

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/29/2023
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NAME OF PROVIDER OR SUPPLIER WATERS OF HOBART SKILLED NURSING FACILITY, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 W 37TH AVE HOBART, IN 46342
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00421593.</p> <p>Complaint IN00421593 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: November 29, 2023</p> <p>Facility number: 000154 Provider number: 155251 AIM number: 100289680</p> <p>Census Bed Type: SNF/NF: 38 Total: 38</p> <p>Census Payor Type: Medicare: 5 Medicaid: 25 Other: 8 Total: 38</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 12/1/23.</p>	F 0000	Preparation and/or execution of this plan of correction in general, or this corrective action does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility's date of alleged compliance is 12/15/2023. Facility is respectfully requesting paper compliance for all deficiencies in this POC.	
F 0697 SS=D Bldg. 00	<p>483.25(k) Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan,</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kelly Duhaime	Interim Administrator	12/15/2023

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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	<p>and the residents' goals and preferences. Based on observation, record review and interview, the facility failed to ensure a resident's pain was managed related to lack of monitoring for signs of narcotic withdrawal and medication effectiveness, lack of non-pharmacological interventions provided, and incomplete pain assessments 1 of 1 residents reviewed for pain. (Resident B)</p> <p>Finding includes:</p> <p>Resident B was observed in the conference room on 11/29/23 at 9:20 a.m. She was propelling herself in a wheelchair and had a distressed facial expression. She indicated she had severe degenerative joint disease in her shoulder and back and the facility had recently discontinued her Percocet (opioid pain medication) and she was now getting only Tylenol, which was not working.</p> <p>The record for Resident B was reviewed on 11/29/23 at 11:58 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, osteoarthritis, degenerative joint disease (DJD) and heart failure.</p> <p>The Quarterly Minimum Data Set assessment, dated 11/6/23, indicated the resident was cognitively intact, and required partial/ moderate staff assistance with bed mobility and transfers. She received scheduled pain medication and reported having pain in the past 5 days.</p> <p>A Nurse Practitioner (NP) visit note, dated 11/3/23, indicated resident was being followed for pain and anxiety. A Diagnostic Statement indicated opioid dependence with history of overdose. The plan was to titrate resident off Percocet, monitor for signs of withdrawal and</p>	F 0697	<p>It is the policy of this facility to ensure pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Resident B's pain medication was reviewed with MD/NP, resident has appt with pain management specialist on 12/14/2023, pain assessment updated and reviewed for accuracy, orders updated to reflect monitoring for effectiveness of pain medication as well as monitoring for signs and symptoms of withdrawal.</p> <p>All residents have the potential to be affected by the alleged deficient practice. The DON/ designee completed an audit by 12/15/23 of all residents utilizing pain medications per physician's order to ensure that the medication regimen is effective and that there are non-pharmacological interventions are provided as appropriate.</p> <p>DON/designee will update all pain assessments and review for accuracy on or before 12/15/2023. All concerns were communicated to the MD/NP immediately and corrected as appropriate.</p> <p>DON/Designee will In-service</p>	12/15/2023

