

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

PRINTED: 02/20/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2024	
NAME OF PROVIDER OR SUPPLIER  SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(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 Complaints IN00421367, IN00421517, and IN00421680.</p> <p>Complaint IN00421367 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421517 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421680 - Federal/state deficiencies related to the allegations are cited at F684 and F755.</p> <p>Survey dates: January 23 and 24, 2024</p> <p>Facility number: 000564 Provider number: 155484 AIM number: 100285610</p> <p>Census Bed Type: SNF/NF: 93 Total: 93</p> <p>Census Payor Type: Medicare: 1 Medicaid: 82 Other: 10 Total: 93</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 1, 2024.</p>			F 0000			
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brenda Hatfield

Administrator

02/12/2024

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 disclosable 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>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 observation, interview and record review, the facility failed to ensure 1 of 3 residents received care and services related to skin impairment (Resident D).</p> <p>Findings include:</p> <p>During an interview on 1/23/24 at 1:37 p.m., Resident D indicated she had gaulding (chafing or irritation) to abdominal folds. She asked the staff to clean her and apply medication. She asked the Certified Nurse Aides (CNA) to tell the nurse she needed to have treatment applied and they did not do it. She asked for pain medication yesterday and had to wait for a long time to get it. She called several times to ask for medicine and had to wait for 2.5 hours to get her pain medication. She had no nystatin powder. It happened a lot and she did not understand why she was out when they did not use it very much. The resident indicated the treatment to abdominal folds had not been administered for several days. The resident indicated she had been seen by the Nurse Practitioner on 1/23/24 and was given an order for Diflucan due to the worsening gaulding of the abdominal folds.</p> <p>On 1/23/24 at 2:04 p.m., observation of treatment cart indicated nystatin powder was not in the treatment cart. During an interview Licensed</p>			F 0684	<p>Facility respectfully requests a desk review for paper compliance.</p> <p>F 684 Corrective Actions accomplished for those residents found to be affected by the alleged deficit practice: Resident D was not harmed by the alleged deficient practice. On 1/23/2024 Resident D's orders were reviewed and verified with NP and the facility wound nurse completed an assessment of the wound and completed the treatment per MD orders. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective action taken: All resident with Topical Medication Administration orders have the potential to be affected. The wound nurse conducted an audit of all residents treatments on 1/23/24 to ensure no other treatments were incomplete. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: The facility educated all</p>		02/21/2024

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	<p>Practical Nurse (LPN) 6 acknowledged the medication was not on the cart or the medication cart for the 400/500 halls and the treatment had not been completed.</p> <p>During an interview, on 1/23/24 at 3:15 p.m., LPN 5 indicated the resident was almost out of Nystatin powder on 1/20/24. She was not able to locate the medication today.</p> <p>During an interview on 1/23/24 at 3:55 p.m., the wound nurse LPN 8 indicated the resident was out of the nystatin powder, and she gave the resident a bottle of nystatin powder from a resident who had died. The bottle was new and had not been opened. She indicated she kept bottles of unused nystatin powder and would give it a nurse to be used for a resident. She did not do the treatment on 1/23/24 for Resident D. LPN 8 acknowledged she gave the nurse an unused bottle of Nystatin powder on 1/15/23. She acknowledged if the treatment was done every day for Resident D, the resident's skin would clear up.</p> <p>On 1/23/24 a review of the medical chart indicated, diagnosis included but were not limited to: Chronic respiratory failure, venous insufficiency (a condition in which the veins have problems sending blood from the legs back to the heart), chronic pancreatitis (inflammation of the pancreas that can cause swelling, pain, and changes in how an organ or tissues work), type 2 diabetes mellitus (a disease that occurs when your blood glucose, also called blood sugar, is too high), neuropathy (when nerve damage leads to pain, weakness, numbness or tingling in one or more parts of your body), cellulitis (a common bacterial skin infection that causes redness, swelling, and pain in the infected area of the skin), and congestive heart failure (a condition that develops when your heart</p>				<p>licensed staff on the Topical Medication Policy #9.15 regarding competition of all treatment orders and application. Education was completed on 1/24/2024.</p> <p>How the corrective measure will be monitored to ensure the alleged deficient practice does not recur: The DON/ designee will audit residents with treatment orders to ensure treatments are completed for 5 residents per week for 4 weeks, then 3 residents per week for 4 weeks, then 1 resident a week for 4 months.</p> <p>The results of the audit observation will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of six monthly then randomly thereafter for further recommendation.</p>		

