STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORUM AT THE CROSSING	8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240

(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
F000000	This visit was for the Investigation of Complaint IN00146678. Complaint IN00146678 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F314. Survey dates: April 2 & 3, 2014 Facility Number: 000191 Provider Number: 155294 AIM Number: NA Survey Team: Mary Jane G. Fischer RN Census Bed Type: SNF: 55 Residential: 24 Total: 79 Census Payor Type: Medicare: 32 Other: 47 Total: 79 Sample: 5 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	155294		04/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORUM AT THE CROSSING	8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240

(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
	Quality Review completed on April 10, 2014, by Brenda Meredith, R.N.			
F000157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	interested family member. Based on record review and interview, the facility failed to ensure a physician was immediately notified, in that when a resident had been assessed and identified with a pressure ulcer to the coccyx, the nursing staff failed to ensure the physician was notified timely for possible intervention. (Resident "A"). Findings include: The record for Resident "A" was reviewed on 04-02-14 at 10:10 a.m. Diagnoses included, but were not limited to, dementia, pneumonia, open reduction and internal fixation of the right femur, aphasia, and leukemia (currently in remission). These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 02-04-2014. At the time of admission, the licensed nurse indicated the resident was "at risk for pressure ulcers," and the resident had "non blanchable reddness <sic> to the sacral/coccyx area." The following day, 02-05-14, the facility wound nurse indicated "the resident admitted yesterday evening with noted discoloration to buttocks - assessed by wound reps [representatives] today. Area	F000157	The Indiana State Department of Health Informal Dispute Resolution process is being employed to challenge findings contained herein. The following Plan of Correction is submitted as required by state and federal regulatory guidelines. It does not signify agreement with or admission of interpretations stated by the state survey agency. **F157** *In response to the cited findings R/T to F157, the following actions will be taken:* **A)** Resident A was discharged from the facility. **B)** All residents residing in this facility have the potential to be affected by an alleged deficient practice. **C)** In-Service Training will be held for licensed staff with respect to policies for physician and family notification as well proper communication with Inter-Disciplinary Team members regarding significant changes in resident condition. Forum's Medical Records Coordinator will be responsible to audit/review new orders 5x weekly x 4 weeks, then via 25% spot checks to ensure compliance with family/MD notification. Non-compliance will be reported to the DON/ADON/designee for appropriate follow-up. Forum's DON/ADON/designee will review medical records with significant	05/02/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORUM AT THE CROSSING	8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240

(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
	is a very dark pink-purple bruise with a darker area over coccy <sic> is purple. Entire are <sic> is very soft, mushy in center of inner buttock L [left] and R [right]. Peri wound is pink, blanchable, warm and raised and very firm. Resident is completely dependent with all care, requires being fed, will use hoyer lift for transfers. He is incontinent of bowel et [and] bladder...." The area to the left buttock measured 14 cm [centimeters] in length by 7 cm in width, the right buttock measured 14.5 cm in length by 7.2 cm in width, and the coccyx measured 3.1 cm in length by 2.6 cm. in width. The areas had no depth and were identified as "SDTI" [suspected deep tissue injury]. The wound nurse implemented a weight distribution mattress and a gel cushion was requested from the therapy department. During an interview on 04-02-14 at 1:25 p.m., a concerned family member indicated she was aware of the phrase "deep tissue wound" and that "the bruise turned into a small sore. They told me they had it under control. I'm not a medical person so I'm not sure of all the terms, but when they said a small sore, I thought it was a small sore." The "Weekly Wound Progress Note," dated 02-12-14, indicated the "area on		change of condition 5x weekly x 4 weeks, then 2x weekly for 4 weeks, then weekly for appropriate nursing documentation of family/MD notification of new orders for residents with condition changes. Deficits will be addressed via the Quality Assurance Committee. **D)** Monitoring will include review of audits related to family/physician notification of new orders for residents at bi-weekly Continuous Quality Improvement (CQI) meetings to ensure compliance and identify any need for continued education with licensed staff, MD/NP. **E)** Date of compliance with proposed actions: **May 2, 2014** IDR is being requested because the scope and content of the finding do not represent accurate details.