

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

PRINTED: 03/21/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155845	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/03/2022
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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN 46407
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00373396 and IN00374469.</p> <p>Complaint IN00373396 - Substantiated. Federal/State deficiencies related to the allegations are cited at F609, F677, F684, and F686.</p> <p>Complaint IN00374469 - Substantiated. Federal/State deficiencies related to the allegations are cited at F609.</p> <p>Unrelated deficiency cited at F888.</p> <p>Survey dates: March 2 and 3, 2022</p> <p>Facility number: 000368 Provider number: 155845 AIM number: 100275220</p> <p>Census Bed Type: SNF/NF: 23 Total: 23</p> <p>Census Payor Type: Medicare: 6 Medicaid: 14 Other: 3 Total: 23</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 3/7/22.</p>	F 0000		
F 0609 SS=D Bldg. 00	<p>483.12(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of</p>			

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>abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure an allegation of misappropriation of property was reported to the State Survey Agency for 1 of 2 allegations of misappropriation of property reviewed. (Resident C)</p> <p>Finding includes:</p> <p>The record for Resident C was reviewed on 3/3/22 at 10:29 a.m. Diagnoses included, but were not</p>	F 0609	<p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>A review of abuse policy was done with all staff. A reportable was submitted to the ISBOH after the survey.</p>	03/07/2022

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	<p>limited to, dementia with behavior disturbance, anxiety, bipolar, and schizophrenia.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 12/10/21, indicated the resident was cognitively intact for daily decision making. The resident had verbal behaviors and episodes of rejecting care.</p> <p>A Social Service progress note, dated 2/4/22 at 3:41 p.m., indicated the resident had asked CNA 2 to pick him up some items from the store. He indicated he had asked her to purchase him a "TV antenna, remote, and razors." The resident indicated he gave the CNA \$100. He indicated days had gone by and he had still not received those items nor had his money been returned to him. LPN 2 and CNA 1 witnessed the conversation.</p> <p>Nurses' Notes, dated 2/4/22 at 5:17 p.m., indicated the resident had told LPN 2 that he had given \$100.00 to CNA 2 four days ago so she could buy an antenna and a remote for his television. The resident was very upset due to the CNA had not been to work in several days and he wanted to know when she would return.</p> <p>Interview with the Director of Nursing (DON) on 3/3/22 at 12:45 p.m., indicated the CNA did purchase the items for the resident and his change was returned to him. She also indicated the CNA should not have accepted money from the resident and that should have been reported to her in a timely manner so she could have notified the State Survey Agency.</p> <p>The facility abuse policy, provided by the DON on 3/3/22 at 2:30 p.m., indicated the facility would ensure all alleged violations involving abuse,</p>		<p>No misappropriation of funds occurred for Resident C. The residents have requested items they have wanted during the COVID pandemic, and we have provided their request.</p> <p>Resident C has requested items before from staff and we have always provided the items requested. In the past he has accused the DON of not getting him the right cell phone and giving me \$20.00 which was not true but later he apologized for his statements. The same occurred in this incident in which he stated during administrative investigation of the events related to the \$100.00. Resident C admitted he gave the staff member the money to get items he wanted, and she got the items and brought his change. The delay in him receiving the items was a snowstorm. The person purchasing the items did speak to resident C and told him when she would bring his items and that the delay was due to the snowstorm, however this resident does have a history of speaking untruths then making a complaint to the ISBOH, then apologizing.</p> <p>Resident C has a wife that is in a nursing home and no other relatives have been involved in his care.</p>	

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	<p>neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, were reported immediately, but not later than 2 hours after the allegation was made, if the events that caused the allegation involved abuse or resulted in serious bodily injury, or not later than 24 hours if the events that caused the allegation did not involve abuse and did not result in serious bodily injury, to the Administrator of the facility and to other officials (including the State Survey Agency and Adult Protective Services where state law provides for jurisdiction in long term care facilities) in accordance with State law through established procedures.</p> <p>This Federal tag relates to Complaints IN00373396 and IN00374469.</p> <p>3.1-13(g)(1)</p>		<p>- how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to not have their allegations reported.</p> <p>- what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Shift to shift report will include any new injuries, any allegations of abuse or misappropriation of funds/property for every shift every day.</p> <p>D.O.N. and Social Worker will review shift reports to prompt and investigation and report to state. Administrator held In-Service held with all staff on resident abuse policy, specifically including the necessity to report and the reporting timeframes related to complaints of misappropriation of property.</p> <p>The social worker will notify administration of items requested and family members will be contacted to bring in requested items or approval of items being purchased by administration.</p>	

