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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235377 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/30/2020 |
| NAME OF PROVIDER OF SUPPLIER VALLEY VIEW CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1050 FOUR MILE NW GRAND RAPIDS, MI 49544 | |
| 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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation pertains to intake #MI 568 Based on interview and record review the facility failed to 1.) notify the physician of a change in condition and 2.) failed to notify a resident's Responsible Party of a change in condition for 1 of 3 residents (Resident #102) reviewed for notification of changes resulting in the lack of assessment, monitoring, and documentation and the potential for worsening of condition and delay in treatment. Findings include: Review of the facility policy Change of Condition-Resident Physician/NP Notification last revised 10/29/14 revealed, The attending physician/physician extender or on-call physician/physician extender will be notified with changes in a resident's condition or health status .1. Seven (7) days a week, attending physicians or physician/NP on call is to be notified of all condition or health status changes. 2. The attending physician or physician on call should be notified of any change in condition .health status or incident .c. Acute symptoms .Unconsciousness *[MEDICAL CONDITION] (new onset or change in pattern) .Significant change in mental or psychosocial status .Other conditions as deemed necessary .5. Document time of call, physician or nurse practitioner or other person spoken to; reason for call and result or orders received. Review of the facility policy Change of Condition-Resident Family/Responsible Party Notification last revised 4/12/16 revealed, Family and/or responsible party are notified anytime there is a change in the resident's condition or plan of care .To notify family and/or responsible party any time there is a: 1. Change in condition. 2. Change in medication. 3. Change in mental, psychosocial or behavior management. 4. Any other time there has been a change in the resident plan of care. The designated person on the face sheet will be the contacted party 1. Notification of any change in the resident's condition will be done in a timely manner. The designated party will be notified if more than a nursing intervention is needed. Check the medical record for specific family/responsible party instructions regarding notification. 2. Notify appropriate party and record in resident's medical record. Review of Potter and Perry, Fundamentals of Nursing, revealed, It is important that you observe the patient carefully before, during, and after the [MEDICAL CONDITION] so you are able to document the episode accurately .1. When [MEDICAL CONDITION] begins, note time, stay with patient, and call for help. Track duration of [MEDICAL CONDITION]. Notify health care provider immediately .9. Conduct a head-to-toe evaluation, including an inspection of oral cavity for breaks in mucous membranes from bites or broken teeth; look for bruising of skin or injury to bones and joints. Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations -). Elsevier Health Sciences. Kindle Edition. Review of a Face Sheet revealed Resident #102 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #102's Nurses Notes dated 7/23/20 written by Licensed Practical Nurse (LPN) G revealed, Resident was twitching and had some foam on the side of her mouth, not responsive, documents state resident has [MEDICAL CONDITION], Residents vwnl (Vital Signs Within Normal Limits), laid resident down in bed, [MEDICAL CONDITION] lasted for approximately 10 minutes, resident was safe, was assessed for resp (respiratory) infection fever cough sob (shortness of breath) or sore throat. Res (Resident) did not display any of these s/s (signs or symptoms) during my shift. Review of Resident #102's Nurses Notes from 7/23/20 and 7/24/20 revealed no documentation that Resident #102's Responsible Party or Resident #102's Physician were notified of Resident #102's [MEDICAL CONDITION] activity on 7/23/20. Review of Resident #102's After Visit Summary from the neurologists office dated 12/20/19 revealed, To the staff at (facility)-if any [MEDICAL CONDITION] activity is seen (staring spells, muscle twitches, convulsive activity), please call our office to let us know. Review of Resident #102's Nurses Notes revealed no documentation that Resident #102's Neurologist was notified of [MEDICAL CONDITION] activity. Review of Resident #102's Physician's Note written by the on-call Physician