

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

PRINTED: 12/30/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155803		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/10/2024	
NAME OF PROVIDER OR SUPPLIER  HAMILTON POINTE HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP COD 3800 ELI PLACE NEWBURGH, IN 47630			
(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 IN00448583.</p> <p>Complaint IN00448583 - Federal/state deficiencies related to the allegations are cited at F635.</p> <p>Survey dates: December 9, 10, 2024.</p> <p>Facility number: 012966 Provider number: 155803 AIM number: 201110390</p> <p>Census Bed Type: SNF/NF: 75 SNF: 26 Residential: 55 Total: 156</p> <p>Census Payor Type: Medicare: 12 Medicaid: 58 Other: 31 Total: 101</p> <p>This deficiency reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 11, 2024.</p>			F 0000	<p><b>The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.</b></p>		
F 0635 SS=D Bldg. 00	<p>483.20(a) Admission Physician Orders for Immediate Care</p> <p>Based on interview and record review, the facility failed to ensure a newly admitted resident had immediate orders for pressure wounds for 1 of 3</p>			F 0635	<p>It is the policy of Hamilton Pointe to ensure that newly admitted residents have immediate orders. Resident B orders and care plan</p>		01/02/2025

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

TITLE

(X6) DATE

Shawn Cates

Administrator

12/23/2024

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 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>residents reviewed for pressure wounds. (Resident B)</p> <p>Finding included:</p> <p>On 12/9/24 at 9:44 a.m., Resident B indicated he was admitted to the facility in June of 2024, and had pressure wounds on admission to his buttock.</p> <p>On 12/9/24 at 10:10 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, anemia, unspecified, unspecified protein-calorie malnutrition, paraplegia, complete, pressure ulcer of right buttock stage IV (4), type 2 diabetes mellitus with unspecified complications, colostomy status, other acute osteomyelitis, right femur, other acute osteomyelitis right ankle and foot, peripheral vascular disease, pressure ulcer left hip, unstageable, pressure ulcer of right buttock, unstageable. Resident B was admitted to the facility on 6/25/24.</p> <p>An admission MDS (Minimum Data Set) assessment dated 7/1/24, indicated Resident B's cognition was intact, admitted with one stage VI pressure ulcer, one unstageable pressure ulcer, two unstageable- deep tissue suspected.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>I require enhanced barrier precautions related to osteomyelitis, pressure wound, IV (intravenous) antibiotics, date initiated 6/27/24. Interventions included but were not limited to: You will provide my treatments as ordered; date initiated 6/27/24.</p> <p>I need assistance with my ADL's (Activities of</p>				<p>have been reviewed and are noted as current. All current residents with pressure areas have been reviewed to ensure appropriate orders and measurements are reflected in the medical record. No areas of concern were identified. Admission orders from new residents admitted with in last 30 days have been reviewed with no concerns noted. Current policies regarding Physician Orders, Skin Assessment's and Admission orders were reviewed with no recommended changes. Licensed Professional Staff were re-educated on the Policy and Procedures related to physician orders for pressure wounds. The Director of Clinical Services or Designee will audit all new admission orders for a period of 6 months to ensure 100% compliance. Results of audit will be submitted to the QAPI committee for review and recommendations. The facility is requesting a desk review</p>		

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	<p>Daily Living) related to paraplegia with wounds, date initiated 6/26/24.</p> <p>I have deep tissue injury on my right buttock related to extended pressure secondary to altered mobility, date initiated 7/1/24. Interventions included but were not limited to: I will receive treatment as ordered, date initiated 7/1/24.</p> <p>I have a stage IV pressure ulcer related to immobility d/t paraplegia; date initiated 6/28/24. Interventions included but were not limited to, I will receive my treatment as ordered, date initiated 6/28/24.</p> <p>I have an unstageable pressure injury to my left 1st toe related to necrotic tissue covering the wound bed, skin failure, date initiated 7/1/24. Interventions included but were not limited to, I will receive my treatment as ordered, date initiated 7/1/24.</p> <p>I have a deep tissue injury to my right 5th toe related to extended pressure secondary to altered mobility, date initiated 7/1/24. Interventions included but were not limited to: I will receive my treatment as ordered, date initiated 7/1/24.</p> <p>June 2024 physician orders with an active date of 6/25/24, were reviewed and included but were not limited to:</p> <p>Daptomycin intravenous solution reconstituted use 400 milligrams intravenously one time a day for infection/wound for 36 administrations, order date 6/25/24.</p> <p>No orders were recorded in the record for wound treatments on admission on 6/25, until 6/28/24.</p>						

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	<p>June 2024 physician orders with an active date of 6/30/24, were reviewed and included but were not limited to:</p> <p>wound vac to stage IV sacral wound, maintain vac and change dressing as ordered every 24 hours as needed for change as needed, order date 6/28/24.</p> <p>wound vac to stage IV sacral wound, maintain vac and change dressing as ordered every day shift every 3 day(s), order date 6/28/24.</p> <p>An initial pressure ulcer report with an effective date of 6/25/24, was reviewed and included, but was not limited to:</p> <p>Site- right buttock Type- pressure Stage IV</p> <p>Site - right toe Type - pressure Stage- suspected deep tissue injury</p> <p>Site- left toe Type- pressure Stage- unstageable</p> <p>Comments ...res has wound vac, Foley catheter and ostomy for bowels pressure reducing mattress in place 1/4 SR x 2 for T&amp;R/mobility aide.</p> <p>No measurements were recorded on the report dated 6/25/24.</p> <p>On 12/10/24 at 9:26 a.m., RN 2 indicated Resident B came to the facility with pressure wounds, wound treatments should have been placed on admit, even if temporary until the facility wound nurse could do assessment, treatments were</p>						

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	<p>clarified and initiated on 7/1/24 for all wounds.</p> <p>On 12/10/24 at 1:55 p.m., RN 3 indicated if pressure wounds are found on the initial admit skin assessment and no orders were sent, triage should be faxed or called for orders.</p> <p>On 12/10/24 at 12:25 p.m., the DON provided the current admission orders policy with a implemented date of 11/28/23. The policy included but was not limited to: A physician must personally approve, in writing, a recommendation that an individual be admitted to a facility. A physician, physician assistant, nurse practitioner or clinical nurse specialist must provide written and/or verbal orders for the residents immediate care and needs...The orders should allow facility staff to provide essential care to the resident consistent with the resident's mental and physical status on admission...</p> <p>This citation relates to Complaint IN00448583.</p> <p>3.1-30(a)</p>						