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	left and right buttocks is darker red in color," and the "coccyx area purple" and the resident "reported tenderness upon palpation. "Buttocks wound areas are raised and firm around edges, mushy in center towards inner buttocks. Resident has been using protective ointments to maintain intact skin." A physician order, dated 02-12-14, instructed the nursing staff to provide a "Dycen to wheelchair to prevent the resident from sliding forward." A physician order, dated 02-14-14, indicated the need to add a treatment ointment, to "buttocks every shift and as needed due to excoriation." The "Weekly Wound Progress Note," dated 02-19-14, indicated the SDTI over left and right buttock now have excoriation over both sides, with scattered area of epithelial peeling, dark pink moist area appearing. Coccyx is dusky purple, that skin is intact. Having difficulty getting protective ointment to stick to moist areas... ROHO cushion [an antipressure device] "requested from therapy for w/c [wheelchair]." The "Weekly Wound Description" indicated the areas to the right and left buttocks were now "moist."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	The "Weekly Wound Progress Note," dated 02-21-14, indicated "Lt. [left] and Rt. [right] buttocks with excoriation on lateral sides with scant red drng. [drainage], epithelial is peeling revealing most areas, Center areas on each buttock with unmovable slough. Depth unknown. Coccyx is darker purple but intact. Margin of excoriation > [greater than] 3 cm. Order changed to SilvaSorb with Mepilex QD [every day]." The physician order, also dated 02-21-14, indicated "DC [discontinue] Calmoseptine to buttocks. Begin treatment to inner buttocks/coccyx areas. Cleanse with SeaClenze - apply SilvaSorb to area around bed. Cover with Mediplex Border 6 by 8 dressing every day on the 7 - 3 shift and as needed." The resident was started on an antibiotic on 02-23-14, Keflex 500 mg [milligrams] every day for three months, "prophylactically secondary to cranial abscess s/p [status post] craniotomy." The "Weekly Wound Progress Note," dated 02-26-14, indicated "Excoriation continues over L and R buttocks with dark purple bruising visible thru bleeding/granulated areas around the jagged edge. Center of wound area on left and right including inner buttocks			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	and coccyx are covered with yellow escar <sic> (darker than on 02-21) excoriated edges with bloody drainage. Area is tender when being cleaning of stool - res. [resident] with several BMs [bowel movements] per day. Unable to assess depth under escar <sic>, but base of escar <sic> is indented in overall wound bed. Peri wound warm pink, blanchable and very firm. ***Note***Area on coccyx has blended with L et R buttocks and will be measured together with other wounds until healed. Coccyx is completed <sic> covered with escar <sic>." The "Weekly Wound Progress Note," dated 03-05-14, indicated "Escar <sic> in center of L et [and] R buttock is light brown and tightly adhered, edges are excoriated with dark granulation and scant bloody drainage on edges, clear yellow drainage from center. Coccyx area tan and shiny with edges adjoining edges of left and right buttock. Peri wound is red, blanchable and firm. Entire wound bed is raised. There is no odor or perulent <sic> drainage. The "Weekly Wound Description," indicated the "wound bed for the left and right buttocks was "black/red in color." The "Weekly Wound Progress Noted," dated 03-12-14, indicated "Escar <sic> in center of L et R Buttock is tan and tightly			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	adhered with some dark brown areas 2 [cm] by 2 cm. Outer margins are excoriated with bloody drainage. Margin for granulated tissue is wider and healthier with less bruising from SDTI noted around area. Calmoseptine added to scrotum. Escar <sic> over coccyx completely covers area. Having difficulty keeping dressing adhered to wound secondary to clear drainage and excoriation near anus. Res. [resident] has frequent stools, dressing has to be changed a couple times per day in addition to daily change. Cont. [continue] Silvasorb to wound bed. Now applying Calmoseptine to scrotum QS [every shift] er <sic> PRN [as needed] to maintain skin integrity." On 03-14-14, the physician changed the treatment order to "Discontinue SilvaSorb get to buttock and coccyx. Begin cleanse inner buttock (L & R) and coccyx wounds with SeaClenze. Apply No Sting skin prep to peri wounds allow to dry. Apply Santyl [a debridement treatment] to wound bed. Cover with gauze moistened with normal saline. Cover entire wound area with Mediplex border 6 by 8 - change every day on 11-7 a.m. shift." The "Weekly Wound Progress Note," dated 03-19-14, indicated "Site has			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	general improvement around edges. Dark brown/black escar <sic> in center remains. Unable to determine depth under wound bed, but escar <sic> recessed under edge .2 cm. Edges are defined with improved peri wound with intact epidermis. Right buttocks swollen and firm below wound bed." The "Weekly Wound Description" indicated the left wound