Assistant L and dated 7/25/20 revealed, Notified by staff of resident complaint of dysuria (painful urination) and change in behavior .She (Resident #102) also had a [MEDICAL CONDITION] on 7/23 which has happened in the past when she had a UTI (Urinary Tract Infection). Currently, vitals are stable, no [MEDICAL CONDITION] activity, had complained to staff of dysuria. (Indicating the provider was not notified at the time Resident #102 had the [MEDICAL CONDITION] activity). During an interview on 7/30/20 at 9:04 A.M., Nurse Practitioner (NP) M reported that she was working in the facility on 7/23/20 (the date of Resident #102's [MEDICAL CONDITION]) and was not notified that Resident #102 had a [MEDICAL CONDITION]. NP M reported she was made aware of Resident #102's [MEDICAL CONDITION] on 7/27/20 and ordered Neuro Assessments (Mental status, behavior, speech, comprehension, motor ability, and pupillary reaction) to be completed twice a day for 5 days because there was no documentation of the assessments being completed by nursing staff. During an interview on 07/29/2020 at 10:38 A.M., Family Member (FM) U reported that she is Resident #102's Medical Power of Attorney. FM U reported that the facility staff are to notify FM U if Resident #102 has a [MEDICAL CONDITION] or any other type of medical concern. FM U reported that she was not notified until 7/27/20 that Resident #102 had a [MEDICAL CONDITION]. FM U reported that she would have had Resident #102 immediately sent to the hospital for medical treatment had she known about the [MEDICAL CONDITION] on 7/23/20. Review of Resident #102's Nurses Notes dated 7/27/20 revealed, This nurse spoke with residents daughter (name omitted) in regards to notification of an event that took place on 7/23/20; spoke with her on 7/27/20 at 1128 am reassured her that it would be taken care. NP made aware of situation assessed resident. New orders placed Neuros BID (twice a day) times five days . (Indicating FM U was not notified of Resident #102's [MEDICAL CONDITION] on 7/23/20) During an interview on 7/30/20 at 3:26 P.M., LPN G reported that on 7/23/20 she was caring for Resident #102. LPN G reported that Resident #102 began to have a [MEDICAL CONDITION] while sitting in her wheelchair. LPN G reported she did not notify the family and reported she may have put a note in the physician books. LPN G reported no other physicians were notified of Resident #102's [MEDICAL CONDITION]. During an interview on 7/30/20 at 4:30 P.M., LPN G reported she found her scrap paper from 7/23/20 regarding Resident #102's [MEDICAL CONDITION] activity. LPN G reported she took a picture of the scrap paper and emailed it to Nursing Home Administrator (NHA) A. Received an email on 7/30/20 at 4:43 PM from NHA A which included a picture of a piece of scrap paper regarding Resident #102's care on 7/23/20 and signed by LPN G. Review of the picture of the scrap paper revealed no date or time the physician, the family, or the neurologist was notified. It was not part of the official medical record.</p> <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation pertains to intake #MI 568 Based on interview and record review the facility failed to ensure residents received care in accordance with professional standards of nursing practice for 1 of 3 residents (Resident #102) reviewed for change in condition, resulting in the delay in treatment and the potential for the worsening of a condition. Findings include: Review of the National Center for Biotechnology Information article [MEDICAL CONDITION] Precautions last updated 5/23/20 revealed, After the [MEDICAL CONDITION] (Postictal Stage)-After a [MEDICAL CONDITION], most patients experience confusion, fatigue, muscle pain and/or a headache .Once the [MEDICAL CONDITION] has stopped, record the following: *Vital</p> | | |
| F 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation pertains to intake #MI 568 Based on interview and record review the facility failed to ensure residents received care in accordance with professional standards of nursing practice for 1 of 3 residents (Resident #102) reviewed for change in condition, resulting in the delay in treatment and the potential for the worsening of a condition. Findings include: Review of the National Center for Biotechnology Information article [MEDICAL CONDITION] Precautions last updated 5/23/20 revealed, After the [MEDICAL CONDITION] (Postictal Stage)-After a [MEDICAL CONDITION], most patients experience confusion, fatigue, muscle pain and/or a headache .Once the [MEDICAL CONDITION] has stopped, record the following: *Vital</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.

