

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155370	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/20/2022
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NAME OF PROVIDER OR SUPPLIER  PREMIER HEALTHCARE OF NEW HARMONY	STREET ADDRESS, CITY, STATE, ZIP COD 251 HIGHWAY 66 NEW HARMONY, IN 47631
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00380441, IN00380371, IN00377627, IN00377449, IN00375208, and IN00374935. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00380441 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00380371 - Substantiated. Federal/State deficiencies related to the allegations are cited at F635 and F655.</p> <p>Complaint IN00377627 - Substantiated. Federal/State deficiencies related to the allegations are cited at F635 and F655.</p> <p>Complaint IN00377449 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00375208 - Substantiated. Federal/State deficiencies related to the allegations are cited at F635 and F655.</p> <p>Complaint IN00374935 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: May 18, 19, and 20, 2022</p> <p>Facility number: 000555 Provider number: 155370 AIM number: 100267530</p> <p>Census Bed Type: SNF/NF: 58 Total: 58</p> <p>Census Payor Type:</p>	F 0000	Submission of this Plan of Correction by the facility is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the survey agency. This facility respectfully requests a desk review to determine substantial compliance.	
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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 0635 SS=D Bldg. 00	<p>Medicare: 9 Medicaid: 37 Other: 12 Total: 58</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 24, 2022.</p> <p>483.20(a) Admission Physician Orders for Immediate Care §483.20(a) Admission orders At the time each resident is admitted, the facility must have physician orders for the resident's immediate care. Based on interview and record review, the facility failed to obtain admission orders for the skin care of 2 of 3 new admissions reviewed. Residents were admitted with skin conditions treated at the hospital prior to admission, no orders were obtained until 4 days after admission. (Resident C, Resident D)</p> <p>Findings include:</p> <p>1. Resident D's clinical record was reviewed on 5/19/22 at 10:30 a.m. The resident was admitted to the facility on 2/18/22 from the local hospital. The diagnoses included, but were not limited to, COVID-19, chronic obstructive pulmonary disease, Alzheimer's disease, and dementia.</p> <p>The resident was discharged home on 2/28/22.</p> <p>The hospital records included the identification of two skin areas one which included, but were not limited to: The first area was documented on 2/11/22 as first</p>	F 0635	<p>Resident C and resident D no longer reside in the facility.</p> <p>All residents admitted to and within the facility with wounds/skin issues have the potential to be affected by the deficient practice. An audit of all skins/wounds has been done along with the treatment orders that go with each skin/wound issue.</p> <p>An in-service has been conducted by the DON/designee for the Admission nurse as well as the licensed nursing staff on ensuring a specific treatment order is obtained by the physician for each skin/wound within 24 hours of admission. All admissions will be audited within 24 hours and skin/treatment orders will be added to the admission</p>	06/12/2022

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	<p>observed and again recorded on 2/17/22, which indicated there was pressure ulcer to coccyx area mid right. No measurements were recorded, light purple in color with edema (swelling), left open to air.</p> <p>The second area was first observed on 2/17/22, which indicated there was a deep tissue injury to the sacrum, light purple in color with edema, open to air. On 2/18/22 prior to discharge that area was described as having drainage, fragile and excoriated, moisture barrier was applied.</p> <p>Documented on 2/20/22 was the skin evaluation, the assessment of two areas were as follows: Area 1- left side inner buttock, 2 cm (centimeter) length, and 1.5 cm width, deep tissue injury with serosanguineous (thin, watery, pale, red/pink drainage). Area 2- right inner buttock 11.5 cm length by 4 cm width, deep tissue injury with serosanguineous drainage.</p> <p>The clinical suggestions were to advise resident to frequently shift weight and raise buttocks while sitting in a chair, evaluate pain and discomfort, perform dressing changes/treatments as ordered, turn, ambulate, and move resident at least every two hours.</p> <p>The physicians orders were reviewed, a new order was received on 2/26/22 for "Apply Moisture barrier to peri-area, peri-anal area, sacral, coccyx and/or buttocks area after each peri care. CNA may apply."</p> <p>No other orders or treatments were located in the medical record prior to 2/26/22.</p> <p>2. Resident C's clinical record was review on 5/18/22 at 1:00 p.m. The resident was admitted</p>		<p>completion checklist.</p> <p>A monitoring tool has been created to ensure all skins/wounds upon admission as well as within the facility have current treatment orders. All admissions will be monitored within 24 hours for 4 months. Another monitoring tool has been created to ensure all facility skins/wounds have current treatment orders. This monitoring will be weekly for 4 months. Results of the monitoring will be forwarded to QA for further recommendations.</p>	

