

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155196		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/15/2017	
NAME OF PROVIDER OR SUPPLIER ALTENHEIM HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 3525 E HANNA AVE INDIANAPOLIS, IN 46237			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00245044 and IN00245145.</p> <p>Complaint IN00245044 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F309 and F514.</p> <p>Complaint IN00245145 - Substantiated. No deficiencies related to the allegations are cited</p> <p>Survey dates: November 13, 14 & 15, 2017</p> <p>Facility number: 000103 Provider number: 155196 AIM number: 100290000</p> <p>Census Bed Type: SNF/NF: 41 SNF: 35 Residential: 83 Total: 159</p> <p>Census Payor Type: Medicare: 18 Medicaid: 27 Other: 31 Total: 76</p>		F 0000	<p>This plan of correction is to serve as Altenheim Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Altenheim Health and Living Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a desk review for this deficiency.</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 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 0282 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on November 17, 2017.</p> <p>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow physician's orders for wound care for 1 of 3 residents reviewed for wound care in a sample of 4 (Resident B).</p>			F 0282	<p>1. What corrective Actions will be accomplished for those residents found to have been affected by the deficient practice?</p>		11/29/2017

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	<p>Findings include:</p> <p>The record for Resident B was reviewed on 11/14/17 at 9:45 a.m. Diagnoses for Resident B included but were not limited to, aftercare left knee replacement and revision and Methicillin-resistant Staphylococcus aureus (MRSA).</p> <p>Recapitulation of the physician's orders for September and October 2017 indicated the following: (original order dated 9/22/17) cleanse the area to the left knee with normal saline and pat dry. Cover with bordered gauze every day and as needed.</p> <p>Review of the medication administration record (MAR) for September and October lacked documentation the treatments for the left knee were completed as ordered for the following dates: 9/23/17 9/24/17 9/25/17 9/26/17 9/27/17 9/29/17 10/3/17 10/6/17</p> <p>During an interview with the Director of Nursing (DON) on 11/15/17 at 10:05</p>			<p>Resident B no longer resides in the facility.</p> <p>2. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</p> <p>All residents receiving wound care residing in the Skilled Nursing Facility have the potential to be affected by the alleged deficient practice. Director of Nursing/designee will completed an audit of all current residents receiving wound care for accuracy of following physician orders. Audit to be completed by November 29, 2017.</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur?</p> <p>Director of Nursing/Designee will educated licensed nursing staff on following physician</p>			

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

PRINTED: 11/29/2017
FORM APPROVED
OMB NO. 0938-0391

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F 0309 SS=D Bldg. 00	<p>a.m., she indicated, the missing dates for the dressing changes could not be found.</p> <p>This Federal tag relates to Complaint IN00245044.</p> <p>3.1-35(g)(2)</p> <p>483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to</p>			<p>orders for wound treatments. Education will be completed by November 29, 2017. Education will be provided upon hire and annually regarding following physician orders for wound care.</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not recur, and what quality assurance program?</p> <p>The Wound Care Completed per Physician Order Audit will be completed 7 days a week, on varied shifts, times 4 weeks, 3 times per week x 12 weeks, weekly x 8 weeks and then monthly x 6 months to total 12 months until compliance is 100%. The results of these audits will be reviewed by the Quality Assurance Committee monthly. Frequency and duration of reviews will be increased as needed if compliance is below 100%</p>			

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	<p>facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.</p> <p>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, including but not limited to the following:</p> <p>(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on record review and interview, the facility failed to ensure wound care treatments were completed as ordered for 1 of 3 residents reviewed for wound care in a sample of 4 (Resident B).</p>	F 0309	1. What corrective Actions will be accomplished for those residents found to have been affected by the deficient practice?	11/29/2017			