bed was tan in color and the right wound bed was black in color." Both areas were noted as having a "foul odor." The nursing staff received a physician order for and antibiotic on 03-19-14, Doxycycline 100 mg two times a day for wound infection. During an interview on 04-03-14 at 8:35 a.m., licensed nurse #1 indicated she had seen the wound on 03-19-14. "That was a Wednesday, because that is the day we do wound rounds. On Saturday [03-22-14], I came in to work, but I hadn't seen it since Wednesday, and [name of resident] was already up in his wheelchair. Night shift usually does the dressing change but because he was already up, she [in regard to the night shift nurse] asked me to do it. The layer of eschar had come off and it was green with a foul odor. I told [name of licensed nurse #9] about it and told her she needed			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	to get a consult on Monday because I was off. I also told her to let [name of the wound nurse] know about the change. The wound changed from Wednesday to Saturday. The eschar had come off but I don't know when, and it wasn't in the dressing when I did the dressing change that morning." Review of the nurses notes lacked documentation of the wound, physician notification on Saturday (03-22-14) or Sunday (03-23-14). Further interview with the concerned family member, on 04-20-14 at 1:35 p.m., indicated, "[Name of wound care nurse] called me on my phone, actually I was already there visiting [resident]. She seemed alarmed and said she called the [name of hospital wound center] to get [resident] in to be seen, but that it would take two weeks to get in. She told me to take [resident] to the hospital emergency room. We did. We were there about 5 hours and no one from the wound center came to see [resident] so we went back to the Forum. The next day they got an appointment at the [name of hospital wound center] that very day. There was an odor in his room, it was an odd odor I couldn't identify it. I don't have a medical background so I really didn't know what it was. I didn't see it [in			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	regard to the wound] until the 25th [03-25-14]. They kept saying they had everything under control and that they were handling it. Had I known the severity I would have done something. I'm [resident] POA [power of attorney] and his advocate." A review of the hospital record on 04-01-14 at 8:30 a.m., indicated the resident was transported to the local hospital emergency room on 03-24-14 at 15:59 (3:59 p.m.). The resident had a temperature on 100.5 degrees Fahrenheit, Heart Rate of 112, and Respiratory Rate of 30. The record indicated the resident was there for "wound care - sacral decubitus ulcer." The record indicated the resident was returned to the facility without being seen by the wound care center. "Have the nursing facility call wound care clinic in the morning to schedule rapid follow up evaluation." The notation, dated 03-24-14 at 5:57 p.m. indicated "Due to the late hour, we were unable to reach anyone from the wound care." The record lacked documentation the physician had been notified that the resident was not seen by the hospital wound care staff and had returned to the facility without treatment.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	A review of the "Outpatient Wound Center Treatment," report dated 03-25-14 indicated the "Reason for consultation - huge gangrenous sacral gluteal ulcer." The "Physical Examination" indicated "a huge sacral gluteal ulceration that is very foul smelling, completely black and involves the sacrum and the buttocks extending down to the perianal area. In the lower part of the wound the skin has eroded through, and there is purulent drainage coming from the necrotic sacral gluteal ulcerations. It appears that the patient has infected large sacral gluteal ulcers. Impression: sacral and gluteal decubitus ulcers, gangrene and necrosis - ulcers are Stage IV [full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling]." A review of the facility policy on 04-03-14 at 8:30 a.m., titled "Resident Condition Changes that Require Physician Notification Guidelines," dated 12-19-12, indicated the following: "These guidelines are no way intended to be comprehensive nor to substitute for the professional judgment of licensed nurses provided direct resident care."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	"When in doubt a call should be placed to the physician. Where possible, have the physician determine parameters of notification (i.e. blood sugars, oxygen saturation percentages)." "Categories of Condition Change Notifications: 1. Emergent - A situation/condition that would warrant immediate [bold type] physician notification and intervention (if the physician response is not immediate, determine if resident should be sent to the emergency room). 2. Urgent: A situation/condition that would require physician notification and [bold type] a physician response [bold type] with 4 - 6 [bold type] hours. 