

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

PRINTED: 04/08/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155733	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/22/2021
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NAME OF PROVIDER OR SUPPLIER  COLONIAL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP COD 119 N INDIANA AVE CROWN POINT, IN 46307
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00346986, IN00348499 and IN00348745.</p> <p>Complaint IN00346986 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00348499 - Substantiated. Federal/State deficiencies related to the allegations are cited at F686.</p> <p>Complaint IN00348745- Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey date: March 22, 2021</p> <p>Facility number: 000360 Provider number: 155733 AIM number: 100290370</p> <p>Census Bed Type: SNF/NF: 37 Total: 37</p> <p>Census Payor Type: Medicare: 5 Medicaid: 29 Other: 3 Total: 37</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on March 23, 2021.</p>	F 0000	We respectfully request a paper review to clear the alleged deficiency on March 22,2021 and will provide any additional information requested.	
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer			

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>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, record review, and interview, the facility failed to ensure an intervention to prevent a pressure ulcer from reoccurring was implemented as ordered by the Physician, related to a hydrocolloid dressing (wound dressing) not being in place as ordered for 1 of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. (Resident E)</p> <p>Finding includes:</p> <p>During an observation on 3/22/21 at 8:41 a.m., Resident E was lying in bed. There was a low air loss mattress on the bed.</p> <p>During an observation on 3/22/21 at 11:30 a.m., Resident E was in in the front lobby, sitting in a reclining Broda chair, and visiting with visitors.</p> <p>During an observation on 3/22/21 at 1:10 p.m., LPN 1 completed the treatments to Resident E's pressure and arterial ulcers. LPN 1 turned the resident onto her left side, she removed the incontinent brief and cleansed the sacral area. LPN 1 indicated was no dressing on the sacral</p>	F 0686	<p><b>F686 Treatment/Svcs to Prevent/Heal Pressure Ulcer</b></p> <p><b>It is the practice of this facility to assure that all procedures and services are conducted in a manner that is in accordance with physician orders.</b></p> <p><b>The correction action taken for those residents found to be affected by the deficient practice include:</b></p> <p><b>Upon it being observed that Resident E did not have a hydrocolloid dressing in place, the nurse immediately applied one to the area per doctor's orders</b></p>	04/09/2021

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	<p>area and she would ask the CNA if the dressing might have come off during care. There was an approximate 2 centimeters (cm) by 2 cm red area on the skin of the sacral area. The red area blanched slowly. The area was cleansed, patted dry, and a hydrocolloid dressing was placed on the area.</p> <p>During an interview on 3/22/21 at 1:27 p.m., CNA 1 indicated the dressing on the sacral area had not been in place at 7 a.m. when she provided care, at 10:30 a.m. when she assisted her out of bed, and at 12:45 p.m. when she assisted her back to bed. She indicated the Nurse had been notified.</p> <p>During an interview on 3/22/21 at 1:30 p.m., LPN 1 indicated she was unaware the hydrocolloid dressing had not been on the sacral area.</p> <p>Resident E's record was reviewed on 3/22/21 at 11:50 a.m. The diagnoses included, but were not limited to, stroke and vascular dementia.</p> <p>A Care Plan, dated 10/8/20, indicated the resident was a risk for impaired skin integrity. The interventions included, to complete treatments per orders.</p> <p>The Wound Physician's Progress Notes indicated: On 3/2/21, the area on the sacrum was 0.3 cm by 0.3 cm by 0.1 cm and a hydrocolloid dressing was to be applied three times a week for 30 days.</p> <p>On 3/9/21, the sacral area was healing, had epithelialized tissue (completely covered wound surface with epithelial tissue), and was resolved.</p> <p>Physician's Order, dated 3/10/21, indicated a hydrocolloid thin pad was to be applied to the sacral area every three days.</p>		<p><b>Other residents that have the potential to be affected have been identified by:</b></p> <p><b>Potentially all residents with pressure ulcers could be affected related the alleged deficiency. Please see below for measures implemented to prevent reoccurrence. A facility-wide audit of those residents with pressure ulcers was conducted to ensure that all treatments were in place as ordered by the doctor. Any deficiencies were immediately corrected.</b></p> <p><b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b></p> <p><b>The nursing and CNA staff received an in-service from the Director of Nursing on checking for dressings/treatments and notifying the proper party if there was a deficiency. A physician order will be put into place for each resident identified requiring the nurse on duty to verify the placement of the dressing every shift.</b></p>	

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	<p>The Treatment Administration Record, dated 3/2021, indicated the hydrocolloid dressing had been applied on 3/19/21.</p> <p>During an interview on 3/22/21 at 2:25 p.m., the Wound Nurse indicated the Wound Physician had wanted the hydrocolloid dressing to the sacral area to be continued, to "toughen up" the area due to having a history of an open pressure area on the sacrum.</p> <p>This Federal tag relates to Complaint IN00348499.</p> <p>3.1-40(a)(2)</p>		<p><b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b></p> <p><b>A Performance Improvement Tool has been initiated that randomly checks 3 residents (if applicable) to ensure that wound care orders are being followed as prescribed. The Director of Nursing, or designee, will complete this tool weekly x4, monthly x5. Any issues identified will be immediately corrected and additional training will immediately occur. The Quality Assurance Committee will review the tools at the scheduled QA meetings with recommendations for new interventions as needed based on the outcomes of the tools.</b></p> <p><b>The date the systemic changes will be completed:</b></p> <p><b>April 9, 2021</b></p>	