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			<p>Administration will designate person to pick up requested items from residents and social worker will record receipts in medical records.</p> <p>All allegations of misappropriation of funds will be reported to the ISBOH according to our policy.</p> <p>- how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>Shift to shift report will include any new injuries, any allegations of abuse or misappropriation of funds/property for every shift every day.</p> <p>Monthly meeting with residents' council president and social worker will occur so that any resident concerns can be addressed.</p> <p>Social Worker will maintain a log of resident's request items and purchases.</p> <p>Social Worker and Administration will meet weekly to discuss resident request log.</p> <p>Administration will report all allegations of abuse, neglect, exploitation or mistreatment including injuries of unknown origin</p>	

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F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, record review, and interview, the facility failed to ensure totally dependent residents received the necessary services related to incontinence care for 1 of 3 residents reviewed for activities of daily living. (Resident D)</p> <p>Finding includes:</p> <p>On 3/2/22 at 10:10 a.m., Resident D was observed in his room reclined in a geri recliner, he was dressed in street clothes and had heel protectors to both feet. There were gauze bandages observed to both feet.</p>	F 0677	<p>and misappropriation of resident property according to the abuse policy, investigation and outcome to the ISBOH.</p> <p>Q.A. Committee will review resident requested items and fulfillment o request. Q.A. Committee will review all allegations quarterly for 6 months then semiannually.</p> <p>- by what date the systemic changes for each deficiency will be completed. 3/7/22</p> <p>ADL Care Provided for Dependent Residents - what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Evaluation by licensed nurses and C.N.A.'s and P.C.A.'s of all dependent resident's toileting needs were evaluated into those who need to be routed every 2 hours, those who need before and after meals, routed every 3 hours and those who need routing every</p>	03/25/2022	

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	<p>On 3/2/22 at 1:00 p.m., the resident was observed sitting in a geri chair in the main dining room. At 1:32 p.m., his lunch tray was served to him and he begun feeding himself.</p> <p>At 2:15 p.m., CNA 1 was observed to push the resident back to his room. At that time, she indicated she was going to provide incontinence care. LPN 1 and CNA 1 used the hooyer lift to put the resident to bed. After laying the resident down, LPN 1 left the room and CNA 1 provided incontinence care. She rolled the resident onto his left side and his black sweat pants were saturated with urine. She removed his pants and placed him on his back. The incontinent brief was saturated with urine as well in both the front and back. The CNA indicated at that time, the resident drinks a lot of fluids. She removed his brief and wiped him with the wet wipes and placed a clean brief on him.</p> <p>Interview with CNA 1 at that time, indicated she had come to work around 10:00 a.m., and shortly after she got there, she had changed the resident around 10:20 a.m. The midnight CNA got the resident up and dressed in the morning. CNA 1 indicated she did not check or change the resident after 10:20 a.m.</p> <p>Interview with the LPN 1 at 3:00 p.m., indicated she had not helped either CNA put the resident to bed and check or change him for incontinence prior to lunch.</p> <p>The record for the resident was reviewed on 3/2/22 at 1:25 p.m. Diagnoses included, but were not limited to, high blood pressure, stroke, Diabetes Mellitus, hemiplegia (paralysis on one side of the body), and seizure disorder.</p>		<p>4 hours.</p> <p>DON made a list of routing times for the dependent residents and updates were made to the care plan.</p> <p>A tool to help the nursing staff has been developed which will indicate the times that a resident is to be routed and posted for each shift to review in the nurses station.</p> <p>- how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents requiring toileting have the potential of being affected.</p> <p>- what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Dependent resident's toileting needs re-evaluated according to their needs: before and after meals, q 2hrs, q 3hrs or q 4hrs. this will ensure timely toileting needs of residents.</p> <p>Charge Nurses on all shifts will ensure residents are clean, dry and modifications to toileting schedule.</p>	