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| F 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>(continued... from page 1) signs *Presence of gag reflex *Presence of a headache, character, location duration and severity *Bowel or bladder incontinence *Any visible injury to the skin, joints or face *Any residual neurological deficits *Change in behavior *Mental status, confused, anxious *Disturbance in speech *Coordination of movements *Weakness *Level of consciousness .Check Blood Work for the Following Triggers *[DIAGNOSES REDACTED]. Al Sawaf A, Murr N. [MEDICAL CONDITION] Precautions. (Updated 2020 May 23). In: StatPearls (Internet). Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK8/ Resident #102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #102's Nurses Notes dated 7/23/20 revealed, Resident was twitching and had some foam on the side of her mouth, not responsive, documents state resident has [MEDICAL CONDITION], Residents vwnl (Vital Signs Within Normal Limits), laid resident down in bed, [MEDICAL CONDITION] lasted for approximately 10 minutes, resident was safe, was assessed for resp (respiratory) infection fever cough sob (shortness of breath) or sore throat. Res (Resident) did not display any of these s/s (signs or symptoms) during my shift. During an interview on 7/30/20 at 8:38 A.M., Registered Nurse (RN) P reported that if a resident was having a [MEDICAL CONDITION], she would have staff contact either 911 or the provider immediately. RN P reported she would then obtain vital signs (blood pressure, pulse, respirations, oxygen level) and ensure the resident was safe. RN P reported she would notify the family of the resident's [MEDICAL CONDITION] as well. During an interview on 7/30/20 at 8:45 A.M., RN S reported that if a resident has a [MEDICAL CONDITION] it is important to ensure their safety. Once the [MEDICAL CONDITION] has ended Vital Signs and a Blood Sugar should be obtained immediately. RN S reported that the physician and family should be notified immediately following the [MEDICAL CONDITION] as well. During an interview on 7/30/20 at 9:04 A.M., Nurse Practitioner (NP) M reported that after a resident has a [MEDICAL CONDITION] the nursing staff should immediately obtain vital signs as well as a Blood Glucose level in order to determine if the resident is in stable condition. NP M reported that after a resident has a [MEDICAL CONDITION] the nursing staff should notify the provider as well as the family. NP M reported that she was working in the facility on 7/23/20 (the date of Resident #102's [MEDICAL CONDITION]) and was not notified that Resident #102 had a [MEDICAL CONDITION]. NP M reported she was made aware of Resident #102's [MEDICAL CONDITION] on 7/27/20 and ordered Neuro Assessments (Mental status, behavior, speech, comprehension, motor ability, and pupillary reaction) to be completed twice a day for 5 days because there was no documentation of the assessments being completed by nursing staff. Review of Resident #102's Physician's Note written by the on-call Physician Assistant L and dated 7/25/20 revealed, Notified by staff of resident complaint of dysuria (painful urination) and change in behavior. She (Resident #102) also had a [MEDICAL CONDITION] on 7/23 which has happened in the past when she had a UTI (Urinary Tract Infection). Currently, vitals are stable, no [MEDICAL CONDITION] activity, had complained to staff of dysuria. (Indicating the provider was not notified at the time Resident #102 had the [MEDICAL CONDITION] activity). Review of Resident #102's Vital Signs revealed that Resident #102's Blood Pressure, Oxygen Level, Respirations, Pulse, and Blood Glucose were not documented on 7/23/20 following Resident #102's [MEDICAL CONDITION] activity. Resident # 102's Blood Pressure, Respirations, and Pulse were not documented until 7/28/20. Resident #102's Oxygen level was last documented on 5/28/20. Resident #102's last Blood Sugar was documented on 3/2/20. Review of Resident #102's Neuro Assessment revealed no documentation that a neurological assessment was completed after Resident #102's [MEDICAL CONDITION]. Resident did not have a Neuro Assessment documented until 7/28/20. Review of Resident #102's Nurses Notes from 7/23/20 and 7/24/20 revealed no documentation that Resident #102's Responsible Party or Resident #102's Physician were notified of Resident #102's [MEDICAL CONDITION] activity on 7/23/20. Review of Resident #102's After Visit Summary from the neurologists office dated 12/20/19 revealed, To the staff at (facility)-if any [MEDICAL CONDITION] activity is seen (staring spells, muscle twitches, convulsive activity), please call our office to let us know. Review of Resident #102's Nurses Notes revealed no documentation that Resident #102's Neurologist was notified of [MEDICAL CONDITION] activity. During an interview on 7/30/20 at 3:26 P.M., LPN G reported that on 7/23/20 she was caring for Resident #102. LPN G reported that Resident #102 began to have a [MEDICAL CONDITION] while sitting in her wheelchair. LPN G reported she took 2 sets of vital signs and all was good. LPN G reported she must have forgot to put it (vital signs) in the computer. LPN G reported that she did not assess a blood sugar and forgot to chart neuro checks. LPN G reported she did not notify the family and reported she may have put a note in the physician books. LPN G reported no other physicians were notified