

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155734</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THORNTON TERRACE HEALTH CAMPUS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>188 THORNTON RD HANOVER, IN 47243</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0690  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, observation, and record review, the facility failed to ensure appropriate perineal care was provided for residents with a history of Urinary Tract Infections (UTIs) and/or indwelling catheter use for 2 of 3 residents reviewed for bowel / bladder incontinence and UTI care. (Residents B and C) Findings include: 1. During an observation on 9-8-20 at 10:45 a.m., Resident B received toileting perineal care (cleaning of the private areas), after a bowel movement, from RCA (Resident Care Aide) 1 and CRCA (Certified Resident Care Aide) 2. RCA 1 used a wet washcloth to clean the labial area, swiping 3 times with the same area of the washcloth. She folded the washcloth and swiped 3 more times using the same area of the cloth. The resident's indwelling urinary catheter was then emptied into the toilet. The brief was pulled up and the resident was transferred via hooyer lift. The clinical record for Resident B was reviewed on 9-8-20 at 1:46 p.m. The resident's [DIAGNOSES REDACTED]. The care plan, dated 8-23-19, indicated the resident was at risk for incontinence related to a history of needing assistance and incontinence. The Approach was for staff to provide assistance to toilet as needed. The care plan, dated 8-23-19, indicated the resident used a indwelling urinary catheter with a [DIAGNOSES REDACTED]. The resident was to be observed for any signs of UTI (urinary tract infection), urethral trauma, strictures, bladder [MEDICATION NAME] or silent hydro[DIAGNOSES REDACTED]. The physician was to be notified of any signs. Please record resident urinary output. The Event Report, dated 7-15-20, indicated the resident developed ESBL (extended spectrum beta-lactamase) of the urine. A urine culture was obtained on 7-13-20. She was placed in contact isolation. A foul odor to the urine was observed. an order for [REDACTED]. A urine culture was obtained and a foul odor was observed. On 7-29-20 the resident was started on IV (intravenous) Imipenem 400 mg (milligrams) every 6 hours for 7 days. The resident was encourage to take fluids and the antibiotic use was monitored. During an interview with RCA 1, on 9/8/20 at 10:50 a.m., she indicated she cleaned the perineal area from front to back. She used one area of the wipe one time, then would either fold or discard. 2. During an observation on 9/8/20 at 11:16 a.m., Resident C received toileting perineal care from RCA 1 and CRCA 2. RCA 1 cleaned the resident from the labia to the rectum, using a front to back motion, with a wet wipe. She swiped with the same area of the wipe 2 times and folded the wipe. With the folded wipe she swiped 2 times with the same area of the wipe. The brief was pulled up and the resident was transferred into her wheelchair. The clinical record for Resident C was reviewed on 9-8-20 at 1:46 p.m. The resident's [DIAGNOSES REDACTED]. The care plan, dated 7-28-20, indicated the resident was at risk for skin breakdown related to immobility and incontinence. The staff were to keep the resident clean and dry and use a moisture barrier as needed. During an interview on 9-8-20 at 1:24 p.m., the DHS (Director of Health Services) indicated the washcloth or wipe used for perineal care could be folded and only a clean surface would be used for each individual swipe. The review of the Perineal Care for the Incontinent Guideline Policy and Procedure revised on 11/9/17 included, but was not limited to, .7. Pay particular attention to infection prevention and control techniques when performing PERINEAL care, to prevent introduction of contamination that may lead to a urinary tract infection. This Federal tag is related to Complaint IN 508. 3.1-41(a)(2)</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 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.