

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

PRINTED: 09/28/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155282		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/31/2022	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO				STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST JASPER, IN 47547			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 into complaints IN00387875, IN00385146, IN00388219, and IN00385792.</p> <p>Complaint IN00387875: Substantiated. Federal/state deficiencies related to the allegations are cited at F0656 and F0677.</p> <p>Complaint IN00385146: Substantiated. Federal/state deficiencies related to the allegations are cited at F0656 and F0677.</p> <p>Complaint IN00388219: Substantiated. Federal/state deficiencies related to the allegations are cited at F0656 and F0677.</p> <p>Complaint IN00385792: Substantiated. Federal/state deficiencies related to the allegations are cited at F0656 and F0677.</p> <p>Survey dates: August 29, 30, & 31, 2022</p> <p>Facility number: 000180 Provider number: 155282 AIM number: 100274190</p> <p>Census bed type: SNF/NF: 62 Residential: 24 Total: 86</p> <p>Census payor type: Medicare: 2 Medicaid: 44 Other: 16 Total: 62</p>			F 0000			

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 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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F 0656 SS=E Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 2, 2022.</p> <p>483.21(b)(1) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p>						

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	<p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on interview, and record review, the facility failed to ensure the plan of care was followed for 2 of 3 residents reviewed for nutrition and 2 of 3 residents reviewed for medications. Residents with weight loss were not weighed per the plan of care, and residents did not receive their medications in the time frame they were ordered. (Resident H, Resident R, Resident M, Resident V)</p> <p>Findings include:</p> <p>1. During record review on 8/31/22 at 9:15 A.M., Resident H's diagnoses included, but were not limited to; chronic kidney disease (Stage III).</p> <p>Resident H's most recent quarterly MDS (Minimum Data Set), dated 5/27/22, indicated the resident was independent with eating with set up assist only, weighed 202 lbs (pounds) and had not had a significant weight loss.</p> <p>Resident H's most recent weight, dated 8/26/22, was 186 lbs.</p> <p>Resident H's physician orders included, but were not limited to; weekly weight every day shift every Thursday (ordered 7/26/22).</p> <p>Resident H's care plan included but was not limited to; has potential nutritional problem due to</p>		F 0656	<p>F656-Medication/Weights</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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 plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions take for those residents identified: Weights for Resident H, and R were obtained Sept 1, 2022. Weight orders were updated to weekly weights in EMAR to match the Care Plan. Interview with nurse for missing medication with resident M on 8/27/2022. Nurse reported all medications given on</p>		09/23/2022	

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	<p>heart disease, currently has good oral intake and stable weight, weigh as ordered at least monthly and monitor, dated 2021.</p> <p>The following residents weights were recorded in Resident H's record from 2/17/22 thru 8/30/22: 2/17/22 - 208 lbs 2/25/22 - 229 lbs 4/5/22 - 232 lbs 5/25/22 - 201 lbs 8/26/22 - 186 lbs</p> <p>During an interview on 8/31/22 at 1:20 P.M., the Facility Administrator indicated they did not have any other recorded weights for Resident H.</p> <p>2. During record review on 8/31/22 at 10:30 A.M., Resident R's diagnoses included, but were not limited to; dysphagia, Alzheimer's disease, dementia, and chronic kidney disease.</p> <p>Resident R's most recent quarterly MDS, dated 8/2/22, indicated the Resident ate with supervision and setup assist only.</p> <p>Resident R's physician orders included, but were not limited to; house supplement four times a day for increased calorie intake (ordered 7/8/22).</p> <p>Resident R's care plan included but was not limited to; Resident has a nutritional problem due to diagnosis of dementia and personality disorder with a greater than 10% weight loss in the past 180 days (initiated 5/3/22). Goals included, Resident will maintain weight between 190 and 195 lbs (initiated 9/23/20). Interventions included, weigh as ordered at least monthly (9/23/20).</p> <p>The following residents weights were recorded in Resident R's record from 2/6/22:</p>				<p>8/27/2022 but forgot to chart. Nurse educated on timely medication pass documentation on 8/30/2022 by Director of Nursing. Medication pass documentation was corrected for Resident M by administering nurse. Resident V medication administered late. Nurses and medication aides were re-educated by Director of Nursing on Timely medication pass and documentation.</p> <p>-</p> <p>2) How the facility identified other residents: Baseline weights obtained for all residents on September 12, 2022. All resident weight orders reviewed by Nutrition at Risk Team and Care Plans updated accordingly. Medication Administration report ran for all residents on 8/27/2022. Medication administration was completed by the nurse that day. However, interview with nurse reporting that she did not document administration. Correction to documentation completed by nurse.</p> <p>3) Measures put into places/System Changes: Nursing staff re-educated by Nurse Management on weighing residents on weekly or according to individualized care plan on September 13, 2022 by Administrator. Nutrition at Risk</p>		

