

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

PRINTED: 08/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155789		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/29/2024	
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 181 CAMPUS DR LAWRENCEBURG, IN 47025			
(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	This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: July 22, 23, 24, 25, 26, and 29, 2024 Facility number: 012523 Provider number: 155789 AIM number: 201027870 Census Bed Type: SNF/NF: 37 SNF: 27 Residential: 52 Total: 116 Census Payor Type: Medicare: 15 Medicaid: 29 Other: 20 Total: 64 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 5, 2024.			F 0000			
F 0677 SS=D Bldg. 00	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on interview and record review, the facility failed to provide the scheduled Activities of Daily Living care related to bathing for 1 of 3 residents			F 0677	F677 ADL Care provided for dependent residents 1: What corrective action(s) will		08/15/2024

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

TITLE

(X6) DATE

Alison Muncy

RN, DHS

08/16/2024

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 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 30 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>reviewed. (Resident 64)</p> <p>Findings include:</p> <p>During an interview on 07/22/24 at 2:13 P.M., Resident 64 indicated she was lucky to get a shower once a week. At home she showered every other day.</p> <p>The resident's clinical record was reviewed on 07/24/24 at 10:02 A.M. An admission MDS (Minimum Data Set) assessment, dated 06/29/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, a right hip fracture, Clostridioides difficile (C-diff, a bacteria that causes watery Diarrhea), and urinary tract infection. The resident tested positive for C-diff Toxins on 07/03/24.</p> <p>The Electronic Health Record History and the Shower Sheets indicated the resident had the following showers or complete bed baths from admission to the facility from 06/26/24 to 07/26/24:</p> <ul style="list-style-type: none"> - On 07/04/24 the resident refused a shower. - On 07/08/24 the resident received a complete bed bath. - On 07/15/24 the resident received a shower. - On 07/18/24 the resident refused a shower. - On 07/22/24 the resident received a complete bed bath. <p>The resident had only five documented showers, complete bed baths, or refusals since admission. The resident should have had 11 documented showers in the time frame reviewed.</p> <p>During an interview on 07/25/24 at 1:34 P.M., QMA (Qualified Medication Aide) 4 indicated</p>				<p>be accomplished for those residents found to have affected by the deficient practice?</p> <p>Resident 64 interviewed and shower preference obtained. Resident 64 has since discharged from facility. (Exhibit A)</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>All residents have the potential to be affected by this alleged deficient practice. DHS or designee will complete an audit of in-house residents to ensure showers are provided per preference and documented appropriately in medical record. (Exhibit B and C)</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?As a measure of ongoing compliance DHS or designee will educate the licensed nursing staff on resident shower preference and documentation, including shower refusal documentation. (Exhibit D)</p> <p>DHS or designee will be responsible for auditing residents receiving showers and appropriate documentation. Audit of 5 residents will be conducted 2 times a week times 4 weeks, every 2 weeks times 2 months,</p>		

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F 0690 SS=D Bldg. 00	<p>residents were to be offered showers at least twice a week but could be more if requested. Bathing was to be documented in the electronic record and on a shower sheet. If there was a refusal, they would need to fill out a refusal form with the nurse.</p> <p>During an interview on 07/26/24 at 10:01 A.M., RN (Registered Nurse) 6 indicated the resident's scheduled shower days were Monday and Thursday evenings. If a resident refused to take a shower two different CNA's (Certified Nurse Aide) would attempt to offer the resident a shower and then the nurse would try. If they continued to refuse, then family was notified, and a refusal form was filled out and signed.</p> <p>The current facility policy, titled "Guidelines for Bathing Preference" with a review date of 12/31/22, was provided by the DON on 07/26/24 at 2:28 P.M. The policy indicated, "...Bathing shall occur at least twice a week unless resident preference states otherwise..."</p> <p>3.1-38(a)(2)(A)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p>				<p>monthly times 3 months and until continued compliance is maintained for 2 consecutive quarters (six months). (Exhibit E) The results of these audits will be reviewed by the QAPI committee overseen by the ED.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place? ="" span="">For quality assurance, The ED and/or Designee will review any findings, and subsequent corrective actions at least quarterly in the campus quarterly quality assurance meeting. The plan will be revised, as warranted. The QA team will review audits at least quarterly and increase frequency of audits if increased concerns noted and will decrease the frequency of audits if no concerns are noted Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.</p> <p>5. Date of completion: 08/15/24</p>		

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	<p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, record review, and interview, the facility failed to follow appropriate infection control guidelines while providing indwelling urinary catheter care for residents with a history of UTIs (Urinary Tract Infections) for 2 of 3 residents reviewed for UTIs. (Residents 62 and 26)</p> <p>Findings include:</p> <p>1. Indwelling urinary catheter care was observed for Resident 62 on 07/25/24 at 2:15 P.M., with CNA</p>			F 0690	<p>F 690 Bowel/Bladder incontinence, Catheter, UTI</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>Residents 62 and 26 were assessed for s/s UTI with no findings. Resident 62 has since discharge from facility. (Exhibit F)</p> <p>2: How other residents having</p>		08/15/2024

