

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155735	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/23/2022
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NAME OF PROVIDER OR SUPPLIER ASHFORD PLACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 N RILEY HWY SHELBYVILLE, IN 46176
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00373864, IN00373972, IN00374799 and IN00375266.</p> <p>Complaint IN00373864 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00373972 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00374779 - Substantiated. Federal/state deficiency related to the allegations is cited at F689.</p> <p>Complaint IN00375266 - Substantiated. Federal/state deficiency related to the allegations is cited at F689.</p> <p>Survey dates: March 21, 22 and 23, 2022</p> <p>Facility number: 004286 Provider number: 155735 AIM number: 200504460</p> <p>Census Bed Type: SNF/NF: 36 SNF: 15 Residential: 29 Total: 80</p> <p>Census Payor Type: Medicare: 13 Medicaid: 31 Other: 7 Total: 44</p> <p>This deficiency reflects State Findings cited in</p>	F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies.</p> <p>The Plan of Correction is prepared and executed solely because it is required it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during Complaint Survey IN00373864, IN00373972, IN00374799 and IN00375266 conducted March 23, 2022. Please accept this Plan of Correction as the provider's credible allegation of compliance as of, April 15, 2022. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> <p>If you need any information or paperwork, please contact me at (317) 398-8422.</p> <p>Sincerely, Zach Simpson, Executive Director.</p>	
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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 that other safeguards 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.

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F 0689 SS=G Bldg. 00	<p>accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on April 1, 2022</p> <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 possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to transfer a resident with a mechanical lift as care planned, resulting in the resident having a fall with a fractured femur and one rib for 1 of 3 residents reviewed for falls. (Resident C)</p> <p>Findings include:</p> <p>The clinical record of Resident C was reviewed on 3-21-22 at 1:32 p.m. Her diagnoses included, but were not limited to, a displaced supracondylar fracture without intracondylar extension of lower end of right femur (fracture of the thigh bone, near the knee), fracture of the 9th rib on the left side, rheumatoid arthritis, peripheral vascular disease, heart disease, anemia, age-related osteoporosis, unspecified pain, body mass index (BMI) less than 19.9 or less, history of recent Covid-19, general muscle weakness and an above the knee leg amputation of the left leg. Her most recent Minimum Data Set (MDS) assessment, dated 2-15-22, indicated she was severely cognitively impaired, required</p>	F 0689	<p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident C immediately post incident had her Plan of Care reviewed without any need for changes on 3/5/2022. Certified Nurse Aide #2 was provided one on one documented re-education on proper transfer techniques and body mechanics when providing transfer assistance on 3/5/2022 and 3/7/22. <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> <ul style="list-style-type: none"> Residents identified as needing assistance had their plans of care 	04/15/2022

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	<p>extensive assistance of 2 or more persons for bed mobility, was dependent of 2 or more persons for transfers, was unable to walk and utilized a wheelchair for mobility.</p> <p>Review of Resident C's clinical record indicated on 3-5-22 at 7:00 p.m., during a transfer from her wheelchair to her bed, she was lowered to the floor. The nursing assessment immediately post-fall indicated the resident complained of pain to the right leg and had vomited. Upon notification to the Nurse Practitioner, a stat (immediate) xray of the right leg was ordered. The xrays identified a a displaced supracondylar fracture of the right leg. Orders were received to send Resident C to the local emergency room for further evaluation and treatment. She returned to the facility on the same date with new orders for a long-leg cast and to schedule an appointment with orthopedics.</p> <p>In an observation and interview with Resident C on 3-21-22 at 3:25 p.m., she was observed to be seated in a wheelchair in her room, with a left above the knee amputation. Her right leg was observed to be elevated on the wheelchair's leg extension and had multiple wrappings in place. She indicated she could not recall specifics, but she did recall she recently experienced a fall in which a female picked her up from her wheelchair and dropped her on the floor. Resident C indicated she continues to experience varying degrees of pain of her right leg with any movement, such as transfer from bed to chair or vice versa and repositioning in bed.</p> <p>A review of Resident C's care plan for ADL's (activities of daily living), with a start date of 6-5-17, indicated Resident C had a functional impairments, specific to transfers, bed mobility,</p>		<p>reviewed and updated as needed by the Director of Health Services and/or designated individuals to ensure appropriate transfer assistance will be provided on 3/10/2022.</p> <p><i>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i></p> <ul style="list-style-type: none"> The DHS and/or designated individuals provided re-education with licensed nurses and certified nursing assistants employed at Ashford Place Health Campus starting on 3/7/2022 regarding: <ol style="list-style-type: none"> Mechanical lift transfers. Where to find how a resident should be transferred and the level of assistance needed <p><i>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?</i></p> <ul style="list-style-type: none"> As a measure of ongoing compliance, the Director of Health Services and/or designee will perform random observations on 3 residents receiving transfer assistance weekly x 4 weeks for a period of six months to ensure appropriate transfer assistance is provided in accordance with the residents individualized plan of care 				