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	<p>2/6/22 - 213 lbs 3/20/22 - 214 lbs 4/5/22 - 205 lbs 4/28/22 - 193 lbs 7/13/22 - 184 lbs 8/26/22 - 179 lbs</p> <p>During an interview on 8/31/22 at 1:20 P.M., the Facility Administrator indicated they did not have any other recorded weights for Resident R.</p> <p>On 8/31/22 at 1:30 P.M., the Facility Administrator supplied a facility policy titled, Care Plan - R/S, LTC, Therapy & Rehab, dated 5/3/22. The policy included, "...Residents will receive and be provided the necessary care and services to attain or maintain the highest practicable well-being in accordance with the comprehensive assessment."</p> <p>3. During an interview on 8/29/22 at 2:10 P.M., Resident M indicated they do not always receive their medications on time.</p> <p>During record review on 8/30/22 at 9:30 A.M., Resident M's diagnoses included, but were not limited to; adjustment disorder with depressed mood, anxiety disorder, polynuropathy, and major depressive disorder.</p> <p>Resident M's most recent quarterly MDS, dated 7/4/22, indicated the resident was cognitively intact.</p> <p>Resident M's physician orders included, but were not limited to; cyanocobalamin solution - inject 1 ml (milliliter) intramuscularly one time a day every 1 month starting on the 27th for anemia (A.M.), ferrous sulfate 325 mg for anemia (A.M.), clonazepam 0.5 mg in the morning for early-onset cerebellar ataxia, pantoprazole sodium 40 mg for</p>		<p>meetings initiated weekly by IDT to review those residents with weight changes. Nurses and medication aides re-educated by Nurse Management on timely medication pass documentation. EMAR, New medication orders and Late medication pass report will be reviewed morning clinical meeting by nursing management for complete documentation of medication administration.</p> <p>-</p> <p>4) How the corrective actions will be monitored: Weekly/monthly weights will be audited by DNS/Designee to ensure weights are obtained weekly or according to individualized care plan weekly x4 weeks, then every 2 weeks x 2 months. The results of these audits will be taken to QAPI monthly x's 3 months for review and revisions as warranted. Medication pass completion and documentation will be audited by DNS/Designee 3 x's week x's 4 weeks, then weekly for 2 months. The results of these audits will be taken to QAPI monthly x's 3 months for review and revisions as warranted.</p> <p>5) Date of compliance September 23, 2022</p>				

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	<p>gastro-esophageal reflux 30 minutes before breakfast, and quetiapine fumarate 25 mg every morning for depression.</p> <p>Resident M's Medication Administration Record (MAR) on 8/27/22 indicated the Resident did not receive any of their ordered morning (A.M.) medications. Nurse charting for the morning medications was left blank on that date.</p> <p>4. During record review on 8/31/22 at 11:00 A.M. , Resident V's diagnoses included, but were not limited to; cerebral ischemia, hypertension, and cardiac arrhythmia.</p> <p>Resident V's most recent significant change MDS, dated 6/1/22, indicated the Resident had moderate cognitive impairment.</p> <p>Resident V's physician orders included, but were not limited to; amlodipine 2.5 mg (milligrams) for hypertension 8:00 A.M., Monitor blood pressure daily one time a day 8:30 A.M., losartan 50 mg for hypertension every morning and at bedtime (A.M. pass), and metoprolol tartrate 50 mg for hypertension 8:00 A.M.</p> <p>Resident V's Medication Administration Record (MAR) on 8/27/22 indicated the Resident did not receive any of their ordered morning (A.M.) medications. Nurse charting for the morning medications was left blank on that date.</p> <p>During an interview on 8/31/22 at QMA indicated they were not sure why morning medications were not passed timely on 8/27/22, but that Resident V had mentioned that they had not received their morning medications until 2:15 P.M. on 8/27/22.</p> <p>During an interview on 8/31/22 at , Resident V</p>						

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F 0677 SS=D Bldg. 00	<p>reviewed written notes in a personal notebook before indicating that all of their morning medications were administered at 2:15 P.M. on 8/27/22.</p> <p>During an interview on 8/31/22 at 1:45 P.M., LPN 7 indicated if there is a specific time to administer a medication as ordered, nursing has an hour window both before and after the ordered time frame to administer the medication. If the ordered medication timeframe indicates the medication should be administered in morning (A.M.) without a specific time, they should be administered before noon at the very latest.</p> <p>On 8/31/22 at 1:30 P.M., the Facility Administrator supplied a facility policy titled Medication: Administration Including Scheduling and Medication Aides - R/S, LTC, and dated, 8/24/22. The policy included, "Purpose... To administer medications correctly and in a timely manner... Medications are administered to the resident according to the 'Six Rights.' ...Right medication, right dose, right resident, right route, right time and right documentation."</p> <p>This Federal tag relates to complaints IN00387875, IN00385146, IN00388219, and IN00385792.</p> <p>3.1-35(g)(1)</p> <p>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 observation, interview, and record review, the facility failed to provide assistance</p>		F 0677	F677-Showers The facility requests paper		09/23/2022	