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	<p>doesn't pump enough blood for your body's needs).</p> <p>Physician's orders included but were not limited to: Pregabalin 75 milligrams (mg) capsule give 1 capsule by mouth three times a day for neuropathy, oxycodone-acetaminophen 10-325 mg tablet give 1 tablet up to four times a day as needed for pain, and Nystatin Powder apply to abdominal folds and under breasts topically every day and evening shift for fungal infection.</p> <p>A care plan, dated 11/7/23, indicated resident had impaired skin integrity and was at risk for further altered skin integrity. Approaches included but were not limited to administer medications as ordered, and administer treatments as ordered by the medical provider.</p> <p>A care plan dated 1/9/23 indicated, resident presented with a MASD (moisture associated skin disorder) between folds on back. Approaches included but were not limited to, treatment as ordered, wash and dry skin folds daily.</p> <p>The MAR and TAR (treatment administration record) for the months of December 2023 and January 2024 lacked administration documentation several times of the treatment administration.</p> <p>On 1/24/24 at 9:32 a.m., the DON provided a document, titled, "Topical Medication administration" dated 08-2020, and indicated it was the policy currently being used by the facility. The policy indicated, "... Policy ...Medications will be administered in a safe and effective manner ...Procedures ...22. Note administration of the treatment by recording initials, date, and time in the appropriate area on the MAR or TAR ...."</p>						

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F 0755 SS=D Bldg. 00	<p>On 1/24/24 at 9:32 a.m., the DON provided an undated document, titled, "Medication administration", and indicated it was the policy currently being used by the facility. The policy indicated, "... Policy ...Medication Administration ...General Procedures ...y ...Do not share or "borrow" medications from others ...z ...Do not administer medication if the label is not legible or missing ...ee ...Narcotics will be signed out when given ...gg ...medications that are refused or withheld or not given will be documented ...IV ...Documentation ...a. Documentation of medication will be current for medication administration ...b. Documentation of medications will follow accepted standards of nursing practice ...."</p> <p>This citation relates to Complaint IN00421680.</p> <p>3.1-37</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p>						

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	<p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview, and document review, the facility failed to implement a system to monitor and reconcile narcotic medications for 1 of 3 residents reviewed for medications, and failed to ensure medications were available and administered in accordance with physician orders for 1 of 3 residents reviewed medications (Resident D).</p> <p>Findings include:</p> <p>1. During an interview on 1/23/24 at 1:37 p.m., Resident D indicated, she asked for pain medication on 1/22/24 around 10:00 a.m. and had to wait for a long time to get it. She called several times to ask for medications and had to wait for 2.5 hours to receive pain medication.</p> <p>On 1/23/24 at 3:30 p.m., Licensed Practical Nurse (LPN) 3 and LPN 4, indicated, if they did not have a medication, they got it out of the emergency</p>			F 0755	<p>Facility respectfully requests a desk review for paper compliance.</p> <p>F 755 Corrective Actions accomplished for those residents found to be affected by the alleged deficit practice: Resident D was not harmed the alleged deficient practice. On 1/23/2024 Resident D's orders were reviewed and verified with NP. 1/24/2024 Facility ensured resident medications were available and Resident D received all controlled substances per order and documentation was complete. The facility reordered nystatin powder for delivery to facility for Resident D. An audit was completed for all Resident D's medications and no other medications was found to be</p>		02/21/2024