3. Routine" A situation/condition that would require physician notification,but does not [bold type] require an immediate or urgent response from the physician (can be done during routine physician calls)." "Expectations: 1. Licensed nurses (staff and management) are expected to recognize resident situation/conditions that require physician notification. The nurse shall complete an assessment of the condition, including level of urgency. The nurse shall implement appropriate interventions and have accurate information available when contacting the physician. 2. Documentation of the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	resident condition change and proper notification shall be the responsibility of the nurse who observes and assesses the change. 4. The licensed nurse shall also notify the" Unit/Nurse Manager or Nursing Supervisor, Resident and/or family. 5. The Unit/Nurse Manager or Nursing Supervisor is responsible for: Assessing any resident with a condition change." This Federal tag relates to Complaint IN00146678. 3.1-5(a)			
F000314 SS=G	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	Based on record review and interview, the facility failed to ensure a resident who entered the facility with a suspected deep tissue injury, received the necessary treatment and services when the pressure area deteriorated and had a foul odor and drainage. The nursing staff delayed notification and intervention for the evaluation, assessment or treatment by the physician or wound care consultation for 1 of 5 sampled resident's. (Resident "A"). Findings include: The record for Resident "A" was reviewed on 04-02-14 at 10:10 a.m. Diagnoses included, but were not limited to, dementia, pneumonia, open reduction and internal fixation of the right femur, aphasia, and leukemia (currently in remission). These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 02-04-2014. At the time of admission, the licensed nurse indicated the resident was "at risk for pressure ulcers," and the resident had "non blanchable reddness <sic> to the sacral/coccyx area." The following day, 02-05-14, the facility wound nurse indicated "the resident admitted yesterday evening with noted discoloration to	F000314	The Indiana State Department of Health Informal Dispute Resolution process is being employed to challenge findings contained herein. The following Plan of Correction is submitted as required by state and federal regulatory guidelines. It does not signify agreement with or admission of interpretations stated by the state survey agency. **F314** *In response to the cited findings R/T to F314, the following actions will be taken:* **A**) Resident A has been discharged from the facility. **B**) Residents with pressure wounds residing in this facility have the potential to be affected by an alleged deficient practice. **C)** In-Service Training will be held for licensed staff regarding policies for wound documentation and proper communication with Inter-Disciplinary Team members about significant changes in resident wound condition. In-Service Training will be held with Forum's Medical Director (MD and NP) about documentation and notices of new wound or significant change in wound status. **D)** Unit Managers will check 5x weekly x 4 weeks for appropriate documentation of current residents who have pressure wounds. Forum's ADON/designee will monitor	05/02/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	buttocks assessed by wound reps [representatives] today. Area is a very dark pink-purple bruise with a darker area over coccy <sic> is purple. Entire are <sic> is very soft; mushy in center of inner buttock L [left] and R [right]. Peri wound is pink, blanchable, warm and raised and very firm. Resident is completely dependent with all care, requires being fed, will use hoyer lift for transfers. He is incontinent of bowel et [and] bladder...." The "Weekly Wound Description," dated 02-05-14, indicated the area to the left buttock measured 14 cm [centimeters] in length by 7 cm in width, the right buttock measured 14.5 cm in length by 7.2 cm in width, and the coccyx measured 3.1 cm in length by 2.6 cm. in width. The areas had no depth and were identified as "SDTI" [suspected deep tissue injury]. The wound nurse implemented a weight distribution mattress and a gel cushion was requested from the therapy department. During an interview on 04-02-14 at 1:25 p.m., a concerned family member indicated she was aware of the phrase "deep tissue wound" and that the bruise turned into a small sore. They told me they had it under control. I'm not a medical person so I'm not sure of all the		for appropriate wound documentation during weekly wound rounds. Care plans will be updated to reflect current treatments as indicated. Forum's DON will perform ongoing random weekly audits of 50% of pressure wound documentation to ensure compliance over the next 4 weeks, then quarterly to ensure on-going compliance. Results of monitoring will be discussed at bi-weekly Continuous Quality Improvement (CQI) meetings to ensure compliance and identify needs for continued education and or/or disciplinary action related to noncompliance by licensed staff. **E)** Date of compliance with proposed actions: **May 2, 2014** IDR is being requested because the scope and content of the finding do not represent accurate details.