

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

PRINTED: 02/22/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155005		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/28/2023	
NAME OF PROVIDER OR SUPPLIER BEAUMONT REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1345 N MADISON AVE ANDERSON, IN 46011			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00422220, IN00423344, and IN00424249.</p> <p>Complaint IN00422220 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00423344 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00424249 - Federal/state deficiencies related to the allegations are cited at F697.</p> <p>Survey dates: December 27 & 28, 2023</p> <p>Facility number: 000005 Provider number: 155005 AIM number: 100270840</p> <p>Census Bed Type: SNF/NF: 116 SNF: 12 Total: 128</p> <p>Census Payor Type: Medicare: 12 Medicaid: 90 Other: 26 Total: 128</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 3, 2024.</p>		F 0000	<p>Beaumont Nursing and Rehabilitation Center 1345 North Madison Avenue Anderson IN. 46011</p> <p>In accordance with 42CFR 488.331, the facility wishes to review cited deficiencies through an Informal Dispute Resolution (IDR) process. (Face to Face) The facility's noncompliance with F697 G-483.25- Pain Management. The facility disagrees with the scope and severity of G for an isolated deficiency that constitutes actual harm. This violation is based on evidence that the Statement of Deficiencies does not include all relevant facts.</p> <p>Based upon State Operations Manual §483.25(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>INTENT §483.25(k) Based on the comprehensive assessment of a resident, the facility must ensure that residents receive the treatment and care in accordance with professional standards 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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F 0697 SS=G Bldg. 00	<p>483.25(k) Pain Management §483.25(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. Based on observation, interview, and record review, the facility failed to effectively monitor and treat pain for a resident with severe cognitive impairment with a healing dislocated and fractured left shoulder for 1 of 1 resident reviewed for pain. (Resident F) This resulted in Resident F having impaired mobility and poor quality of life as evidenced by not leaving his bed per his usual routine.</p> <p>Finding includes:</p> <p>During an observation on 12/27/23 at 12:59 p.m., Resident F was lying in bed with the head of the</p>		F 0697	<p>practice, the comprehensive care plan, and the resident's choices, related to pain management. We believe the facility should not have been cited at an actual harm level as the information will show. We believe that a G level deficiency is a serious citation, this finding is not consistent with the information to be provided, and the evidence does not support this scope and severity. Based on the evidence to be provided in the Informal Dispute Resolution the facility is requesting that the deficiency be reduced to a D level.</p> <p>F 697 G Pain Management The facility respectfully requests an Informal Dispute Resolution (IDR) for this citation. (Face to Face)This Plan of Correction is the center's credible allegation of compliance.Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The</p>		01/10/2024	

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	<p>bed elevated, positioned on his back, unclothed. His eyes were open and he was picking at his incontinent brief with his right hand. His legs were making small movements against the sheets of the bed.</p> <p>During an observation on 12/27/23 at 4:00 p.m., the resident was lying flat in bed, positioned on his back with a hospital gown draped over his right arm. His head was back, his mouth was open, and he was grimacing. He was making small movements with his right arm.</p> <p>During an observation on 12/28/23 at 11:50 a.m., accompanied by QMA 2, Resident F was observed lying flat in bed, positioned on his back with a positioning wedge lying next to his left side. His eyes and mouth were open. The resident lacked verbal response when spoken to, but made eye contact. QMA 2 moved the resident to his right side to place the wedge beneath his left side. The resident began moving his right arm and bilateral legs and grimacing. QMA 2 indicated he had declined in the past week and a half. He previously was walking about the hallways, eating in the dining room, and talking. He indicated it was difficult to dress and turn the resident for incontinent care because of the pain in his left shoulder and arm. He had reported the resident's pain to the nurses.</p> <p>Resident F's clinical record was reviewed on 12/27/23 at 10:07 a.m. Diagnoses included Alzheimer's disease, Parkinson's disease, psychotic disorder with hallucinations, anxiety disorder, and depression.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 9/25/23, indicated the resident had severe cognitive impairment, clear speech,</p>				<p>plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.1) Immediate actions taken for those residents identified: Resident F no longer resides at the facility.2) How the facility identified other residents: Any resident that resides within the facility has the potential to be affected. Residents are identified through admission, annually, quarterly, significant change and prn. Audit was conducted to determine residents have an effective pain management regime, identified areas of concern were immediately addressed.3) Measures put into place/ System changes: Educated Licensed nursing staff on components/requirements of F697 Pain management; Notification of Change/Physician Notification, Strategies for Pain management, Pain recognition, Assessment and Pharmacological and non-Pharmacological interventions and Documentation. The facility will ensure that pain management is provided to residents that require such services. Care plans will be reviewed for new admission/re-admission, annually, quarterly, with significant change and prn for pain</p>		