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	<p>drug kit (EDK). If not available in the EDK, they call the pharmacy and order the medication.</p> <p>On 1/23/24 at 3:45 pm during interview with the DON. The DON indicated if medication was not available the nurse would obtain the medications from the EDK, if medications were not in the EDK the nurse would notify the physician, contact pharmacy, and order medications.</p> <p>On 1/23/24 at 3:50 p.m., during phone interview with Registered Nurse 9, the nurse indicated she administered Percocet to the resident and signed the medication out on the narcotic record but not the medication administration record (MAR).</p> <p>On 1/23/24 a review of the medical record of resident D, indicated, diagnosis included but were not limited to: Chronic respiratory failure, venous insufficiency (a condition in which the veins have problems sending blood from the legs back to the heart), chronic pancreatitis (inflammation of the pancreas that can cause swelling, pain, and changes in how an organ or tissues work), type 2 diabetes mellitus (a disease that occurs when your blood glucose, also called blood sugar, is too high), neuropathy (when nerve damage leads to pain, weakness, numbness or tingling in one or more parts of your body), cellulitis (a common bacterial skin infection that causes redness, swelling, and pain in the infected area of the skin), and congestive heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs).</p> <p>Physician's orders included but were not limited to, Oxycodone-Acetaminophen 10-325 mg tablet administer 1 tablet up to four times a day as needed for pain and tramadol 100 mg administer three times a day for chronic pain.</p>				<p>missing.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective action taken: All residents with an order for medications have the potential to be affected. 1/24/2024 the facility conducted an audit to ensure medication were available, and documentation was complete. Any medication not found as available was re-ordered. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: The facility educated all licensed staff on the Controlled Substances Policy #8.5 and Medication Administration policy with emphasis on medication availability, re-ordering and documentation. Education was completed on 1/24/2024. How the corrective measure will be monitored to ensure the alleged deficient practice does not recur: The DON/ designee will audit residents with medication orders to ensure orders were available, and documentation was complete for 5 residents per week for 4 weeks, then 3 residents per week for 4 weeks, then 1 resident a week for 4 months. The results of the audit observation will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a</p>		

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	<p>A care plan, dated 9/30/22, indicated Resident D had complaints of acute/chronic pain related to cirrhosis of liver, malignant neoplasm of uterus and thyroid, arthritis and neuropathy and was at risk for complications. Approaches included, resident will be able to verbalize relief of pain, through target date. Administer non-pharmacological interventions (repositioning, diversion activities, snacks and fluids, ice / heat, music therapy, relaxation techniques, imagery), complete pain assessment on admission/re-admission, quarterly, significant change, and as needed (PRN), provide medication per orders, monitor for signs and symptoms of side effects, and evaluate effectiveness of medication.</p> <p>On 1/23/24 at 3:15 p.m., review of the medication administration record (MAR) and the narcotic count record both records lacked documentation of medication administration at any time on 1/22/24. The narcotic count sheet (which records the date and time a narcotic is removed from the bottle or medication card) indicated the last entry was on 1/22/24 at 8:30 a.m. The narcotic count sheet documentation indicated there were 20 tablets remaining. The MAR for the months of December 2023 and January 2024 lacked administration documentation several times of narcotic medications.</p> <p>On 1/22/24 at 1:00 p.m., the DON indicated the nurse came into the facility and signed the narcotic record on 1/23/24 at 4:20 p.m.</p> <p>On 1/24/24 at 9:32 a.m., the DON provided a document, titled, "Controlled Substances", and indicated it was the policy currently being used by the facility. The policy indicated, "... Policy</p>				minimum of six monthly then randomly thereafter for further recommendation.		