of Resident #102's [MEDICAL CONDITION]. LPN G reported that a different nurse told her that [MEDICAL CONDITION] were normal for Resident #102. During an interview on 7/30/20 at 4:30 P.M., LPN G reported she found her scrap paper from 7/23/20 regarding Resident #102's [MEDICAL CONDITION] activity. LPN G reported she took a picture of the scrap paper and emailed it to Nursing Home Administrator (NHA) A. Received an email on 7/30/20 at 4:43 PM from Nursing Home Administrator (NHA) A which included a picture of a piece of scrap paper regarding Resident #102's care on 7/23/20 and signed by LPN G. Review of the picture of the scrap paper revealed an incomplete set of vital signs. There were 2 documentations of a blood pressure and pulse (there was no documentation of a temperature, respirations, or oxygen level). The scrap paper did not reveal a date or time the physician, the family, or the neurologist was notified. The scrap paper did not reveal a full neurological assessment (mental status screening was not completed).</p> <p>Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #MI 568 Based on interview and record review, the facility failed to 1.) implement an antibiotic stewardship program and 2.) ensure accurate monitoring and documentation of antibiotic for 1 of 3 residents (Resident #102) reviewed for antibiotic use, resulting in inappropriate antibiotic utilization and the potential for antibiotic resistance. Findings include: Review of the facility policy Infection Prevention and Control Program last revised 11/22/19 revealed, The purpose of this policy is to provide guidelines for maintaining an infection prevention and control program that provides a safe, sanitary, and comfortable environment to help prevent the development and transmission of infection. This program also provides surveillance, which collects data relative to infections and communicable diseases in the facility. Surveillance is interdisciplinary, prospective and proactive, and utilizes both process and outcome data for prevention, early detection, and control of infections and communicable disease in the facility .Program: Must establish/implement a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections .Develop prevention, surveillance, and control measures to protect residents and personnel from healthcare-associated infections by utilizing McGreer's Criteria (criteria that defines infection and surveillance) to define infection and the use of a data collection tool .Provide ongoing analysis of surveillance data and review of data and documentation of follow-up activity in response .Ensure compliance with state and federal regulations related to infection prevention and control. Resident #102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #102, with a reference date of 6/24/20 revealed a Brief Interview for Mental Status (BIMS) score of 9, out of a total possible score of 15, which indicated Resident #102 was moderately cognitively impaired. Review of Section H Urinary Continence revealed that Resident #102 was frequently incontinent of urine. Review of Resident #102's Physician's Note dated 7/25/20 revealed, Notified by staff of resident complaint of dysuria (painful urination) and change in behavior. According to staff, resident has become verbally aggressive, cursing and also was noted to have urinary frequency, foul smelling/cloudy urine. A urine dip had been done showing positive for leukocytes and [MEDICATION NAME]. She also had a [MEDICAL CONDITION] on 7/23 which has happened in the past when she had a UTI (Urinary Tract Infection). Currently, vitals are stable, no [MEDICAL CONDITION] activity, had complained to staff of dysuria. Urine sample sent for C&S (culture and sensitivity-determines what bacteria is present and what antibiotics will work best). Since the resident is experiencing symptoms consistent with UTI and has shown a significant change in condition and recent [MEDICAL CONDITION] similar to previous infection, it was felt that waiting for culture results may put the resident at further risk for worsening of her condition, therefore, she was started on [MEDICATION NAME] (antibiotic) 100mg BID (Twice a Day) x 5 days pending results. Review of Resident #102's Nurses Note dated 7/25/20 revealed, New order UA (urinalysis) with C&S (culture and sensitivity) if indicated. Urine obtained, lab notified. Daughter notified. Review of Resident #102's laboratory results dated [DATE] revealed the urinalysis did not meet the requirements for a urine culture and therefore no sensitivity was completed. URINAYLSIS MICROSCOPIC REFLEX-White Blood Cells (Result) 10 .(Reference Range) 0-10 .Criteria for reflex to culture-Female (greater than) 10 WBC (White Blood Cells) .[MEDICATION NAME]-NEGATIVE [MEDICATION NAME] in urine is a sign of a urinary tract infection) .Leukocyte Esterase 1+(White Blood Cells in Urine can range from 1+ to 3+). Review of Resident #102's Physician Order dated 7/25/20 revealed, [MEDICATION NAME] Capsule (antibiotic) 100 MG-Give 100 mg by mouth two times a day for UTI related to OTHER [MEDICAL CONDITION]; OVERACTIVE BLADDER. During an interview on 7/30/20 at 9:00</p> | | |