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	<p>with ADL (Activities of Daily Living) for 2 of 3 residents reviewed for bathing. Residents requiring assistance did not receive at least 2 showers a week. (Resident M, Resident K)</p> <p>Findings include:</p> <p>1. During an observation on 8/29/22 at 10:55 A.M., Resident M was observed lying in bed talking with a staff member. Resident M asked the staff if she was going to receive her shower that day.</p> <p>During an interview on 8/29/22 at 2:10 P.M., Resident M indicated they do not always receive their showers.</p> <p>During record review on 8/30/22 at 9:30 A.M., Resident M's diagnoses included, but were not limited to; adjustment disorder with depressed mood, anxiety disorder, polynuropathy, and major depressive disorder.</p> <p>Resident M's most recent quarterly MDS (Minimal Data Set), dated 7/4/22, indicated the resident was cognitively intact, and required total assistance with bathing with 1 person physical assist.</p> <p>Resident M's care plan included, but was not limited to; Resident has an ADL self care deficit, requires extensive assist of staff with ADL care - resident requires total assist of one staff with showering two time per week and as necessary (8/30/21).</p> <p>The following baths/showers were documented in Resident M's record from August 1 thru 31, 2022: 8/3/22 - shower 8/18/22 - shower 8/22/22 - resident refused 8/24/22 - shower</p>				<p>compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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 plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions take for those residents identified: Residents M and K were interviewed for shower preferences by Social Services on September 8, 2022. Care plans and Kardex reviewed and updated accordingly by Social Services.</p> <p>2) How the facility identified other residents: Shower audits conducted on all residents by Director of Nursing. Social Services interviewed residents for shower preferences on September 8, 2022. Care plans and Kardex reviewed and updated accordingly. Management team educated to interview residents upon admission, care plan shower preferences, and add to Kardex.</p>		

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	<p>8/31/22 - shower</p> <p>During an interview on 8/31/22 at 1:20 P.M., the Facility Administrator indicated they did not have any other recorded showers for Resident M.</p> <p>During an interview on 8/31/22 at 12:00 P.M., Resident M indicated they never did receive a shower on 8/29/22.</p> <p>2. During record review on 8/31/22 at 11:15 P.M., Resident K's diagnoses included, but were not limited to; vascular dementia, muscle weakness, and need for assistance with personal care.</p> <p>Resident K's most recent admission MDS, dated 2/23/22, indicated the resident required physical assistance of 1 person for bathing.</p> <p>Resident K's care plan included, but was not limited to; Resident has an ADL self care performance deficit due to weakness... (02/2022). Interventions included, Bathing: Resident is dependent staff assist with bathing/ showers twice per week.</p> <p>The following baths/ showers were documented in Resident K's record from August 1 thru 31, 2022:</p> <p>8/8/22 - bed bath 8/11/22 - shower 8/18/22 - shower 8/22/22 - bed bath 8/25/22 - shower 8/30/22 - shower</p> <p>During an interview on 8/31/22 at 1:20 P.M., the Facility Administrator indicated they did not have any other recorded showers for Resident K.</p>			<p>3) Measures put into places/System Changes: Nursing and CNAs educated on shower preferences and how to locate in Kardex and POC on September 13, 2022 by Nursing Management team and Administrator. Staff also educated to document on shower sheets and in POC when showers provided. Management team to review shower documentation daily in morning meeting</p> <p>4) How the corrective actions will be monitored: Daily shower reviews will be conducted in morning meeting. Resident bathing per CNAs POC will be audited by DNS/designee for completion according to resident preferences/care plan and documentation, daily M-F x's 4 weeks and then 2x's per week for 2 months. The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months for review and revisions as warranted.</p> <p>5) Date of compliance September 23, 2022</p>			

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	<p>On 8/31/22 at 1:30 P.M., the Facility Administrator supplied a facility policy titled, Activities of Daily Living - R/S, LTC, and dated 4/25/22. The policy included, "...Any resident who is unable to carry out activities of daily living will receive necessary services to maintain good nutrition, grooming and personal and oral hygiene. ...ADL's are those necessary tasks conducted in the normal course of a resident's daily life. Included in these are the following: ...2. Bathing..."</p> <p>This Federal tag relates to complaints IN00387875, IN00385146, IN00388219, and IN00385792.</p> <p>3.1-38(b)(2)</p>						