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	<p>Narcan was ordered. Another Diagnostic Statement indicated patient's noncompliance with medication regimen as the resident was receiving pain pills from friends and family. The plan was to titrate off opioid and benzos, and use Tylenol and Zolofit (an antidepressant) to treat pain and anxiety.</p> <p>A Physician's Order, dated 9/28/23, indicated to give Percocet 10/325 milligrams (mg) every 8 hours for severe DJD of both knees. Order was discontinued on 11/3/23.</p> <p>A Physician's Order, dated 11/3/23, indicated to give Percocet 5/325 mg every 8 hours. This order was discontinued on 11/13/23.</p> <p>A Physician's Order, dated 11/13/23, indicated to give Percocet 5/325 mg every 12 hours. This order was discontinued on 11/20/23.</p> <p>A Physician's Order, dated 11/21/23, indicated to give Percocet 5/325 mg once daily. This order was discontinued on 11/28/23.</p> <p>A Physician's Order, dated 11/3/23, indicated to give Acetaminophen 500 mg, 2 tablets, two times daily for DJD. This order was discontinued 11/13/23.</p> <p>A Physician's Order, dated 11/14/23, indicated to give Acetaminophen 500 mg, 2 tablets, three times daily for DJD.</p> <p>A Physician's Order, dated 6/14/23, indicated to apply Diclofenac (topical analgesic) gel, 2 grams to both shoulders and knees, four times daily for pain.</p> <p>A Physician's Order, dated 6/14/23, indicated to</p>		<p>all licensed staff on or before 12/15/23 to review the policy "Management of Pain" and monitoring for signs and symptoms of withdrawal. Any staff who fail to comply with the points of the in-service will be further educated and or progressively disciplined as indicated.</p> <p>DON/Designee will complete audit tool titled "Pain Management" on 10 random residents x 4 weeks, then 5 random residents x 4 weeks, then 5 random residents monthly 4 months Any identified issues will be corrected upon discovery and logged on facility QAPI tracking log. The facility QAPI team meets monthly and any QAPI tracking logs are reviewed by the team to ensure ongoing compliance for a minimum of 6 months and until the facility maintains 95% compliance for 60 days.</p> <p>Completed by 12/15/2023.</p>	

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	<p>give Acetaminophen 500 mg, every 6 hours as needed for pain. This order was discontinued on 11/3/23. There was currently no as needed order for any analgesic.</p> <p>The current Pain Care Plan indicated the resident had pain in her right and left shoulders. The goal was to be free from pain in her shoulders. Interventions were to administer medications as ordered and notify doctor and family of any changes.</p> <p>Another current Pain Care Plan indicated potential for pain related to arthritis. The goal was for pain to be controlled to an acceptable level. Interventions included assess pain using 0-10 pain scale and monitor the effectiveness of pain medications.</p> <p>A current Osteoarthritis Care Plan included interventions to offer comfort measures such as repositioning, blanket, pillow, food/drink, change in room temperature or light for relaxation, rest periods as needed.</p> <p>A numeric pain scale was recorded every shift on the October and November 2023 Medication Administration Records (MARs). The resident's pain was recorded between 0 (no pain) and 10 (severe pain). The record lacked documentation of a follow up assessment of the severe pain and lacked documentation of the effectiveness of pain medication given.</p> <p>Nursing Progress Notes and the November 2023 Medication Administration Record (MAR) lacked documentation of any non-pharmacological interventions attempted, and lacked monitoring of the resident for medication effectiveness, or signs of withdrawal.</p>			

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	<p>A Pain Review, dated 11/15/23, indicated the resident received routine, as needed pain medication, and non-medication interventions for pain. It indicated a pain assessment with the resident or staff should not be conducted. There was no pain interview with the resident or staff. A note indicated the resident's pain was 2 out of 10 related to teeth needing to be pulled.</p> <p>A Pain Review, dated 8/15/23, indicated the resident received routine medication for pain. It indicated a pain assessment with the resident or staff should not be conducted. There was no pain interview with the resident or staff. A note indicated resident's pain was 6 out of 10, there was no location of pain documented.</p> <p>Interview with the resident on 11/29/23 at 12:45 p.m., indicated she was still having pain to her back, she had been on Percocet for 15 years and the Tylenol wasn't working. She went to therapy three times a week for her shoulder pain.</p> <p>Interview with CNA 1 on 11/29/23 at 12:46 p.m., indicated the resident frequently complained of back pain.</p> <p>Interview with RN 1 on 11/29/23 at 1:45 p.m., indicated the resident frequently complained of back pain, so she would offer to rub her back. There were currently no prn (as needed) pain medications ordered.</p> <p>Interview with the Director of Nursing on 11/29/23 at 2:50 p.m., indicated the resident had a history of overdose and family bringing medications in to her, so the NP had consulted with Physicians and decided to wean her off all opioids. She had no further information related to non-pharmacological</p>			

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

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OMB NO. 0938-039

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	interventions. She indicated she was unfamiliar with the Pain Review forms, but agreed they were not completed correctly. She indicated the Nurse Consultant told her monitoring for withdrawal was not necessary because it was a titrated discontinuation of medications.				