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

PRINTED: 06/13/2022

FORM APPROVED

OMB NO. 0938-039

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	<p>from home on 3/22/22 to the facility. The admission diagnoses included but were not limited to, fracture right femur with repair and peripheral vascular disease.</p> <p>The hospital record was reviewed at that time and indicated the resident had been discharged from the hospital on 2/18/22 to a local rehabilitation unit. The resident was returned to hospital on 3/6/22 and again discharged on 3/15/22 to daughter's care and home health services.</p> <p>While at the hospital the resident had skin issues documented that included: 3/9/22 surgical wound to right hip 3/10/22 shear to right elbow 3/15/22 pressure ulcer to right heel.</p> <p>The resident was then admitted the facility on 3/22/22.</p> <p>The Nurses Note, dated 3/22/22 at 16:53 (4:53 p.m.) identified the following areas: Affected area to right first toe, area to right heel, two skin tears to right arm, small scab to inner left ankle, reddened open area to upper coccyx, and dressing to right outer hip area.</p> <p>The Nurses Note, dated 3/22/22 at 19:39 (7:39 p.m.) Skin only evaluation- Skin issue #1- right calf, no measurement, described, as other. Skin issue #2- right first dig. (toe), no measurement or description, other. Skin issue #3- right heel, no measurement or description, other. Skin issue #4- scab to left inner ankle area, other, no measurement. Skin issue #5- right forearm, other, no measurement.</p>			

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	<p>Skin issue #6-right outer hip, other, no measurement or description.</p> <p>Skin issue #7- coccyx, other, no measurement or description.</p> <p>The clinical suggestions were evaluate for pain and discomfort, turn, ambulate, move the resident at least every two hours, and evaluate area for infection.</p> <p>The Physician's Orders included, but were not limited to: 3/22/22 "Apply Moisture barrier to peri-area, peri-anal area, sacral, coccyx and/or buttocks area after each peri care. CNA may apply." 3/26/22 "shearing area to left buttock, cleanse area with normal saline then place hydrogel to wound bed and cover with large foam dressing every shift for shearing." 3/29/22 "Betadine to the first and second digit to right foot every shift" "Apply Betadine to right heel and cover with optifoam every day shift" "Skin Prep left heel every shift for soft heels"</p> <p>Admission treatments were not received for the above areas #1, #2, #3, or #7 until 4-7 days after admission.</p> <p>During an Interview with the DON and Corporate Nurse on 5/20/22 at 11:45 a.m., they summarized the 3/22/22 order for barrier cream was routinely used for new admissions. Additional orders for the resident's specific skin impairments could not be found.</p> <p>No policy was available for review.</p> <p>This Federal tag relates to Complaints IN00375208, IN00377627 and IN00380371.</p>			

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F 0655 SS=D Bldg. 00	<p>3.1-30(a)</p> <p>483.21(a)(1)-(3) Baseline Care Plan §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <ul style="list-style-type: none"> <li>(i) Be developed within 48 hours of a resident's admission.</li> <li>(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- <ul style="list-style-type: none"> <li>(A) Initial goals based on admission orders.</li> <li>(B) Physician orders.</li> <li>(C) Dietary orders.</li> <li>(D) Therapy services.</li> <li>(E) Social services.</li> <li>(F) PASARR recommendation, if applicable.</li> </ul> </li> </ul> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <ul style="list-style-type: none"> <li>(i) Is developed within 48 hours of the resident's admission.</li> <li>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</li> </ul> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that</p>			