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	<p>toileting and eating due to joint deformities related to rheumatoid arthritis and her left above the knee amputation. On 11-20-19, it indicated she required "Transfer with mechanical lift or as indicated by resident status."</p> <p>A review of Resident C's care plan for fall risk, with a start date of 8-19-16, indicated Resident C was at risk for falls related to rheumatoid arthritis with joint deformities, impaired balance and multiple other co-morbidities. An update to this care plan, dated 3-8-22, indicated, "staff education on proper lifting/using lifts and transfers properly."</p> <p>In an interview with a family member of Resident C's on 3-23-22 at 9:51 a.m., she indicated she was informed by the Executive Director (ED) and Director of Nursing (DON) the aide transferring her mother did not use the mechanical lift "as care planned." The family member indicated she was unaware if the aide had any assistance of other staff while manually transferring the resident from wheelchair to bed. The family member indicated Resident C had begun using the mechanical lift around the time of her above the knee amputation, approximately 3 years ago. She indicated prior to the leg amputation, the Resident used a stand-up type of mechanical lift because she had difficulty standing independently.</p> <p>In an interview on 3-23-22 at 11:00 a.m., with CNA 2 and CNA 3, each indicated it is the facility's policy is to use 2 staff members for any type of mechanical lift transfers. Both indicated they were familiar with Resident C and were aware she had used a mechanical lift for several years, "because she has 1 leg amputated and has severe arthritis."</p>		<ul style="list-style-type: none"> Findings will be reviewed during the campus monthly QAPI committee to determine the ongoing frequency of the monitoring plan. Findings suggestive of 100% compliance may result in cessation of monitoring plan. 	

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	<p>In an interview on 3-23-22 at 11:25 a.m., with LPN 6, she indicated a mechanical lift "was not used at the time of [Resident C's] fall earlier this month." LPN 6 indicated the facility provides aide assignment sheets to identify what each resident's care needs are, including what their mobility needs are and what devices they utilize for mobility. She added, the facility provides visual cues of the resident's mobility needs by placement of various magnets to signify what their needs are, located above each resident's bed.</p> <p>In an interview on 3-23-22 at 12:05 p.m., with the ED, he indicated the employee involved with the fall with Resident C, TNA 4, was hired on 1-17-22. He explained she had trained as a Temporary Nurse Aide (TNA), through both the corporation's program and the Indiana Department of Health's TNA training program. He indicated she is waiting to take her state certification test, but has not received notification yet to take the test. He indicated she was the only staff person involved in the fall with the resident. He indicated he could not locate any documentation that TNA 4 was or was not using a gaitbelt to assist her with the transfer. He specified TNA 4 had not been trained on the use of the mechanical lift until after the fall. "The TNAs' should know that they are not allowed to transfer any resident with any mechanical lift without a second person and proper training."</p> <p>In an interview with the ED on 3-23-22 at 3:45 p.m., he indicated the facility does not have a specific policy or procedure related to the specific procedures a TNA can conduct, but follows the guidelines from their trainings, as well as their specific job check-offs that are</p>			

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	<p>conducted during their orientation period. He provided a copy of a document, dated 1-23-22, indicating TNA 4 had "demonstrated sufficient knowledge to properly carry out the specific job duties for this position."</p> <p>The Indiana Department of Health issued a LTC (long term care) Newsletter on 3-24-22 which discussed Temporary Nurse Aide training, as well as the training reflecting the use of the "Indiana State Department of Health Nurse Aide Curriculum," created July 1998 and revised on March 21, 2014. This curriculum indicated, under Standard 14, "The nurse aide will perform only the tasks in the course standards and Resident Care Procedures manual, unless trained appropriately by licensed staff of the facility with policies and procedures and a system for ongoing monitoring to assure compliance with the tasks..."</p> <p>This deficient practice relates to Complaints IN00374779 and IN00375266.</p> <p>3.1-45(a)(2)</p>			