

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

PRINTED: 12/02/2022

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 11/09/2022	
NAME OF PROVIDER OR SUPPLIER SPRINGS OF RICHMOND, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 400 INDUSTRIES ROAD RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on September 30, 2022. This visit included a PSR to the Investigation of Complaint IN00386195 and Complaint IN00390959 completed on September 30, 2022. This visit included a PSR to the State Residential Licensure Survey completed on September 30, 2022.</p> <p>Compliant IN00386195 - Not Corrected.</p> <p>Compliant IN00390959 - Not Corrected.</p> <p>Survey date: November 9, 2022</p> <p>Facility number: 013635 Provider number: 155843 AIM number: 300026664</p> <p>Census Bed Type: SNF: 35 NF: 3 Residential: 18 Total: 56</p> <p>Census Payor Type: Medicare: 35 Medicaid: 3 Total: 38</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quaity review completed on November 16, 2022</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of The Springs of Richmond Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
F 0686 SS=D	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure						

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

TITLE

(X6) DATE

Marilyn Alberson

Executive Director

11/22/2022

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.

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

PRINTED: 12/02/2022
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 11/09/2022	
NAME OF PROVIDER OR SUPPLIER SPRINGS OF RICHMOND, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 400 INDUSTRIES ROAD RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
Bldg. 00	<p>Ulcer</p> <p>§483.25(b) Skin Integrity</p> <p>§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 interview and record review, the facility failed to obtain a physician order for treatment for a pressure area upon re-admission, provide a treatment for a pressure area, and complete accurate audits for pressure area treatments per the plan of correction for 1 of 3 residents reviewed. (Resident M)</p> <p>Findings include:</p> <p>The clinical record for Resident M was reviewed on 11/9/2022 at 11:34 a.m. The medical diagnoses included, but were not limited to, metabolic encephalopathy and neuropathy.</p> <p>An Admission Minimum Data Set Assessment, dated 10/30/2022, indicated that Resident M was mildly cognitively impaired, needed extensive assistance with bed mobility and hygiene, and had one unstageable pressure area.</p> <p>Review of the census for Resident M indicated he discharge for a hospital stay started on 10/30/2022</p>			F 0686	<p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice</p> <p>Resident M discharged. DHS was re-educated on audit procedures including accuracy of audits.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken</p> <p>Residents with wounds have the potential to be affected. Audit of in-house residents with wounds completed to ensure treatment orders are in place. DHS or designee will educate the licensed nursing staff on the guidelines for pressure/stasis diabetic wounds, including ensuring all residents with wounds have a treatment order in place.</p>		11/28/2022

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

PRINTED: 12/02/2022

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 11/09/2022	
NAME OF PROVIDER OR SUPPLIER SPRINGS OF RICHMOND, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 400 INDUSTRIES ROAD RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>and returned to the facility on 11/1/2022.</p> <p>A care plan, dated 11/9/2022, indicated the Resident M had a pressure area to the coccyx and to provide treatment per the physician order.</p> <p>A physician order, dated 10/30/2022, indicated to cleanse area to buttocks with normal saline and apply Vaseline gauze to the area every day. This order was discontinued on 11/1/2022.</p> <p>A physician order, dated 11/3/2022, indicated to cleanse area to coccyx with normal saline then apply hydrofera blue (a bacteriostatic foam dressing) and cover with Mepilex (a foam dressing with adhesive border) every day.</p> <p>An admission nursing observation, dated 11/1/2022, indicated that Resident M had a skin impairments and to see appropriate wound event.</p> <p>A wound event, dated 11/1/2022, indicated that Resident M had shearing to bilateral buttocks with measurements of 15 centimeters (cm) by 11 cm and a shallow depth. An intervention of other dressing was listed without further description or dressing, or physician order attached to event.</p> <p>A wound observation dated 11/3/2022, indicated that Resident M had an unstageable pressure area to the coccyx measuring 11 cm by 14 cm with an unmeasurable depth.</p> <p>An interview with the Director of Health Services on 11/9/2022 at 1:45 p.m., indicated that the floor nurses were applying hydrofera blue and a covering every day since his admission on 11/1/2022, but verified no documentation of dressing between 11/1/2022 and 11/3/2022. When asked how the staff knew what to apply, she</p>				<p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The Director of Nursing or designee will audit residents with new wounds to ensure treatment orders are in place. Audits will be conducted 5 days a week times 4 weeks, bi-weekly times 2 months, weekly times 3 months and then monthly until continued compliance is maintained for 2 consecutive quarters (six months). The results of these audits will be reviewed by the QAPI committee</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place? Audit findings will be submitted to the QAPI Committee monthly for two months, then quarterly for two quarters to ensure compliance goals. The QAPI Committee reserves the right to modify or extend monitoring times according to outcomes.</p>		

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

PRINTED: 12/02/2022
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 11/09/2022	
NAME OF PROVIDER OR SUPPLIER SPRINGS OF RICHMOND, THE				STREET ADDRESS, CITY, STATE, ZIP COD 400 INDUSTRIES ROAD RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>indicated that it was the standard for residents in the facility with pressure areas to have a hydrofera blue and Mepilex (a foam dressing with adhesive border). The absence of a dressing order was identified on the admission audit on 11/3/2022 by the Clinical Support Nurse and an order was obtained on that date as aforementioned.</p> <p>During an interview with Resident M on 11/9/22 at 2:10 p.m., indicated he knew the nursing staff completed the dressing to his bottom at least every other day since he came back from the hospital, but he wasn't sure it was being done daily.</p> <p>An interview with the Director of Health Services on 11/9/2022 at 4:00 p.m., indicated that it is best practice for staff to obtain a treatment order prior to providing a treatment to assure they are providing the correct treatment.</p> <p>A plan of correction audit for pressure areas indicated the following, "...conduct audits to ensure all skin areas have an appropriate assessments and treatments, 3 times a week for 4 weeks ..." This audit indicated that Resident M was reviewed on 11/2/2022. Staff education, dated 10/27/2022, indicated " ...When a new area is found, the MD/NP must be notified immediately, and a treatment order obtained and input into [Electronic Health Record] ..."</p> <p>A policy entitled, "Guidelines for General Wound and Skin Care", was provided by the Director of Health Services on 11/9/2022 at 4:00 p.m. The policy indicated " ...Perform the wound treatment ...Reevaluate the wound's response to the prescribed treatment ..."</p> <p>This deficiency was cited on 9/30/2022. The</p>						

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

PRINTED: 12/02/2022
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 11/09/2022
NAME OF PROVIDER OR SUPPLIER SPRINGS OF RICHMOND, THE			STREET ADDRESS, CITY, STATE, ZIP COD 400 INDUSTRIES ROAD RICHMOND, IN 47374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
R 0000 Bldg. 00	<p>facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-40(a)(2)</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 9/30/22. This visit included a PSR to the Recertification and State Licensure Survey completed on September 30, 2022. This visit included a PSR to the Investigation of Complaint IN00386195 and Complaint IN00390959 completed on September 30, 2022.</p> <p>Compliant IN00386195 - Not Corrected.</p> <p>Compliant IN00390959 - Not Corrected.</p> <p>Survey date: November 9, 2022</p> <p>Facility number: 013635</p> <p>Residential Census: 18</p> <p>The Springs of Richmond was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed on November 16, 2022</p>	R 0000	The submission of this plan of correction does not indicate an admission that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of The Springs of Richmond Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.		