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	<p>and was usually understood and could understand others. He required limited assistance of one staff member for bed mobility, transfer, toileting and hygiene. He required supervision for walking, dressing and eating, and was steady when moving from a seated position to standing, walking and turning his body.</p> <p>Resident F's comprehensive care plan, revised on 10/2/23, indicated he had chronic conditions with risk for discomfort, complications, or decline. Interventions included assess for verbal and non-verbal signs and symptoms relating to pain: grimacing, guarding, crying, moaning, increased anxiety. Medications were to be given per physician order, and staff were to monitor for increased weakness or unsteadiness.</p> <p>A nursing progress note, dated 12/16/23 at 10:50 a.m., indicated the resident had been complaining of pain in his left shoulder and left hip. The physician ordered X-rays of both locations on 12/16/23.</p> <p>An Interdisciplinary Team (IDT) note, dated 12/16/23 at 11:00 a.m., indicated the resident had fallen on 12/13/23 and placed himself on the floor on 12/15/23. He had complained of pain to his left shoulder and left hip on 12/16/23.</p> <p>A nursing progress note, dated 12/16/23 at 5:06 p.m., indicated the X-ray obtained of the resident's left shoulder showed a dislocation and a displaced, comminuted fracture of the humeral head. The resident was sent to the hospital emergency room for treatment.</p> <p>The resident's current physician's orders included acetaminophen (to treat pain) 650 mg (milligram), one tablet every four hours as needed for general</p>				<p>management.4) How the corrective actions will be monitored: Oversight of this plan of correction is the facility Director of Nursing/designee who will conduct audits on new admissions/readmissions to ensure pain has been assessed and managed. Medication administration will be reviewed during scheduled clinical meetings to ensure that any pain concerns have been addressed. Identification of new pain will be determined through interview and observation of 10 residents weekly on each unit to ensure pain medication regime is effective and documentation is reflective. Concerns identified during interviews will be reviewed during scheduled morning meetings for rapid resolution. Results of audits will be taken to QA monthly for 6 months or until 100% compliance is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5) Date of Compliance :1-10-2024.</p>		

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	<p>discomfort (12/20/23) and perform a pain assessment every shift for pain management (9/21/23).</p> <p>Resident F's electronic Medication Administration Record (eMAR) for December 2023, indicated the following:</p> <p>Acetaminophen was administered on 12/20/23 at 10:34 p.m., 12/21/23 at 7:59 p.m., 12/22/23 at 6:09 a.m., and 12/25/23 at 8:16 a.m. The outcome for each administration was indicated as effective.</p> <p>Review of the December 2023 eMAR pain level assessment orders indicated the following:</p> <p>There was no morning pain assessment completed for 12/5/23, 12/11/23, 12/12/23, 12/17/23, 12/19/23, 12/21/23, 12/26/23 and 12/27/23.</p> <p>There was no evening pain assessment completed for 12/8/23, 12/12/23, 12/13/23, 12/17/23, and 12/25/23.</p> <p>The clinical record indicated pain levels for the resident were documented under the vitals section and included the following: a pain rating of seven on 12/27/23 at 7:00 a.m., a rating of five on 12/26/23 at 7:17 a.m., a rating of seven on 12/21/23 at 10:07 a.m., and a rating of four on 12/15/23, 12/16/23, and 12/17/23. The record lacked indication of interventions being offered for pain relief.</p> <p>During an interview on 12/28/23 at 10:27 a.m., the DON indicated the resident was in pain. They had attempted to weigh him this morning, but he was moaning. She felt his pain may be why he had not gotten out of bed and was recently spitting out his medications. He did have acetaminophen</p>						

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	<p>ordered for pain, but the staff had not been providing doses. The documentation of pain ratings should be completed with a numerical value and should be completed each shift.</p> <p>During a phone interview on 12/28/23 at 10:42 a.m., CNA 3 indicated the resident had a drastic change in the last couple weeks. He had previously been walking around and talking. The resident had not been the type to lay around in bed all the time and she felt he was having pain.</p> <p>A current facility policy, revised 11/22, titled, "Pain Management Program," provided by the DON on 12/28/23 at 1:35 p.m., indicated the following: "...Purpose: To establish a program which can effectively manage pain to remove adverse physiologic and physiological effects of unrelieved pain and to develop an optimal pain management plan to enhance healing and promote physiological and psychological wellness....Definition: ...When the resident is unable to describe pain, physical signs such as grimacing, body posturing/protecting, vital sign changes, and changes in behavior and mood will be used to determine the present {SIC} of pain....The pain management components: Documentation of pain assessment and monitoring...Assessment of non-verbal residents for signs and symptoms of pain...Standard: 1. Pain assessment protocol will be initiated under any of the following situations: a. Any indication of pain based on the pain assessment performed for each resident at the time of admission and with any condition change and/or incident associated with the potential of pain....d. A change in resident condition occurs to require pain control...."</p> <p>This citation relates to complaint IN00424249.</p>						

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