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	<p>...Medications classified as controlled substances by the Drug Enforcement Administration (DEA) are subject to special handling, storage, disposal, and record keeping in the facility in accordance with state and federal laws and regulations</p> <p>...Procedures ...5. Accurate inventory of all controlled medications is maintained at all times. When a controlled substance is administered, the licensed nursing personnel administering the medication immediately enters the following information in the accountability record and the medication administration record (MAR) ...a. Date and time of administration ...b. Amount administered (accountability Record) ...c. Remaining quantity (Accountability Record) ...."</p> <p>2. During an interview on 1/23/24 at 1:37 p.m., Resident D indicated, she had gaulding (chafing or irritation) to abdominal folds. She asked the staff to clean her and apply medication. She asked the Certified Nurse Aides (CNA) to tell the nurse she needed to have treatment applied and they did not do it. She had no nystatin powder. It happened a lot and she did not understand why she was out when they did not use it very much. The resident indicated the treatment to abdominal folds had not been administered for several days.</p> <p>On 1/23/24 at 2:04 p.m., observation of treatment cart indicated nystatin powder was not in the treatment cart. During an interview Licensed Practical Nurse (LPN) 6 acknowledged the medication was not on the cart or the medication cart for the 400/500 halls and the treatment had not been completed.</p> <p>During an interview, on 1/23/24 at 3:15 p.m., LPN 5 indicated the resident was almost out of Nystatin powder on 1/20/24. She was not able to locate the medication today.</p>						

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	<p>During an interview on 1/23/24 at 3:55 p.m., the wound nurse LPN 8 indicated the resident was out of the nystatin powder, and she gave the resident a bottle of nystatin powder from a resident who had died. The bottle was new and had not been opened. She indicated she kept bottles of unused nystatin powder and would give it a nurse to be used for a resident. She did not do the treatment on 1/23/24 for Resident D. LPN 8 acknowledged she gave the nurse an unused bottle of Nystatin powder on 1/15/23.</p> <p>On 1/23/24 at 3:30 p.m., Licensed Practical Nurse (LPN) 3 and LPN 4 indicated if they did not have a medication, they got it out of the emergency drug kit (EDK). If not available in the EDK, they called the pharmacy and ordered the medication.</p> <p>During an interview on 1/23/24 at 3:45 p.m., the DON indicated if medication was not available the nurse would obtain the medications from the EDK. If medications were not in the EDK the nurse would notify the physician, contact pharmacy, and order medications. She indicated the wound nurse kept spare bottles of Nystatin to use for residents. She indicated the pharmacy sent them to her.</p> <p>On 1/23/24 a review of the medical chart of resident D indicated, diagnosis included but were not limited to: Chronic respiratory failure, venous insufficiency (a condition in which the veins have problems sending blood from the legs back to the heart), chronic pancreatitis (inflammation of the pancreas that can cause swelling, pain, and changes in how an organ or tissues work), type 2 diabetes mellitus (a disease that occurs when your blood glucose, also called blood sugar, is too high), neuropathy (when nerve damage leads to</p>						

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	<p>pain, weakness, numbness or tingling in one or more parts of your body), cellulitis (a common bacterial skin infection that causes redness, swelling, and pain in the infected area of the skin), and congestive heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs).</p> <p>Physician's orders included but were not limited to: Nystatin Powder apply to abdominal folds and under breasts topically every day and evening shift for fungal infection.</p> <p>A care plan, dated 11/7/23, indicated resident had impaired skin integrity and was at risk for further altered skin integrity. Approaches included but were not limited to administer medications as ordered, administer treatments as ordered by the medical provider.</p> <p>A care plan dated 1/9/23 indicated, resident presented with a MASD (moisture associated skin disorder) between folds on back. Approaches included but were not limited to, treatment as ordered, wash and dry skin folds daily.</p> <p>The MAR and TAR (treatment administration record) for the months of December 2023 and January 2024 lacked administration documentation several times of the treatment administration.</p> <p>On 1/24/24 at 9:32 a.m., the DON provided a document titled, "Topical Medication administration," dated 08-2020, and indicated it was the policy currently being used by the facility. The policy indicated, "... Policy ...Medication Administration ...General Procedures ...y ...Do not share or 'borrow' medications from others ...z ...Do not administer medication if the label is not legible or missing ...ee ...Narcotics will</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2024	
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	be signed out when given ...gg ...medications that are refused or withheld or not given will be documented ...IV ...Documentation ...a. Documentation of medication will be current for medication administration ...b. Documentation of medications will follow accepted standards of nursing practice ...."  This citation relates to Complaint IN00421680.  3.1-25(a)						