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	terms, but when they said a small sore, I thought it was a small sore." A review of the "Weekly Wound Progress Notes" indicated the following related to the status of the resident's pressure areas. "02-12-14 area on left and right buttocks is darker red in color," and the "coccyx area purple" and the resident "reported tenderness upon palpation. "Buttocks wound areas are raised and firm around edges, mushy in center towards inner buttocks. Resident has been using protective ointments to maintain intact skin." "02-19-14 SDTI over left and right buttock now have excoriation over both sides, with scattered area of epithelial peeling, dark pink moist area appearing. Coccyx is dusky purple, that skin is intact. Having difficulty getting protective ointment to stick to moist areas... ROHO cushion [an antipressure device] "requested from therapy for w/c [wheelchair]." The "Weekly Wound Description" indicated the areas to the right and left buttocks were now "moist." "02-21-14 "Lt. [left] and Rt. [right] buttocks with excoriation on lateral sides with scant red drng, [drainage], epithelial			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	is peeling revealing most areas, Center areas on each buttock with unmovable slough. Depth unknown. Coccyx is darker purple but intact. Margin of excoriation > [greater than] 3 cm. Order changed to SilvaSorb with Mepilex QD [every day]." The physician order also dated 02-21-14 indicated "DC [discontinue] Calmoseptine to buttocks. Begin treatment to inner buttocks/coccyx areas. Cleanse with SeaClenze - apply SilvaSorb to area around bed. Cover with Mediplex Border 6 by 8 dressing every day on the 7 - 3 shift and as needed." "02-26-14 Excoriation continues over L and R buttocks with dark purple bruising visible thru bleeding/granulated areas around the jagged edge. Center of wound area on left and right including inner buttocks and coccyx are covered with yellow escar <sic> (darker than on 02-21) excoriated edges with bloody drainage. Area is tender when being cleaning of stool - res. with several BMs [bowel movements] per day. Unable to assess depth under escar <sic>, but base of escar <sic> is indented in overall wound bed. Peri wound warm pink, blanchable and very firm. ***Note***Area on coccyx has blended with L et R buttocks and will be measured together with other wounds until healed. Coccyx is completed <sic>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	covered with escar <sic>." "03-05-14 Escar <sic> in center of L et [and] R buttock is light brown and tightly adhered, edges are excoriated with dark granulation and scant bloody drainage on edges, clear yellow drainage from center. Coccyx area tan and shiny with edges adjoining edges of left and right buttock. Peri wound is red, blanchable and firm. Entire wound bed is raised. There is no odor or perulent <sic> drainage. The "Weekly Wound Description," indicated the "wound bed for the left and right buttocks was "black/red in color." "03-12-14 Escar <sic> in center of L et R Buttock is tan and tightly adhered with some dark brown areas 2 [cm] by 2 cm. Outer margins are excoriated with bloody drainage. Margin for granulated tissue is wider and healthier with less bruising from SDTI noted around area. Calmoseptine added to scrotum. Escar <sic> over coccyx completely covers area. Having difficulty keeping dressing adhered to wound secondary to clear drainage and excoriation near anus. Res. [resident] has frequent stools, dressing has to be changed a couple times per day in addition to daily change. Cont. [continue] Silvasorb to wound bed. Now applying Calmoseptine to scrotum QS [every shift] er <sic> PRN [as needed] to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	maintain skin integrity." On 03-14-14 the physician changed the treatment order to "Discontinue SilvaSorb get to buttock and coccyx. Begin cleanse inner buttock (L & R) and coccyx wounds with SeaClenze. Apply No Sting skin prep to peri wounds allow to dry. Apply Santyl [a debridement treatment] to wound bed. Cover with gauze moistened with normal saline. Cover entire wound area with Mediplex border 6 by 8 - change every day on 11-7 a.m. shift." "03-19-14 Site has general improvement around edges. Dark brown/black escar <sic> in center remains. Unable to determine depth under wound bed, but escar <sic> recessed under edge .2 cm. Edges are defined with improved peri wound with intact epidermis. Right buttocks swollen and firm below wound bed." The "Weekly Wound Description" indicated the left wound bed was tan in color and the right wound bed was black in color." Both areas were noted as having a "foul odor." During an interview on 04-03-14 at 8:35 a.m., licensed nurse #1 indicated she had seen the wound on 03-19-14. "That was a Wednesday, because that is the day we do wound rounds. On Saturday [03-22-14], I came in to work, but I hadn't seen it since Wednesday, and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	[name of resident] was already up in his wheelchair. Night shift usually does the dressing change but because he was already up, she [in regard to the night shift nurse] asked me to do it. The layer of eschar had come off and it was green with a foul odor. I told [name of licensed nurse #9] about it and told her she needed to get a consult on Monday because I was off. I also told her to