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	<p>The Quarterly Minimum Data Set (MDS) assessment, dated 1/31/22, indicated the resident was severely impaired for decision making. He was an extensive assist with a 1 person physical assist for toilet use. The resident had pressure sores.</p> <p>The Care Plan, revised on 10/2020, indicated the resident had mixed bladder incontinence. The approaches were to use large disposable briefs and change every 2 hours and as needed.</p> <p>Interview with the Director of Nursing on 3/3/22 at 9:20 a.m., indicated the resident had no open areas on his buttocks and was a heavy wetter.</p> <p>This Federal tag relates to Complaint IN00373396.</p> <p>3.1-38(a)(2)(C)</p>		<p>Care Plans will be updated to include new toileting plans.</p> <p>Task in the EMR will also be utilized for timely notification of each resident's toileting needs.</p> <p>- how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>Toileting Log will be updated by DON Designee weekly x 1 month then monthly and upon admission of new residents.</p> <p>In-service will be provided by D.O.N. on toileting log and reviewed by charge nurse each shift for 30 days then weekly.</p> <p>Charge nurse will monitor routing dependent residents daily on all shifts and note if toileting needs should be increased or decreased.</p> <p>DON Designee will monitor routing of residents according to log routing log weekly on each shift x 1 month then monthly.</p> <p>DON will secure additional staff to assist with the needs of the residents and staff members.</p> <p>Q.A. Committee will review logs quarterly and staffing needs will be</p>	

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F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview, the facility failed to ensure non-pressure skin areas were treated related to not following Physician's Orders for the application of Zinc Oxide ointment for 1 of 2 residents reviewed for non-pressure skin areas. (Resident E)</p> <p>Finding includes:</p> <p>The record for Resident E was reviewed on 3/3/22 at 10:30 a.m. Diagnoses included, but were not</p>	F 0684	<p>discussed monthly.</p> <p>- by what date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it is determined that the correction will not be completed by the date previously submitted, The Division needs to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date.</p> <p>3/25/22</p> <p>Quality of Care - what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident E Zinc Oxide order was modified.</p> <p>All treatment orders were reviewed and updated.</p>	03/25/2022

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	<p>limited to, fibromyalgia, lupus, anxiety, and chronic pain syndrome.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 11/19/21, indicated the resident had some cognition problems.</p> <p>The Care Plan, dated 3/2021, indicated the resident was at risk for impairment to skin integrity related to decreased mobility and incontinence.</p> <p>Physician's Orders, dated 3/29/21, and on the current 2/2022 Physician's Order Summary (POS), indicated apply Zinc Oxide to cutaneous keratin area to right thigh three times a day and leave open to air.</p> <p>The Treatment Administration Record (TAR) dated 1/2022, indicated the Zinc Oxide was not signed out as being administered for the 7-3 shift on 1/16, 1/18, and 1/24/22.</p> <p>The TAR, dated 2/2022, indicated the Zinc Oxide was not signed out as being completed for the 7-3 shift on 2/4, 2/6, 2/19, 2/20, and 2/26/22. The 3-11 shift on 2/12 and 2/13/22, and the 11-7 shift on 2/17, 2/19, 2/20, and 2/25/22.</p> <p>Interview with LPN 1 on 3/3/22 at 10:54 a.m., indicated the area on her thigh was not open and they were putting on the Zinc Oxide cream every shift.</p> <p>Interview with the Director of Nursing on 3/3/22 at 11:00 a.m., indicated the treatment should be signed out as being completed as ordered by the Physician.</p> <p>This Federal tag relates to Complaint IN00373396.</p>		<p>All TARS and MARs reviewed to ensure proper administration sign out.</p> <p>- how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential of not having their meds and treatments documented. All treatment order were reviewed.</p> <p>- what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>In-service held with nursing staff on proper treatment orders and discontinuation of treatments when areas are healed and proper documentation in TARS and progress notes.</p> <p>Every Charge Nurses for every shift every day will look at the clinical dashboard during shift-to-shift report to ensure completed task are performed prior to leaving the facility.</p> <p>D.O.N./Designee will review new alterations in skin integrity daily during each shift during 24-hour report.</p>	

