

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

PRINTED: 01/26/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155843		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SPRINGS OF RICHMOND, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 400 INDUSTRIES ROAD RICHMOND, IN 47374			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00393842, IN00395478, IN00396007, IN00396680 and IN00398651.</p> <p>Complaint IN00393842 - Substantiated. Federal/State deficiency related to the allegations is cited at F554.</p> <p>Complaint IN00395478 - Substantiated. Federal/State deficiency related to the allegations is cited at F676.</p> <p>Complaint IN00396007 - Unsubstantiated. Allegation did not occur.</p> <p>Complaint IN00396680 - Substantiated. Federal/State deficiency related to the allegations is cited at F676.</p> <p>Complaint IN00398651 - Substantiated. Federal/State deficiency related to the allegations is cited at F676.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: January 9 and 10, 2023</p> <p>Facility number: 013635 Provider number: 155843 AIM number: 300026664</p> <p>Census Bed Type: SNF/NF: 3 SNF: 36 Residential: 16 Total: 55</p>			F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during Complaint survey conducted January 9-10, 2023. Please accept this Plan of Correction as the provider's credible allegation of compliance as of January 31, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Michael Lacey, HFA

Interim Executive Director

01/23/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0554 SS=D Bldg. 00	<p>Census Payor Type: Medicare: 36 Medicaid: 3 Total: 39</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 12, 2023</p> <p>483.10(c)(7) Resident Self-Admin Meds-Clinically Approp §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was determined clinically appropriate to self-administer medications for 1 of 5 residents observed for medication administration. (Resident H)</p> <p>Findings include:</p> <p>An observation and interview conducted with Resident H, on 1/8/23 at 5:58 p.m., noted a medication cup of 3 pills located on her bedside table. Resident H indicated she prefers to take her medication on a set schedule. The staff will "set up" her medications for the day and set them on the bedside table for her to administer throughout the day. She identified 2 of the 3 pills as "Zetia" and "Magnesium". There was a circular, white pill that she was not able to identify but believed it was "Aspirin".</p> <p>The clinical record for Resident H was reviewed on 1/10/23 at 12:18 p.m. The diagnoses included, but were not limited to, hypertensive heart</p>			F 0554	<p>- Resident H was affected by the alleged deficient practice with no adverse effects noted.</p> <p>- Resident H had assessment completed immediately for self-administration of medication.</p> <p>- All residents have the potential to be affected by the alleged deficient practice.</p> <p>- DHS was educated on the completion of, assessment and monitoring residents for appropriateness of self-administration.</p> <p>- All inhouse residents were audited on 01/10/2023 by the DHS/ADHS/designee for self-administration therapy. No residents qualified for documentation change. Education provided: o Assessments for</p>		01/31/2023

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	<p>disease, congestive heart failure, hyperlipidemia (high concentration of fats and lipids in the blood), and presence of cardiac pacemaker.</p> <p>A physician order, dated 12/16/22, was noted for ezetimibe (statin medication) 10 milligrams daily.</p> <p>A physician order, dated 12/18/22, was noted for Magnesium oxide 500 milligrams daily.</p> <p>There was no physician order for Aspirin for Resident H.</p> <p>There was no care plans, physician orders, and/or assessments noted in Resident H's clinical record to reflect the ability to self-administer medications.</p> <p>An interview with the Interim Director of Health Services (DHS), on 1/10/23 at 2:20 p.m., indicated the expectations are not to leave medications at the bedside unless the resident is deemed appropriate to self-administer such medications.</p> <p>A policy titled "Guidelines for Self-Administration of Medications", revised 5/22/2018, was provided by the Interim DHS on 1/10/23 at 3:26 p.m. The policy indicated the following, "...To ensure the safe administration of medication for residents who request to self-medicate or when self-medication is a part of their plan of care...PROCEDURES...1. Residents requesting to self-medicate or has self-medication as a part of their plan of care shall be assessed...Results of the assessment will be presented to the physician for evaluation and an order for self-medication...6. A Self-Medication plan of care will be initiated and updated as indicated...8. The assessment will be documented in the EHR [electronic health record]...."</p>				<p>Self-Administration of Medications</p> <p>- DHS/designee will ensure weekly accuracy review of all Self-Administration residents through the clinical care meeting and assessment program monitoring tool to ensure that any residents appropriate for self-administration therapy has appropriate documentation with physician/resident/family/and outside service provider notified if applicable, and for proper monitoring weekly for 4 weeks, biweekly for 8 weeks, and monitored monthly in QAPI for 6 months.</p> <p>- DHS/designee will be responsible for the Self-Administration assessment program, monitoring compliance of the weekly procedure for 6 months. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a threshold of 100% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months.</p>		