let [name of the wound nurse] know about the change. The wound changed from Wednesday to Saturday. The eschar had come off but I don't know when, and it wasn't in the dressing when I did the dressing change that morning." The nurses notes lacked physician notification of the deterioration of wound on 03-22-14, documentation of the assessment or deterioration of the wound on Sunday (03-23-14) for possible physician intervention. The concerned family member indicated, on 04-20-14 at 1:35 p.m., "[Name of wound care nurse] called me on my phone, actually I was already there visiting [resident]. She seemed alarmed and said she called the [name of hospital wound center] to get [resident] in to be seen, but that it would take two weeks to get in. She told me to take [resident] to the hospital emergency room. We did.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	We were there about 5 hours and no one from the wound center came to see [resident] so we went back to the Forum. The next day we got there and they got an appointment at the [name of hospital wound center] that very day. There was an odor in his room, it was an odd odor I couldn't identify it. I don't have a medical background so I really didn't know what it was. I didn't see it [in regard to the wound] until the 25th [03-25-14]. They kept saying they had everything under control and that they were handling it. Had I known the severity I would have done something. I'm [resident] POA [power of attorney] and his advocate." A review of the hospital record, on 04-01-14 at 8:30 a.m., indicated the resident was transported to the local hospital emergency room on 03-24-14 at 15:59 (3:59 p.m.). The resident had a temperature on 100.5 degrees Fahrenheit, Heart Rate of 112, and Respiratory Rate of 30. The record indicated the resident was there for "wound care - sacral decubitus ulcer." The record indicated the resident was returned to the facility without being seen by the wound care center. "Have the nursing facility call wound care clinic in the morning to schedule rapid follow up evaluation." The notation, dated 03-24-14 at 5:57 p.m.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	indicated "Due to the late hour, we were unable to reach anyone from the wound care." During an interview, on 04-30-14 at 9:35 a.m., the Wound Care Clinical Specialist, indicated that although they are located within the hospital, the Wound Center is an "Outpatient Service," and they do not have "on call staff member's" to go to the Emergency Room after hours to perform wound care. The record lacked documentation the physician had been notified that the resident was not seen by the hospital wound care staff and had returned to the facility without treatment on 03-24-14. A review of the "Outpatient Wound Center Treatment" report, dated 03-25-14, indicated the "Reason for consultation - huge gangrenous sacral gluteal ulcer." The "Physical Examination" indicated "a huge sacral gluteal ulceration that is very foul smelling, completely black and involves the sacrum and the buttocks extending down to the perianal area. In the lower part of the wound the skin has eroded through, and there is purulent drainage coming from the necrotic sacral gluteal ulcerations. It appears that the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	patient has infected large sacral gluteal ulcers. Impression: sacral and gluteal decubitus ulcers, gangrene and necrosis - ulcers are Stage IV [full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling]." 2. A review of the facility policy on 04-03-14 at 8:30 a.m., titled "Guidelines for Completion of Daily Wound Assessment Form," dated 06-01-07, indicated the following: "Purpose of Form - To adequately document a daily wound assessment." "Persons using the Form - Licensed Nurses." "When to use the Form - When a resident is identified as having a wound and a daily assessment is necessary." "How to use the Form - Complete resident identified information, enter date of applicable week, wound bed description, use Key to describe what the wound looks like. Drainage/Odor/peri-wound Tissue, Use Key to describe the above categories - amount of drainage, presence of odor after cleansing of the wound, and area			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
	around wound. Pain, Present yes or no with assessment and/or treatment. Dressing status, If wound is not assessed due to dressing present, the status of the dressing must be assessed. Enter intact or not. Please describe in narrative note in space provided. Daily Wound Summary Key Points (if wound was observed). Areas to note: Any change in the wound from the prior documentation. Update MD [Medical Doctor] if needed. Any new treatment orders if obtained. Any observation done by MD/Practitioner. Assessment of pain management, if applicable. Date and Sign form." A review of the "Daily wound Assessment" progress notes for Resident "A" lacked documentation of the buttocks wounds on 03-01-14, 03-02-14, 03-03-14, 03-04-14, 03-08-14, 03-10-14, 03-11-14, 03-14-14, 03-17-14, 03-21-14, 03-23-14, and 03-24-14. This Federal tag relates to Complaint IN00146678. 3.1-40(a)(3)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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