

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

PRINTED: 12/06/2022  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155214	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/03/2022
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NAME OF PROVIDER OR SUPPLIER SAINT ANTHONY	STREET ADDRESS, CITY, STATE, ZIP COD 203 FRANCISCAN DR CROWN POINT, IN 46307
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00393386.</p> <p>Complaint IN00393386 - Substantiated. Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Survey dates: November 2 &amp; 3, 2022</p> <p>Facility number: 000120 Provider number: 155214 AIM number: 100274780</p> <p>Census Bed Type: SNF/NF: 149 SNF: 19 NF: 2 Total: 170</p> <p>Census Payor Type: Medicare: 24 Medicaid: 109 Other: 37 Total: 170</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 11/7/22.</p>	F 0000		
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. Based on the comprehensive assessment of a resident, the facility must ensure that-</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jami Moore	Executive Director	11/14/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<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 observations, record review, and interview, the facility failed to thoroughly assess pressure ulcers and failed to provide treatment to a pressure ulcer in a timely manner, for 2 of 3 residents reviewed for pressure ulcers. (Residents B and D)</p> <p>Findings include:</p> <p>1. Resident B's closed record was reviewed on 11/2/22 at 9:16 a.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 7/8/22, indicated an intact cognitive status, required minimal assistance with bed mobility and transfers, had one stage 2 (partial thickness of skin loss) and two unstageable (unable to determine the depth) pressure ulcers on admission into the facility.</p> <p>A Care plan, revised on 8/23/22, indicated there were pressure ulcers present. The interventions included wound treatment as ordered and the pressure ulcers were to be assessed and documented.</p> <p>A Nurse's Progress Note, dated 7/1/22 at 12:44 a.m., late entry date of 7/4/22, indicated an</p>	F 0686	<p><b>The corrective actions that were accomplished for those residents to have been affected by from the practice are:</b></p> <p>Resident B was identified on 8/23 as needing further treatment and was sent to the emergency department for further intervention. MD was notified of resident D incomplete wound assessments and treatment. Wounds are stable.</p> <p><b>How other residents of the facility were identified to potentially be affected by the practice are:</b></p> <p>All residents have the potential to be affected by this practice.</p> <p><b>The facility has taken the following measures to ensure that the problem has been corrected and will not recur by:</b></p> <p>Wound nurse completed a whole house audit of wound observations and wound treatments. Nurses educated on skin management policy and weekly pressure and non-pressure observation evaluations.</p>	11/14/2022

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	<p>unstageable area on the right outer foot, which measured 2.0 cm (centimeters) by 1.0 cm., depth was unable to be obtained and Venelex ointment (a balsam/castor oil ointment) was to be used.</p> <p>A Physician's Order, dated 7/2/22 and discontinued on 9/6/22, indicated Venelex ointment was to be applied twice a day.</p> <p>There were no further assessments of the unstageable area on the right outer foot.</p> <p>A Nurse's Progress Note, dated 7/20/22 at 9:40 p.m., indicated an open area was found on the right heel. The area was cleaned and a dry dressing was applied</p> <p>A Nurse's Progress Note, dated 7/20/22 at 9:50 p.m., indicated the Physician was notified of the right heel open area and orders were obtained.</p> <p>A Physician's Order, dated 7/21/22, indicated to cleanse the right heel, then apply calcium alginate (wound treatment) and cover the area with a dressing every evening.</p> <p>There was no assessment that indicated the size, depth, and description of the pressure ulcer on the right heel when the heel was first observed.</p> <p>A Wound Nurse Practitioner's Progress Note, dated 7/27/22, indicated the pressure wounds on the sacrum, left elbow, and spine were assessed. there was no assessment of the right heel.</p> <p>There were no assessments of the right heel wound from 7/20/22 to 8/10/22.</p> <p>A Wound Nurse Practitioner's Progress Note, dated 8/10/22, indicated the right heel was a new</p>		<p><b>Quality Assurance plans and monitoring practices that have been implemented to make sure corrections are achieved and are permanent are:</b></p> <p>Director of Nursing/designee will audit weekly wound observation and MARS/TARS 3x a week for (6) months.</p> <p>Director of Nursing/Designee will report audit findings to the QAPI committee monthly for (6) six months. The QAPI committee will monitor the data presented for any trends &amp; determine if further monitoring/action is necessary for continued compliance.</p>	