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	<p>Findings include:</p> <p>The record for Resident B was reviewed on 11/14/17 at 9:45 a.m. Diagnoses for Resident B included but were not limited to, aftercare left knee replacement and revision and Methicillin-resistant Staphylococcus aureus (MRSA).</p> <p>Recapitulation of the physician's orders for September and October 2017 indicated the following: (original order dated 9/22/17) cleanse the area to the left knee with normal saline and pat dry. Cover with bordered gauze every day and as needed.</p> <p>Review of the medication administration record (MAR) for September and October lacked documentation the treatments for the left knee were completed as ordered for the following dates: 9/23/17 9/24/17 9/25/17 9/26/17 9/27/17 9/29/17 10/3/17 10/6/17</p> <p>During an interview with the Director of Nursing (DON) and the Rehab Unit</p>				<p>Resident B no longer resides in the facility.</p> <p>2. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</p> <p>All residents receiving wound care residing in the Skilled Nursing Facility have the potential to be affected by the alleged deficient practice. Director of Nursing/designee will complete an audit of all current residents receiving wound care for accuracy of following physician orders. Audit to be completed by November 29, 2017.</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur?</p> <p>Director of Nursing/Designee will educated licensed nursing</p>		

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F 0514 SS=D Bldg. 00	<p>Manager on 11/15/17 at 12:45 p.m., they indicated there were no measurements due to the area was a pin hole which initially had a drain but was discontinued prior to admission. The area drained continuously because of an infected spacer and was changed often.</p> <p>This Federal tag relates to Complaint IN00245044.</p> <p>3.1-37(a)</p> <p>483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE (i) Medical records.</p>			<p>staff on following physician orders for wound treatments. Education will be completed by November 29, 2017. Education will be provided upon hire and annually regarding following physician orders for wound care.</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not recur, and what quality assurance program?</p> <p>The Wound Care Completed per Physician Order Audit will be completed 7 days a week, on varied shifts, times 4 weeks, 3 times per week x 12 weeks, weekly x 8 weeks and then monthly x 6 months to total 12 months until compliance is 100%. The results of these audits will be reviewed by the Quality Assurance Committee monthly. Frequency and duration of reviews will be increased as needed if compliance is below 100%</p>			

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	<p>(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on record review and interview, the facility failed to ensure the physician's orders were accurately transcribed into the clinical record for 1 of 3 residents reviewed for clinical record accuracy in a sample of 4 (Resident B).</p>	F 0514	<p>1. What corrective Actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B no longer resides in</p>	11/29/2017			

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	<p>Findings include:</p> <p>The record for Resident B was reviewed on 11/14/17 at 9:45 a.m. Diagnoses for Resident B included but were not limited to, aftercare left knee replacement and revision and Methicillin-resistant Staphylococcus aureus (MRSA).</p> <p>Recapitulation of the physician's orders for September and October 2017 indicated the following: (original order dated 9/22/17) cleanse the area to the left knee with normal saline and pat dry. Cover with bordered gauze "every day" and "as needed."</p> <p>The record lacked documentation for the daily wound care treatment.</p> <p>During an interview with the Director of Nursing on 11/14/17 at 4:15 p.m., she indicated the order was coded for an "as needed treatment only" but should have been coded as a daily treatment also.</p> <p>This Federal tag relates to Complaint IN00245044.</p> <p>3.1-50(a)(2)</p>			<p>the facility.</p> <p>2. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</p> <p>All residents receiving wound care residing in the Skilled Nursing Facility have the potential to be affected by the alleged deficient practice. Director of Nursing/designee will completed an audit of all current residents receiving wound care for accuracy of transcribed physician orders involving wound care. Audit to be completed by November 29, 2017.</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur?</p> <p>Director of Nursing/Designee will educate licensed nursing staff on accurately transcribing</p>			

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					<p>physician orders regarding wound care. Education will be completed by November 29, 2017. Education will be provided upon hire and annually regarding following physician orders for wound care.</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not recur, and what quality assurance program?</p> <p>The Accurate transcription of physician ordered wound care audit, will be completed 7 days a week, on varied shifts, times 4 weeks, 3 times per week x 12 weeks, weekly x 8 weeks and then monthly x 6 months to total 12 months until compliance is 100%. The results of these audits will be reviewed by the Quality Assurance Committee monthly. Frequency and duration of reviews will be increased as needed if compliance is below 100%</p>		