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	3.1-37(a)		<p>Charge Nurse on midnights will be responsible for weekly skin assessments and audited weekly by D.O.N. D.O.N. reviewed deficient practices with each nurse sited with F 684. D.O.N. reviews treatment orders weekly for residents with changes in their skin integrity. D.O.N. reviews TARS to ensure treatment orders are signed properly weekly.</p> <p>how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>D.O.N skin and treatment log will be reviewed with Administrator weekly.</p> <p>D.O.N. will review residents skin assessments and treatment log with Q. A. Committee quarterly x 6 months then semi-annually</p> <p>- by what date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it is determined that the correction will not be completed by the date previously submitted, The Division needs to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of</p>	

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F 0686 SS=D Bldg. 00	<p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <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 treatment orders were obtained for pressure ulcers, treatments were completed as ordered, and orders were all inclusive for the area to be treated for 2 of 2 residents reviewed for pressure ulcers. (Residents B and D)</p> <p>Findings include:</p> <p>1. On 3/2/22 at 10:49 a.m., Resident B was observed in bed receiving incontinence care. The resident was observed with a dressing to her left and right buttock. LPN 1 indicated the resident had pressure areas to her left and right buttock that were healing. The soiled dressings were removed by the LPN, a Stage 2 pressure area was observed on the left and right buttock. The areas</p>	F 0686	<p>correction date. 3/25/22</p> <p>Treatment/Services to Prevent/Heal Pressure Ulcer - what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident B was discharged.</p> <p>Resident D All TARS reviewed for holes and in-service provided for each nurse.</p> <p>Inservice on Proper Treatment Orders reviewed with nursing staff.</p> <p>PROCEDURE FOR TAKING TREATMENT ORDERS</p>	03/25/2022

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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP COD 700 E 21ST AVE GARY, IN 46407
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	<p>were pink with no drainage. Alleyvn (a foam dressing) dressings were applied to each area. The resident was also observed with a gauze dressing to her right foot. The LPN indicated the resident had a blister to her foot that was being treated with A & D ointment.</p> <p>On 3/3/22 at 1:10 p.m., LPN 1 removed the dressing to the resident's right foot. The outer ankle had an area of reddish purple discoloration with a large area of pink granulating tissue. An intact area of reddish/purple discoloration was noted to the resident's heel.</p> <p>The record for Resident B was reviewed on 3/2/22 at 1:35 p.m. Diagnoses included, but were not limited to, type 2 diabetes, left above the knee amputation, hypertension, schizophrenia, anxiety, and depression.</p> <p>The Admission 5 day Medicare Minimum Data Set (MDS) assessment, which was in progress and dated 1/21/22, indicated the resident was cognitively intact for daily decision making and required supervision with one person physical assistance for bed mobility. Transfers occurred only once or twice and she required a one person physical assist. She had verbal behaviors and episodes of rejecting care. No skin areas were present.</p> <p>The resident had no Care Plan related to the open areas to her buttocks and the blister to her right ankle.</p> <p>The Braden Scale (an assessment to determine pressure sore risk), dated 1/14/22, indicated the resident scored a "19" (at risk 15-18).</p> <p>The skin tool, dated 1/31/22, indicated the resident</p>		<p>WRITE A PHYSICIAN ORDER FOR EACH STEP IN THE TREATMENT PROCESS.</p> <p>IF THERE ARE MULTIPLE DECUBITUS AREAS ADDRESS ONE AREA AT A TIME FOR EACH ORDER.</p> <p>ENSURE EACH TREATMENT ORDER APPEARS ON THE TAR AND NOT MAR.</p> <p>EXAMPLE:</p> <ol style="list-style-type: none"> 1. CLEANSE ___(AREA)___ WITH (NORMAL SALINE/ WOUND WASH) DLY. 2. (MEDICATION) OINTMENT APPLY TO ___(AREA)___ DAILY. 3. COVER ___(AREA)___ WITH (WET OR DRY) GAUZE DAILY. 4. APPLY KERLIX GAUZE TO ___(AREA)___ DAILY. 5. SECURE WITH TAPE. <p>Weekly Skin Assessment- All residents skin assessments were reviewed and the skin assessments in the UDA (user defined assessments) in PCC (Point Click Care) Software and it was discovered the scheduling was not activated in the system on some resident's records. The surveyor was very helpful in showing the DON an effective way for monitoring UDA's this was</p>	
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	<p>had stage 2 pressure ulcers to her left and right buttock that measured the following:</p> <p>Right buttock 2 centimeters (cm) x 2 cm Right buttock 1 cm x 0.5 cm Left buttock 3 cm x 3 cm Left buttock 1 cm x 1 cm</p> <p>Nurses' Notes, dated 2/1/22 at 12:08 a.m., indicated while changing the resident at 11:30 p.m., the CNA found open areas to the resident's buttock. The open areas were to her right and left buttocks. The areas were in the fold of her buttock and on top. The buttocks was cleansed and a dressing was applied.</p> <p>Nurses' Notes, dated 2/1/22 at 6:05 a.m., indicated per the evening nurse report, open areas were identified to the resident's buttocks and crease of buttocks. Dressing to the affected areas were dry and intact.</p> <p>There was no Physician's Order on 2/1/22 related to a treatment for the resident's pressure areas to the buttock.</p> <p>The February 2022 Treatment Administration Record (TAR), indicated no treatment orders for the pressure areas.</p> <p>The next skin assessment for the left and right buttocks was on 3/1/22. The left buttock area measured 1 cm x 1 cm and the right buttock area measured 0.5 cm x 0.5 cm.</p> <p>A Physician's Order, dated 3/1/22, indicated the resident was to receive an Allevyn thin pad, apply to left and right buttock topically every 72 hours for open areas.</p>		<p>greatly appreciated. The DON activated all weekly skin assessments in the PCC system to ensure proper documentation. During this discover prompted more activations of other assessments and updated new assessments in the PCC system.</p> <p>- how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>3 residents with treatment orders affected. All treatment orders were reviewed. All residents had the potential for being affected by UDA of weekly skin assessments not being activated.</p> <p>- what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>In-service held with nursing staff on proper treatment orders and discontinuation of treatments when areas are healed and proper documentation in TARS and progress notes.</p> <p>D.O.N. reviewed all residents skin assessments and activated the weekly scheduler. D.O.N. will audit weekly skin</p>	