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	<p>(Certified Nurse Aide) 2 and CNA 3. The staff donned gowns from the cart that was just inside the resident's room door due to the resident being in Enhanced Barrier Precautions and placed a plastic bag containing clean linens on the foot of the resident's bed. The staff donned gloves. CNA 2 prepared water in a basin in the bathroom for the procedure. CNA 3, wearing her gloves, proceeded to shut the window blind, turned on the light over the bed, and adjusted the resident's bed using the bed controls. CNA 2 brought the pan of water out and placed it on the over the bed table. The two staff members pulled the resident's pants down and rolled the resident side to side, placing a towel under their buttocks. CNA 3 put a clean towel in the tub of water then cleaned around the entry point of the catheter tubing at the head of the penis, turning the towel, pulling away from the body with each wipe, and detached and reattached the tubing from the anchor on the resident's left upper thigh. She cleaned the skin folds and leg creases turning the towel. The CNAs took the resident's boots off, sat them on the bed, took off the resident's pants, put on a new brief, put the resident's pants and shoes back on, and removed the towel from underneath the resident wearing the same gloves the entire time. The CNAs bagged the dirty linens, removed gowns and gloves, and washed their hands with soap and water.</p> <p>The clinical record for Resident 62 was reviewed on 07/24/24 at 10:10 A.M. A Scheduled 5-day MDS (Minimum Data Set) assessment, dated 07/02/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, UTI, sepsis, stroke, dementia, diverticulosis, partial intestinal obstruction, hemiplegia, and cirrhosis of the liver. The resident had an indwelling urinary catheter and was</p>				<p>the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>All like residents with foley catheters have the potential to be affected by this alleged deficient practice. An audit of health center residents with catheters has been completed to ensure all appropriate orders in place for catheter care. Licensed nursing staff educated on urinary catheter care. (Exhibit G)</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>As a measure of ongoing compliance DHS or designee will educate the licensed nursing staff on urinary catheter care. (Exhibit H) DHS or designee will be responsible for monitoring proper technique for catheter care. Audit of 5 residents receiving catheter care will be conducted 2 times a week times 4 weeks, weekly times a week for 4 weeks, every 2 weeks times one month, then monthly times 3 months and until continued compliance is maintained for 2 consecutive quarters (six months). (Exhibit I) The results of these audits will be reviewed by the QAPI committee overseen by the ED.</p> <p>DHS or designee will be</p>		

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	<p>frequently incontinent of bowel</p> <p>An Infection Tracking Surveillance Log was provided by the Corporate Clinical Support on 07/29/24 at 10:45 A.M. The record indicated the resident was treated for a UTI from 07/12/24 to 07/18/24 with the antibiotic Macrobid.</p> <p>2. On 07/25/24 at 3:17 P.M., CNA 3 was observed as she provided suprapubic urinary catheter (an indwelling catheter placed through the skin, just above the pubic bone and into the bladder) care for Resident 26. CNA 3 washed her hands and donned gloves. With her gloved hands she moved papers and a remote control from the resident's overbed table. Supplies were placed on the overbed table and at the foot of the bed. She turned on the light, adjusted the window blinds, and repositioned the overbed table. She grabbed the bed controller and adjusted the position of the bed. She pulled the resident's blankets down. She took the basin with water over to the resident and let her feel the water to check the water temperature. She placed the basin back on the table, placed a washcloth in the basin, grabbed the roll of trash bags, opened a bag, and placed it at the foot of the bed. She exposed the resident's skin and the catheter insertion site, took the washcloth from the basin, applied a cleanser to it, and began cleaning the resident's urinary catheter.</p> <p>During an interview on 07/25/24 at 3:33 P.M., CNA 3 indicated after she adjusted the blinds and moved the resident's items around, she normally would have washed her hands and put on new gloves before performing the actual catheter care.</p> <p>The resident's clinical record was reviewed on 07/26/24 at 10:04 A.M. A Quarterly MDS assessment, dated 05/20/24, indicated the resident was severely cognitively impaired. The resident's</p>				<p>responsible for monitoring treatments related to catheter associated infections, as applicable, and ensure documented in medical record. Audit of 5 residents will be conducted 2 times a week times 4 weeks, weekly times a week for 4 weeks, every 2 weeks times one month, then monthly times 3 months and until continued compliance is maintained for 2 consecutive quarters (six months). (Exhibit J) The results of these audits will be reviewed by the QAPI committee overseen by the ED.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place? For quality assurance, The ED and/or Designee will review any findings, and subsequent corrective actions at least quarterly in the campus quarterly quality assurance meeting. The plan will be revised, as warranted. The QA team will review audits at least quarterly and increase frequency of audits if increased concerns noted and will decrease the frequency of audits if no concerns are noted</p> <p>5. Date of completion: 08/15/24</p>		

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R 0000 Bldg. 00	<p>diagnoses included, but were not limited to, multiple sclerosis, cancer, stroke, neurogenic bladder, chronic myeloid leukemia, dementia, and depression.</p> <p>An Infection Tracking Surveillance Log was provided by the Corporate Clinical Support on 07/29/24 at 10:45 A.M. The record indicated the resident was treated for a UTI from 06/15/24 to 06/24/24 with the antibiotic Bactrim.</p> <p>The current facility policy, titled "Urinary Catheter Care", reviewed on 12/31/23, was provided by the DON (Director of Nursing) on 07/29/24 at 11:30 A.M. The policy indicated, "...Prior to the beginning of the procedure...close drapes/lower shades/close blinds...place the clean equipment on the bedside stand or overbed table...Arrange supplies...Wash and dry hands thoroughly...put on gloves...wash the resident's genitalia and perineum thoroughly...remove gloves...wash and dry your hands...put on clean gloves...cleanse and rinse the catheter from insertion site...Remove gloves...Wash and dry hands thoroughly...Reposition the bed covers...Make the resident comfortable...Wash and dry hands thoroughly..."</p> <p>3.1-41(a)(2)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: July 22, 23, 24, 25,26, and 29, 2024</p> <p>Facility number: 012523</p>			R 0000			

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