

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155481	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2021
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NAME OF PROVIDER OR SUPPLIER ARBOR TRACE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP COD 3701 HODGIN RD RICHMOND, IN 47374
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00367788.</p> <p>Complaint IN00367788 - Substantiated. Federal/state deficiencies related to the allegations are cited at F- 689 & F-690</p> <p>Survey dates: December 8, & 9, 2021</p> <p>Facility number: 000455 Provider number: 155481 AIM number: 100291010</p> <p>Census Bed Type: SNF/NF: 82 SNF: 13 Residential: 26 Total: 121</p> <p>Census Payor Type: Medicare: 22 Medicaid: 65 Other: 8 Total: 95</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 15, 2021</p>	F 0000	<p>This plan of correction is to serve as Arbor Trace's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Arbor Trace or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>Arbor Trace respectfully requests a desk review for these deficiencies.</p>	
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is</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 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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	<p>possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review the facility failed to investigate the root cause of a fall and implement an intervention to prevent further falls for 1 of 3 residents reviewed for accidents (Resident B).</p> <p>Finding include:</p> <p>During an interview with Resident B's family member on 12/8/21 at 11:06 a.m., indicated he had concerns about the resident having falls and how the facility was addressing the falls.</p> <p>Review of the record of Resident B on 12/8/21 at 12:05 p.m., indicated the resident's diagnoses included, but were not limited to, congestive heart failure, diabetes, hypertension, abnormal gait, unsteadiness on feet, difficulty walking, repeated falls and weakness.</p> <p>The nursing note for Resident B, dated 10/19/21 at 3:00 a.m., indicated the resident was found sitting on the floor beside his bed, there were no apparent injuries. The resident was assisted by three staff members to his chair.</p> <p>The post fall safety event assessment for Resident B, dated 10/19/21 at 3:26 p.m., indicated the resident had an unwitnessed fall and was found on his buttocks next to his bed. The resident indicated he was trying to get into his wheelchair. There were no injuries.</p> <p>The Quarterly Minimum Data Set (MDS) for Resident B, dated 11/17/21, indicated the resident</p>	F 0689	<p>F689 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>I. Residents B no longer resides in the facility</p> <p>II. All residents requiring transfer assistance have the potential to be affected by the alleged deficient practice. All Residents with falls for the past 30 days have been reviewed to determine there is a post fall IDT note and a care plan intervention implemented. Any discrepancies have been identified and corrected.</p> <p>III. Education will be provided to nursing staff related to the fall policy specifically post fall IDT and care plan intervention. The systemic change includes review of falls daily during stand up meeting Monday through Friday. Documentation will be reviewed, root cause determined, post fall IDT will be entered and the care plan and C.N.A. assignment sheet will be updated.</p>	12/21/2021

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F 0690 SS=D Bldg. 00	<p>required extensive assistance of two people to transfer and the resident did not ambulate.</p> <p>The plan of care dated 7/29/21 (revised 11/30/21) indicated the resident was at risk for falling related to decrease in assistance with activities of daily living, poor balance and safety awareness. The resident wished to maintain his own independence with transfers regardless of risk of falls and injuries. The plan of care did not have a documented implemented intervention for 10/19/21 after the resident fell.</p> <p>During an interview with the Director Of Nursing (DON) on 12/9/21 at 12:40 p.m., indicated the facility had not completed an investigation of the root cause of Resident B's fall on 10/19/21 and did not implement a new intervention to prevent further falls. The Interdisciplinary Team (IDT) was responsible to complete an investigation and implement a fall intervention to prevent further falls.</p> <p>The fall prevention policy provided by the DON on 12/8/21 at 1:30 p.m., indicated the IDT would review the post fall event and investigate root cause for each fall and ensure effective interventions are put into place to prevent additional falls.</p> <p>This Federal tag related to complaint IN00367788.</p> <p>3.1-45(a)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and</p>		<p>IV. The DON/Designee will review through medical record review that documentation is in place for post fall documentation, root cause is identified, interventions are implemented and plan of care and C.N.A. assignment sheet are updated. This auditing will occur daily for 5 residents for 4 weeks; then, monthly thereafter totaling 12 months of monitoring.</p> <p>Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p>		

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	<p>assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on interview and record review, the facility failed to follow a physician order for an antibiotic as verbally given for 1 of 3 residents that were reviewed for urinary tract infection treatment. (Resident F)</p> <p>Findings include:</p>	F 0690	<p>F690 Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)</p> <p>I. The MD for resident F was notified of the medication error during the complaint survey.</p>	12/21/2021

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	<p>The clinical record for Resident F was reviewed on 12/8/2021 at 12:06 p.m. The diagnoses include, but were not limited to, urinary tract infection and candidiasis of vulva and vagina.</p> <p>A Quarterly Minimum Data Set, dated 11/3/2021, indicated that Resident F needed assistance with toileting, assistant with hygiene tasks, and frequently incontinent of bowel and bladder.</p> <p>A care plan for Resident F with a focus on urinary tract infection, revised 9/28/2021, indicated the approach of administering antibiotics as ordered.</p> <p>A laboratory report regarding a urinary analysis for Resident F, collected on 11/24/2021 and reported to physician on 11/26/2021, indicated a verbal physician order of Ceftin (type of antibiotic) 250 mg (milligrams) two times a day for 5 days. The verbal order was received by LPN 8.</p> <p>A physician visit note for Resident F, dated 11/26/2021, indicated the physician order of Ceftin 250 mg two times a day for 5 days.</p> <p>The electronic medication administration record for Resident F, indicated an order of Ceftin 250 mg by mouth two times a day starting on 11/27/2021 and ending on 12/4/2021. The electronic order was entered by LPN 8. The electronic medication administration record reflected that Resident F received Ceftin for a total of 8 days.</p> <p>An interview with the Director of Nursing, on 12/8/2021 at 3:28 p.m., indicated that Resident F should have only received Ceftin for 5 days and the electronic order was entered incorrectly.</p> <p>An interview with the Director of Nursing, on 12/8/2021 at 3:48 p.m., indicated the facility had</p>		<p>II. All residents receiving antibiotic therapy for a UTI have the potential to be affected by the alleged deficient practice. All residents with UTIs for the past 30 days have been reviewed to assure the correct ATB medication order was followed.</p> <p>III. Education will be provided to licensed nursing staff on correct transcription of antibiotic orders. The systematic change includes review of new antibiotic orders for UTIs will be reviewed during stand-up meeting Monday through Friday to determine they were transcribed correctly.</p> <p>IV. The DON/Designee will review all new antibiotic orders for UTIs to determine they are transcribed as ordered by the MD. This auditing will occur daily for all residents with an antibiotic for a UTI for 4 weeks; then, monthly thereafter totaling 12 months of monitoring. Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p>	

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

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	<p>began the medication error report regarding Resident F's Cefitin order.</p> <p>A policy entitled "Antibiotic Stewardship", undated, was provided by the Director of Nursing on 12/9/2021 at 11:20 a.m. The policy indicated the focus of antibiotic stewardship is to optimize the treatment of infection while reducing the adverse events associated with antibiotic use.</p> <p>This Federal tag related to complaint IN00367788.</p> <p>3.1-41(a)(2)</p>				