

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RENSSELAER CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1309 E GRACE ST RENSSELAER, IN 47978</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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure Physician's Orders were implemented related to a treatment for [REDACTED]. (Resident 54) Finding includes: On 3/5/20 at 9:29 a.m., Resident 54 was observed propelling himself in his wheelchair. He had three surgical staples to the back of his head which were uncovered. The resident's clinical record was reviewed on 3/4/20 at 11:12 a.m. The resident had fallen and sustained a [MEDICAL CONDITION] on 2/28/20. He was sent to the emergency room and returned to the facility with 3 staples to the back of his head. A Physician's Order, dated 2/29/20, indicated the area should be covered with a dry dressing and changed daily for 7 days. The February and March Treatment Administration Records (TAR) did not have the order for the daily dressing change. Interview with LPN 1 on 3/9/20 at 9:45 a.m., indicated there was no treatment order for the head wound, they were just monitoring the area. She indicated she did not know why the Physician's Order had not transferred over to the TAR. Interview with the Director of Nursing on 3/9/20, indicated the Physician's Order was entered into the TAR but hadn't successfully transferred over due to an data entry error. 3.1-37		
F 0757  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure each resident's drug regimen must be free from unnecessary drugs.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a lab order was completed as ordered for 1 of 5 residents reviewed for unnecessary medications. (Resident 20) Finding includes: The record for Resident 20 was reviewed on 3/5/20 at 2:05 p.m. [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. (A medication that can elevate ammonia levels) A physician's orders [REDACTED]. The record lacked evidence the lab test had been performed. During an interview with the Assistant Director of Nursing on 3/6/20 at 3:20 p.m., she indicated the repeat ammonia level had not been completed on 3/3/20 as ordered. The Nurse Practitioner had been notified and the lab technician would be out later that day to obtain the lab. 3.1-(a)(3)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interview, the facility failed to ensure an infection control program was maintained related to lack of signs and symptoms of infections documented on the infection control logs for 5 residents reviewed who had an infection. (Residents 8, 7, 52, 51 & 24) Findings include: The Infection Control Program logs were reviewed on 3/9/2020 at 10:05 a.m. The January and February 2020 Infection Control Logs included the resident's name, infection, and antibiotic used. The logs lacked any signs or symptoms of the infections. 1. A Resident Infection Report Form for Resident 8 was completed on 1/3/2020. The resident had [MEDICAL CONDITION] and was started on an antibiotic. The form lacked any signs or symptoms the resident had experienced. 2. A Resident Infection Report Form for Resident 7 was completed on 1/20/2020. The resident had a urinary tract infection and was started on an antibiotic. The form lacked any signs or symptoms the resident had experienced. 3. A Resident Infection Report Form for Resident 52 was completed on 1/24/2020. The resident had a urinary tract infection and was started on an antibiotic. The form lacked any signs or symptoms the resident had experienced. 4. A Resident Infection Report Form for Resident 51 was completed on 2/4/2020. The resident had an upper respiratory infection and was started on an antibiotic. The form lacked any signs or symptoms the resident had experienced. 5. A Resident Infection Report Form for Resident 24 was completed on 2/4/2020. The resident had pneumonia and was started on an antibiotic. The form lacked any signs or symptoms the resident had experienced. Interview with the SDC (Staff Development Coordinator) on 3/9/2020 at 12:05 p.m., indicated she did not include the resident's signs or symptoms on the monthly Infection Control Logs but included them on the individual Resident Infection Report Forms. The above residents did not have signs or symptoms of the infections documented on the Resident Infection Report Forms but should have. 3.1-18(b)(1)(A)		
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.