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	<p>area, and measured 4.25 cm by 4.96 cm, was 100% eschar or slough, was unstageable, and the pressure ulcer was to be cleansed daily with a betadine dressing.</p> <p>During an interview on 11/2/22 at 2:56 p.m. with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON), the DON acknowledged there were no follow up assessments for the right outer foot area and the right heel had not been thoroughly assessed.</p> <p>2. During an observation with the DON on 11/2/22 at 9:42 a.m., Resident D was lying on a low air loss bed and his right leg was elevated on a pillow. The second and middle toes of the right foot had dark areas and there was an orange color of betadine noted on the areas.</p> <p>Resident D's record was reviewed on 11/3/22 at 12:38 p.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>An Annual MDS assessment, dated 9/5/22, indicated a moderately impaired cognitive status, required extensive assistance of two for bed mobility and was dependent on two for transfers. There was one stage 2 pressure area on and one unstageable area after admission.</p> <p>A Care Plan, dated 10/12/22, indicated an impaired skin integrity on the right middle toe. The interventions included the area was to be assessed, the skin condition documented, and the wound would be treated as ordered by the Physician.</p> <p>A Wound Nurse Practitioner's Progress Note, dated 10/12/22, indicated area on the right middle toe was new. The measurements were 0.71 cm by</p>			

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	<p>0.78 cm. There was 0.13 cm of redness and 0.15 cm of black tissue. The treatment indicated skin prep (barrier) was to be applied twice a day.</p> <p>A Wound Nurse Practitioner's Progress Note, dated 10/18/22, indicated the area on the right middle toe was 1.70 cm by 1.22 cm. There was 0.79 cm of redness, 0.7 cm of black tissue, and 0.15 cm of yellow tissue. The depth could not be measured. A betadine treatment was to be completed three times a day.</p> <p>A Wound Nurse Practitioner's Progress Note, dated 10/25/22, indicated the area on the right middle toe was 2.37 cm by 1.46 cm. There was 1.14 cm of redness, 0.61 cm of black tissue, and 0.11 cm of yellow tissue. The depth could not be measured. The wound status was stable. The betadine treatment was to be completed three times a day.</p> <p>A Wound Nurse Practitioner's Progress Note, dated 11/1/22, indicated the area on the right middle toe was 2.37 cm by 1.46 cm. There was 1.14 cm of redness, 0.61 cm black tissue, and 0.11 cm of yellow tissue. The depth could not be measured. The wound was stable. The betadine treatment was to be completed three times a day.</p> <p>The Medication and Treatment Administration Records, dated 10/2022, indicated the treatment for the right middle toe had not been transcribed on the records and a treatment had not been completed from 10/12/22 through 10/31/22.</p> <p>The Medication and Treatment Administration Records, dated 11/2022, indicated the treatment was transcribed and initiated on 11/1/22.</p> <p>During an interview on 11/3/22 at 2:58 p.m. the</p>			

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	<p>DON indicated the first treatment for the middle toe was initiated on 11/1/22.</p> <p>A facility pressure ulcer policy, dated 4/2018 and received from the Executive Director as current, indicated the Nurse was to describe and document a full assessment of a pressure sore, which included, the location, stage, length, width, depth, the presence of drainage or necrotic tissue. The Physician would order the wound treatments and dressings. During resident visits, the Physician was to evaluate and document the progress of the wound healing.</p> <p>This Federal tag relates to Complaint IN00393386.</p> <p>3.1-40(a)(2)</p>			