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	<p>includes but is not limited to:</p> <ul style="list-style-type: none"> <li>(i) The initial goals of the resident.</li> <li>(ii) A summary of the resident's medications and dietary instructions.</li> <li>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</li> <li>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</li> </ul> <p>Based on interview and record review, the facility failed to complete a baseline care plan within 48 hours of admission for 2 of 3 residents reviewed for new admissions.. Care plans were not completed within 48 hours or initiated for each assessed need. (Resident D and Resident C)</p> <p>Findings include:</p> <p>1. Resident D's clinical record was reviewed on 5/19/22 at 10:30 a.m. The resident was admitted to facility on 2/18/22. The diagnoses included, but were not limited to, COVID-19, chronic obstructive pulmonary disease, Alzheimer's disease, and dementia.</p> <p>Documented on 2/20/22 was a skin evaluation, the assessment two areas were as follows: Area 1- left side inner buttock, 2 cm (centimeter) length by 1.5 cm width, deep tissue injury with serosanguineous (thin, watery, pale, red/pink drainage). Area 2- right inner buttock 11.5 cm length by 4 cm width, deep tissue injury with serosanguineous drainage.</p> <p>The clinical suggestions were to advise resident to frequently shift weight and raise buttocks while sitting in a chair, evaluate pain and discomfort, perform dressing changes/treatments as ordered,</p>	F 0655	<p>Resident C and resident D no longer reside in the facility.</p> <p>All new admissions have the potential to be affected by the deficient practice. An audit of all new admissions in the last 30 days has been completed to ensure all care plans are accurate and complete.</p> <p>An in-service has been completed by the DON/designee for all licensed nursing staff, social services, dietary, and activities on completing baseline care plans within 48 hours of admission. Baseline care plans have also been added to the admission audit checklist.</p> <p>A monitoring tool has been created to monitor all new admissions baseline care plans within 48 hours for 4 months. Results of this monitoring tool will be forwarded to QA for any needed further recommendations.</p>	06/12/2022

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	<p>turn, ambulate, move resident at least every two hours. These suggestions were added to the resident's baseline care plan upon admission.</p> <p>The care plan for the resident listed "Risk for Impaired Skin Integrity Wound" initiated on 2/20/22, the goals and interventions were blank.</p> <p>2. Resident C's clinical record was review on 5/18/22 at 1:00 p.m. The resident was admitted on 3/22/22. The diagnoses included but were not limited to, fracture right femur with repair and peripheral vascular disease.</p> <p>The hospital record was reviewed at that time, indicated the resident had been discharged from the hospital on 2/18/22 to a local rehabilitation unit. Was returned to hospital on 3/6/22 and again discharged 3/15/22 to daughter's care and home health services.</p> <p>While at the hospital the resident had skin issues documented that included 3/9/22 surgical wound to right hip, 3/10/22 shear to right elbow, and 3/15/22 pressure ulcer to right heel.</p> <p>The resident was then admitted the facility on 3/22/22 from daughter's care.</p> <p>The nurse note dated 3/22/22 at 16:53 (4:53 p.m.) identified the following areas: affected area to right first toe, area to right heel, two skin tears to right arm, small scab to inner left ankle, reddened open area to upper coccyx, and dressing to right outer hip area.</p> <p>Another note on 3/22/22 at 19:39 (7:39 p.m.) Skin only evaluation- skin issue #1-right calf no measurement, denitrified as other skin issue #2-right first dig. (toe) no measurement or description, other skin issue #3- right heel, no measurement or description other</p>			

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	<p>skin issue #4-scab to left inner ankle area, other, no measurement</p> <p>skin issue #5- right forearm other, no measurement</p> <p>skin issue #6-right outer hip, other, no measurement or description</p> <p>skin issue #7-coccyx other, no measurement or description.</p> <p>Clinical suggestions were evaluate for pain and discomfort, turn, ambulate, move the resident at least every two hours, evaluate area for infection:...</p> <p>The baseline care plan for the resident's skin impairment was not initiated until 3/29/22.</p> <p>On 5/20/22 at 11:45 a.m., the DON and Corporate Nurse were interviewed. The DON and Corporate Nurse were unable to locate a baseline care plan for Resident D and Resident C's skin impairments.</p> <p>No policy was available for review.</p> <p>This Federal tag relates to Complaints IN00375208, IN00377627, and IN00380371.</p> <p>3.1-30(a)</p>			