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	<p>Nurses' Notes, dated 2/6/22 at 4:00 p.m., indicated the resident had a 7 cm x 5 cm fluid filled blister. The Physician was sent a picture and orders were obtained.</p> <p>A Physician's Order, dated 2/6/22, indicated the resident was to receive Bacitracin (an antibiotic) ointment, apply to right heel topically one time a day for fluid filled blister, cover with dry dressing. Apply when blister ruptures.</p> <p>The February 2022 Medication Administration Record (MAR), indicated the order had been discontinued on 2/8/22. The treatment had not been signed out as completed.</p> <p>Nurses' Notes, dated 2/16/22 at 11:19 p.m., indicated the dressing to the right ankle was changed. The resident had a small amount of reddish colored drainage on the old dressing. The open area was red in color. The color goes from light red to a darker red in some areas. No signs or symptoms of infection noted. The resident denied any pain during the dressing change.</p> <p>Nurses' Notes, dated 2/10, 2/12, 2/14, 2/15, 2/18, and 2/28/22, indicated the resident's ankle continued to be treated with Bacitracin.</p> <p>A Physician's Order, dated 3/2/22, indicated Bacitracin ointment was to be applied topically to the right heel daily.</p> <p>The skin assessment, dated 3/1/22, indicated the right heel blisters measured 4 cm x 4 cm and 2 cm x 2 cm.</p> <p>Interview with the Director of Nursing on 3/3/22 at 12:45 p.m., indicated the Physician should have been notified of the open areas to the buttock</p>		<p>assessments for completion by charge nurses.</p> <p>D.O.N. reviewed deficient practices with each nurse sited.</p> <p>D.O.N. reviews treatment orders weekly for residents with changes in their skin integrity to ensure proper treatment plan and properly written physician orders.</p> <p>D.O.N. reviews TARS to ensure treatment orders are signed properly.</p> <p>Care Plans updated for residents with skin impairments to be more specific.</p> <p>- how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>D.O.N will monitor skin assessments, treatment orders and TARS weekly and discuss with Administrator.</p> <p>D.O.N. will review skin, assessments, treatment and TARS log with Q. A. Committee quarterly x 6 months then semi-annually</p> <p>- by what date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it is determined that the correction will not be completed by the date</p>	