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F 0676 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00393842.</p> <p>3.1-11(a)</p> <p>483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p>						

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	<p>§483.24(b)(5) Communication, including</p> <p>(i) Speech,</p> <p>(ii) Language,</p> <p>(iii) Other functional communication systems.</p> <p>Based on interview, observation, and record review, the facility failed to assist dependent residents with bathing tasks and failed to assist a dependent resident with nail care for 2 of 4 residents reviewed for activities of daily living. (Resident's C and D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 1/9/2023 at 12:05 p.m. The medical diagnoses included acute respiratory failure with hypoxia and pain.</p> <p>An Admission Minimum Data Set (MDS) Assessment, dated 12/13/2022, indicated that Resident C was cognitively intact and needed total assistance of two staff for bathing tasks.</p> <p>A profile care guide, dated 12/10/2022, indicated that Resident C was to receive showers on Monday, Wednesday, and Friday.</p> <p>A life enrichment observation, dated 12/14/2022, indicated that it was somewhat important for Resident C to choose her bathing tasks with a preference with bed baths or showers.</p> <p>Resident C was admitted to the facility on 12/9/2022 with a hospital leave from 12/23/2022-1/5/2023.</p> <p>Resident C received the following bathing:</p> <p>-12/12/2022 - other bath</p> <p>-12/13/2022 - other bath</p>			F 0676	<p>- Residents C and D was affected by the alleged deficient practice with no adverse effects noted.</p> <p>- Resident C was assessed for appropriate and recommended bathing tasks r/t to preference.</p> <p>- Resident D was assessed for appropriate nail care and preference for future nail care.</p> <p>- All residents have the potential to be affected by the alleged deficient practice.</p> <p>- Clinicians were reeducated on the activities of daily living policy with concentration on, but not limited to, assessing and monitoring residents for bathing and nail care.</p> <p>- All inhouse residents were audited on 01/10/2023 by the DHS/ designee for skin impairment. No residents qualified for additional ADL care or preference documentation. Education provided:</p> <ul style="list-style-type: none"> o Guidelines for Bathing Preference <p>- DHS/designee will ensure weekly monitoring of appropriate ADLs through the clinical care meeting and bathing/showering/nail care</p>		01/31/2023

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	<p>-12/14/2022 - other bath</p> <p>-12/19/2022 - complete bed bath</p> <p>-12/20/2022 - complete bed bath</p> <p>An interview with Resident C on 1/9/2023 at 2:40 p.m. indicated she hasn't had a shower since she was admitted. She indicated they get her in the bathroom and sit her on the toilet to give a sponge bath about once a week. Resident C stated she feels like it is too short staffed for her to get a shower, so she is just making do with the sponge baths.</p> <p>2. The clinical record Resident D was reviewed on 1/9/2023 at 2:30 p.m. The medical diagnoses included muscle weakness and dementia.</p> <p>An Annual MDS Assessment, dated 12/19/2022, indicated that Resident D was cognitively impaired and required total assistance for bathing tasks.</p> <p>A profile care guide, dated 3/29/2022, indicated Resident D to have showers on Monday, Wednesday, and Friday evenings.</p> <p>A life enrichment observation, dated 12/21/2022, indicated that Resident D preferred to have bed baths.</p> <p>Resident D received the following showers between 12/10/2022 through 1/9/2023:</p> <p>-12/14/2022 - complete bed bath</p> <p>-12/21/2022 - complete bed bath</p> <p>-12/22/2022 - complete bed bath</p> <p>-1/4/2023 - complete bed bath</p> <p>An observation on 1/8/2022 at 9:05 p.m. indicated Resident D was laying in her bed. Her hair</p>				<p>monitoring tool to ensure that residents will receive appropriate hygiene care r/t to preference and document EMR and communicate with physician/resident/family/and outside service provider if applicable, and for proper monitoring weekly for 4 weeks, biweekly for 8 weeks, and monitored monthly in QAPI for 6 months.</p> <p>- DHS/Designee will be responsible for monitoring compliance of the weekly procedure for 6 months. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a threshold of 100% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months.</p>		