| F 0881 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #MI 568 Based on interview and record review, the facility failed to 1.) implement an antibiotic stewardship program and 2.) ensure accurate monitoring and documentation of antibiotic for 1 of 3 residents (Resident #102) reviewed for antibiotic use, resulting in inappropriate antibiotic utilization and the potential for antibiotic resistance. Findings include: Review of the facility policy Infection Prevention and Control Program last revised 11/22/19 revealed, The purpose of this policy is to provide guidelines for maintaining an infection prevention and control program that provides a safe, sanitary, and comfortable environment to help prevent the development and transmission of infection. This program also provides surveillance, which collects data relative to infections and communicable diseases in the facility. Surveillance is interdisciplinary, prospective and proactive, and utilizes both process and outcome data for prevention, early detection, and control of infections and communicable disease in the facility .Program: Must establish/implement a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections .Develop prevention, surveillance, and control measures to protect residents and personnel from healthcare-associated infections by utilizing McGreer's Criteria (criteria that defines infection and surveillance) to define infection and the use of a data collection tool .Provide ongoing analysis of surveillance data and review of data and documentation of follow-up activity in response .Ensure compliance with state and federal regulations related to infection prevention and control. Resident #102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #102, with a reference date of 6/24/20 revealed a Brief Interview for Mental Status (BIMS) score of 9, out of a total possible score of 15, which indicated Resident #102 was moderately cognitively impaired. Review of Section H Urinary Continence revealed that Resident #102 was frequently incontinent of urine. Review of Resident #102's Physician's Note dated 7/25/20 revealed, Notified by staff of resident complaint of dysuria (painful urination) and change in behavior. According to staff, resident has become verbally aggressive, cursing and also was noted to have urinary frequency, foul smelling/cloudy urine. A urine dip had been done showing positive for leukocytes and [MEDICATION NAME]. She also had a [MEDICAL CONDITION] on 7/23 which has happened in the past when she had a UTI (Urinary Tract Infection). Currently, vitals are stable, no [MEDICAL CONDITION] activity, had complained to staff of dysuria. Urine sample sent for C&S (culture and sensitivity-determines what bacteria is present and what antibiotics will work best). Since the resident is experiencing symptoms consistent with UTI and has shown a significant change in condition and recent [MEDICAL CONDITION] similar to previous infection, it was felt that waiting for culture results may put the resident at further risk for worsening of her condition, therefore, she was started on [MEDICATION NAME] (antibiotic) 100mg BID (Twice a Day) x 5 days pending results. Review of Resident #102's Nurses Note dated 7/25/20 revealed, New order UA (urinalysis) with C&S (culture and sensitivity) if indicated. Urine obtained, lab notified. Daughter notified. Review of Resident #102's laboratory results dated [DATE] revealed the urinalysis did not meet the requirements for a urine culture and therefore no sensitivity was completed. URINAYLSIS MICROSCOPIC REFLEX-White Blood Cells (Result) 10 .(Reference Range) 0-10 .Criteria for reflex to culture-Female (greater than) 10 WBC (White Blood Cells) .[MEDICATION NAME]-NEGATIVE [MEDICATION NAME] in urine is a sign of a urinary tract infection) .Leukocyte Esterase 1+(White Blood Cells in Urine can range from 1+ to 3+). Review of Resident #102's Physician Order dated 7/25/20 revealed, [MEDICATION NAME] Capsule (antibiotic) 100 MG-Give 100 mg by mouth two times a day for UTI related to OTHER [MEDICAL CONDITION]; OVERACTIVE BLADDER. During an interview on 7/30/20 at 9:00</p> | | |

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| F 0881 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>(continued... from page 2)</p> <p>A.M., Infection Control Nurse (ICN) T reported that the facility follows the McGreers Criteria for Infection Control/Antibiotic use as their standard of practice for monitoring and treating Urinary Tract Infections [MEDICAL CONDITION]. ICN T reported that Resident #102 had burning and frequency with urination and with a history of UTT's the provider ordered a urinalysis with cultures if indicated as well as antibiotics. ICN T reported that the urinalysis did not meet the criteria to have a urine culture and sensitivity, but the antibiotic was continued. ICN T reported that typically an antibiotic is not started until the culture and sensitivity results have been reviewed to ensure the proper antibiotic is being administered for the infection. During an interview on 7/30/20 at 9:04 A.M., Nurse Practitioner (NP) M reported that an antibiotic should not be started for a UTI until the culture and sensitivity result is received in order to ensure the correct antibiotic is prescribed for the infection. NP M reported that Resident #102's urinalysis did not indicate a UTI and therefore an antibiotic was not required. NP M reported she would have put Resident #102 on a 3 day UTI Monitor and watch for further symptoms before ordering additional testing and/or antibiotics. NP M reported that Resident #102 is incontinent of urine at baseline so it would be difficult to assess an increase in frequency.</p> | | |