

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155535	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Willow Crossing Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 Central Ave Columbus, IN 47203	

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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>38239</p> <p>Based on interview and record review, the facility failed to ensure a resident with a urinary tract infection received antibiotic treatment in a timely manner for 1 of 3 residents reviewed for urinary tract infections. (Resident B).</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 08/28/24 at 2:00 P.M. A Quarterly MDS (Minimum Data Set) assessment, dated 08/05/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, stroke, diabetes, renal insufficiency, and neurogenic bladder. The resident was incontinent of bowel and bladder.</p> <p>A progress note, dated 07/10/24 at 9:00 A.M., indicated the resident's family member requested the resident's urine be tested for a UTI (urinary tract infection). The NP (Nurse Practitioner) was in the facility and ordered a UA (urinalysis) with a C&S (Culture and Sensitivity, an additional test used to determine the appropriate antibiotic to use if infection was present) if indicated.</p> <p>A progress note, dated 07/12/24 at 4:50 P.M., indicated the results of the C&S were still pending at that time.</p> <p>A progress note, dated 07/15/24 at 7:30 A.M., indicated the UA C&S results were called in to the NP and ceftriaxone (an antibiotic) was ordered to treat the infection.</p> <p>During an interview on 08/28/24 at 1:09 P.M., RN 2 indicated the lab (laboratory) faxed results to the facility throughout the day. If the lab values were normal, the labs were placed in a binder for the NP to review the next time they were in the facility. If the labs were abnormal, the nurse would contact the NP, inform them of the results, and then implement any new treatment orders. She received the resident's C&S results the evening of Saturday, July 13, 2024. She checked the resident's profile, saw that the resident was currently receiving Macrochantin (nitrofurantoin, an antibiotic) and figured if the NP wanted to change the antibiotic they would do so on the following Monday. If the resident hadn't already been on an antibiotic she would have called and got something started. She didn't review the C&S results, so she didn't know the bacteria present in the resident's urine was resistant to the Macrochantin the resident was currently receiving.</p> <p>(continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155535	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Willow Crossing Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 Central Ave Columbus, IN 47203	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident's UA C&S results were reviewed. A urine specimen was collected on 07/10/24 and the results indicated a C&S would be required. The final results of the C&S were available on 07/13/24 and indicated the bacteria present in the resident's urine was resistant to treatment with a nitrofurantoin antibiotic (Macrochantin) the resident was currently taking.</p> <p>The current facility policy, titled LABORATORY ORDERS/RESULT REPORTING, with a revised on date of 11/2016, was provided by the Corporate Nurse on 08/29/24 at 1:56 P.M. The policy indicated, .To ensure laboratory tests ordered by the physician are drawn and results are received by the facility and reported to the attending physician .The facility shall then be responsible to forward the results to the applicable care provider .</p> <p>The deficient practice was corrected on 07/16/24 after the facility reviewed all residents' lab results for timeliness, educated staff, and implemented a process to monitor labs and lab results.</p> <p>This citation relates to Complaint IN00438759.</p> <p>3.1-41(a)(2)</p>		