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	<p>when the areas were first noted and treatment orders obtained. She also indicated clarification orders should have been obtained for the resident's right heel. 2. On 3/2/22 at 2:40 p.m., Resident D was observed in bed and LPN 1 was there to perform the treatment to both feet. The LPN performed hand hygiene and donned clean gloves to both hands. She removed the bandages from both feet, removed her gloves and performed hand hygiene. There was bloody drainage noted on the right heel bandage. The left foot planter side pressure sore was not open but discolored black. The right heel was open with black necrotic tissue noted and the right lateral foot was scabbed in some areas and had some open areas. LPN 1 cleansed each open area with wound cleanser and patted dry. She removed her gloves and performed hand hygiene. She applied Silvadene (a topical antimicrobial) ointment to the left plantar foot and the right lateral foot and placed a clean gauze sponge over the top. She applied Venelex (a medication to treat skin wounds) ointment to the right heel and covered that area as well with a dry gauze sponge. She wrapped each foot with kerlix gauze and secured with tape.</p> <p>The record for the resident was reviewed on 3/2/22 at 1:25 p.m. Diagnoses included, but were not limited to, high blood pressure, stroke, Diabetes Mellitus, hemiplegia (paralysis on one side of the body), and seizure disorder.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 1/31/22, indicated the resident was severely impaired for decision making. He was an extensive assist with a 1 person physical assist for toilet use. The resident had pressure sores.</p>		<p>previously submitted, The Division needs to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date. 3/25/22</p>	

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	<p>There was no Care Plan for the open areas on both of his feet.</p> <p>The resident was readmitted from the hospital on 1/24/22. The nursing admission assessment indicated the right heel was boggy.</p> <p>Weekly wound measurements, dated 2/8/22, indicated an acquired pressure sore to the right lateral foot measuring 40 millimeters (mm) by 40 mm. The area was dark purple in color. The right heel was a Deep Tissue Injury and measured 40 mm by 40 mm. New treatment orders were obtained.</p> <p>A weekly wound measurement, dated 2/15/22, indicated an acquired pressure sore to the left plantar foot. The area was a dark scab and measured 10 mm by 10 mm.</p> <p>Physician's Orders, dated 2/8/22, indicated Venelex Ointment (Balsam Peru-Castor Oil), apply to both heels topically two times a day for impaired skin. Silvadene Cream 1 % (Silver sulfa), apply to both feet topically two times a day for impaired skin.</p> <p>The Treatment Administration Record (TAR) for the month of 2/2022, indicated the Venelex cream was not signed out as being administered on 2/18 and 2/20/22 at 6:00 a.m. and 2/12/22 at 6:00 p.m. The Silvadene cream was not signed out as being administered on 2/18, 2/20, 2/21 and 2/26/22 at 6:00 a.m., and on 2/12/22 at 6:00 p.m.</p> <p>Physician's Orders, dated 2/20/22, indicated Venelex Ointment apply to both heels topically two times a day for impaired skin, cover right heel with dry gauze and secure with tape and leave left foot open to air.</p>			

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

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	<p>The TAR for 2/2022 indicated the treatment was not signed out as being administered on 2/26/22 at 6:00 a.m.</p> <p>Physician's Orders, dated 2/28/22, indicated Silvadene Cream 1 % apply to both feet topically one time a day for impaired skin and Venelex Ointment apply to right heel topically one time a day for impaired skin, cover right heel with dry gauze and secure with tape and leave left foot open to air.</p> <p>The treatment orders for both feet were not specific to the actual open area, nor was there any order to cleanse the wounds.</p> <p>Interview with LPN 1 on 3/3/22 at 9:10 a.m., indicated she was unaware the treatment orders were incomplete.</p> <p>Interview with the Director of Nursing on 3/3/22 at 9:20 a.m., indicated she had instructed the nursing staff to obtain treatment orders and be specific with cleansing and what areas were being treated.</p> <p>This Federal tag relates to Complaint IN00373396.</p> <p>3.1-40(a)(2) 3.1-40(a)(3)</p>			