at 4:45 am documents "Late entry; Resident (R1) has not voided this shift or on evenings. Bladder is distended and slightly firm...will report same to days...(R1) does not seem uncomfortable. Afebrile (no fever)."</p> <p>On 8/31/16 at 12:40 pm E11, Registered Nurse (RN) stated E11 had heard in report that R1 had not voided on the 2 pm-10 pm evening shift on 8/18/16 and R1 would not eat or drink. E11 stated</p>	F 315			

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F 315	<p>Continued From page 2</p> <p>E11 assessed R1 sometime between 3:30 am and 4:00 am and found R1's lower abdomen distended. E11 stated "I didn't call the doctor (Z1, R1's physician) because (R1) had no fever and was not uncomfortable." E11 stated "I could have notified the doctor."</p> <p>On 8/31/16 at 9:40 am E8 (Registered Nurse, RN) stated E8 worked 8/19/16 day shift. E8 stated E11, RN, from the night shift said R1 had no urine output. E8 stated E8 assessed R1 and R1 was "confused" and had a loose stool that morning. E8 stated Z2 (Nurse Practitioner) ordered R1 to be straight catheterized (insert urinary catheter to obtain urine from the bladder) as needed for urinary retention. E8 stated "It was difficult to cath (R1) because of some stricture." E8 stated E8 obtained large amount of dark colored urine. E8 stated E8 did not notify Z1.</p> <p>R1's Nurses Notes dated 8/19/16 documents "straight cath at 1200 (12:00 pm). 1100 cc (cubic centimeters) dark amber urine out..."</p> <p>R1's Nurses Notes dated 8/20/16 documents R1's family requested R1 be sent to the hospital. The notes document Z1 was contacted and an order was received to send R1 to the Emergency Room for evaluation and treatment. The notes document R1 departed facility at 12:10 pm.</p> <p>R1's Hospital Report dated 8/20/16 documents R1's diagnoses "Urinary Tract Infection; Sepsis..." The hospital notes document R1's "urine was very cloudy and very foul smelling." The report documents on 8/20/16 at 4:05 pm that R1 was transferred to another hospital for "higher level of care...symptoms have worsened."</p>	F 315			

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F 315	<p>Continued From page 3</p> <p>R1's Hospital Laboratory Blood Culture report dated 8/21/16 documents "Escherichia coli."</p> <p>R1's Hospital Laboratory Urine Culture report dated 8/21/16 documents Escherichia coli 100,000 Colony Forming units/milliliter.</p> <p>On 9/1/16 at 11:30 am E2, Director of Nursing, stated E11 should have notified Z1 per E11's written documentation of R1 not voiding and with a "Bladder distended and slightly firm." E2 also stated E8 should have notified Z1 of R1's abnormal urinary output of 1100 cc of dark amber urine when R1 was catheterized on 8/19/16.</p> <p>On 8/31/16 at 1:45 pm and 9/1/16 at 11:30 am E2, Director of Nursing, stated the risk of a resident not voiding in eight hours is a risk for Urinary Tract Infection and possibly Sepsis.</p> <p>On 9/1/16 at 11:15 am Z1 stated the facility "should have notified the on-call doctor" of R1's urinary retention when it was first assessed. Z1 stated urinary retention can increase the risk for a Urinary Tract Infection.</p> <p>The "Catheterization, Intermittent, Male Resident" dated October 2010 documents "... Notify the physician of any abnormalities (i.e. urine output of 800 ml (milliliters), obstruction, etc... Report other information in accordance with facility policy and professional standards of practice."</p>	F 315			