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F 0755 SS=D Bldg. 00	<p>appeared greasy, and she had long, jagged nails with brown debris underneath.</p> <p>An observation on 1/9/2022 at 2:55 p.m. indicated Resident D was laying in her bed at this time. Her hair appeared greasy, and her fingernails were long, jagged, and had brown debris underneath.</p> <p>A confidential interview completed during this survey indicated that staff do not have time to complete all the care for residents and document, that they do what they can.</p> <p>A confidential interview completed during the survey indicated she does not have time to complete showers as they should be, but she tries to make sure they get at least one shower a week.</p> <p>A policy entitled, "Guidelines for Bathing Preferences", was provided by the Director of Health Services. The policy indicated, "...Bathing shall occur at least twice a week unless resident preference states otherwise."</p> <p>This Federal tag relates to Complaint IN00395478, IN00396680 and IN00398651..</p> <p>3.1-38(a)(2)(A) 3.1-38(a)(3)(B) 3.1-38(a)(3)(E) 3.1-38(b)(2)</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may</p>						

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	<p>permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview and record review, the facility failed to ensure that medications ordered were administered by qualified personnel for 2 of 5 residents reviewed for medication administration. (Resident F and Resident G)</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed on 1/8/2023 at 9:20 p.m. The medical diagnoses included Barrett's esophagus and pain.</p>			F 0755	<p>- Resident F was affected by the alleged deficient practice. Resident received correct medications and no side adverse effects noted.</p> <p>- Resident G was affected by the alleged deficient practice. Resident received correct medications and no adverse effects noted.</p> <p>- All residents have the</p>		01/31/2023

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	<p>An admission Minimum Data Set (MDS) assessment, dated 12/13/2022, indicated that Resident F was cognitively intact.</p> <p>The clinical record for Resident G was reviewed on 1/8/2023 at 9:15 p.m. The medical diagnosis included muscle weakness.</p> <p>A 5-day MDS Assessment, dated 12/14/2022, indicated that Resident G was mildly cognitively impaired.</p> <p>An anonymous interview conducted during the survey indicated that on the evening on 12/13/2022 she was instructed to administer two separate medications to two residents (Resident F and Resident G) by the ADHS (Assistant Director of Health Services) that had pulled the medications. She verified she was a certified nursing assistant but was not qualified to administer medications.</p> <p>An interview with ADHS on 1/9/2023 at 1:23 p.m., indicated that on the evening of 12/13/2022 she received a call related to a family emergency. She had some medications pulled, but she could not remember for which residents or how many medications, that she gave to certified resident care associate (CRCA 4) to give to the resident(s). She stated she gave her keys to the other nurse in the building, did not count, and went to the family emergency.</p> <p>An interview with ED (Executive Director) on 1/9/2023 at 4:00 p.m. indicated he was aware of a CRCA administering medications to residents on 12/13/2022. He stated there was not a big investigation due to both the nurse and CRCA reporting the same circumstances.</p>				<p>potential to be affected by the alleged deficient practice.</p> <ul style="list-style-type: none"> - All caregivers were reeducated on the medication administration policy and procedure. - All inhouse residents audited on 01/10/2023 by the DHS/designee on medication administration, appropriate orders, documentation, as well as discipline specific scope of practice for medication administration. No residents or deficient practice was identified. Education provided: <ul style="list-style-type: none"> o Medication Administration Policy and/or SoP o Discipline specific scope of practice - DHS/designee will ensure weekly monitoring of medication administration by appropriate personal approved to so under state law weekly for 4 weeks, biweekly for 8 weeks, and monitored monthly in QAPI for 6 months. - DHS/Designee will be responsible for monitoring compliance of the weekly summaries/audit's procedure for 6 months. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a threshold of 100% is not achieved, an action plan will be developed. The 		

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	An interview with the Director of Health Services on 1/10/2023 at 3:43 p.m. indicated that it is the policy of the facility to have only qualified medication aides and/or licensed nurses administer medications to residents in the facility. 3.1-25(b)(1)				facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months.		