STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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 the Investigation of Complaint IN00447263. Complaint IN00447263 - Federal/state deficiencies related to the allegations are cited at F580 and F686. Survey dates: November 15, 2024. Facility number: 013280 Provider number: 155826 AIM number:201270670 Census Bed Type: SNF/NF: 100 Total: 100 Census Payor Type: Medicare: 3 Medicaid: 83 Other: 14 Total: 100 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on November 26, 2024.	F 0000		
F 0580 SS=D Bldg. 00	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) Based on observation, interview, and record review, the facility failed to ensure the physician was notified of a change in a reesident's condition related to the development of new impairments to their skin for 2 of 3 residents reviewed for pressure ulcers (Resident B and D).	F 0580	**F580- Notify of Changes** **Corrective actions accomplished for those residents founds to be affected by the alleged practice:** Resident B's record was reviewed	12/23/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tara Evans	RN RDCO	12/12/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	Findings include: 1. On 11/15/24 at 10:35 a.m., Resident B's medial record was reviewed. She was a long-term care resident with diagnoses which included, but were not limited to, unspecified dementia (a degenerative brain disease which affects memory and cognitive functioning), chronic obstructive pulmonary disease (COPD, a lung disease which makes it hard to breath), and hypertensive (high blood pressure) heart disease. Resident B had a discharge Minimum Data Set (MDS) assessment, dated 11/1/24, which indicated she discharged with a new unstageable (full-thickness pressure injuries in which the base is obscured by slough and/or eschar) pressure ulcer. A nursing progress note, dated 10/18/24 at 4:27 p.m., indicated a CNA notified the nurse of a new wound. The nurse assessed and cleansed the area, then notified the wound team and family. The record lacked documentation the physician was notified of Resident B's change in skin condition. A progress note, dated 10/22/24 at 7:06 a.m., indicated Resident B was seen for a consult on a new wound. " ...Resident consulted for a new unstageable pressure injury on coccyx. Resident previously had stage 2 [partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed] pressure injury in same area, however, healed on 8/23. Resident wound was found by nursing staff on 10/18. During an interview on 11/15/24 at 1:17 p.m., the		and the provider was notified of the wound on 10/29/24. Resident D's family and Medical provider were notified of the change on 12/11/24. **Identification of other residents having the potential to be affected by the same alleged practice and corrective action taken:** All residents with pressure ulcer injuries have the potential to be affected. The facility conducted an audit of all resident with pressure wounds to ensure family and MD were notified of any change in the skin condition. Any discrepancies were corrected in the medical record. **Measures put in place and systemic changes made to ensure the alleged deficit practice does not recur:** Education was provided to all licensed nursing utilizing the Notification of change policy with emphasis on notifying changes in skin conditions. **How the corrective measures will be monitored to ensure the alleged deficit practice does not recur:** The DON/Designee will conduct audits of 5 resident records with pressure ulcer per week for 4 weeks, 3 resident records for 4 weeks then 1 resident record per month for 4 months to ensure medical provider and family are notified of changes	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	Regional Clinical Support (RCS) indicated she could not find documentation that the physician was notified on 10/18/24 when the wound was found. Cross Reference F686. 2. On 11/15/24 at 11:04 a.m., a record review was completed for Resident D. She had the following diagnoses which included but were not limited to hypertension (a chronic medical condition where the pressure in your blood vessels is consistently too high), hyperlipidemia (high levels of lipids, or fats, in the blood, also known as high cholesterol), peripheral vascular disease (a condition that occurs when blood vessels narrow or become blocked, reducing blood flow to the body), diaper dermatitis (a common skin condition that occurs in the diaper area), amputation of right leg above the knee, and need for assistance with personal care. She had an order, dated 3/26/24, to cleanse both buttock with soap and water, pat dry, apply zinc oxide paste, leave open to air at bedtime and as needed. She had an order, dated 10/23/24, for a skin "sub" in place on her right buttock. It indicated to not remove the skin "sub" (a treatment that targets the layer of tissue just below the skin surface, typically involving injections or procedures that deliver substances directly into the fatty layer beneath the epidermis) and nurse practitioner would change one weekly on Tuesday. If the secondary dressing became soiled, the nurse was to remove and replace the dressing. It also indicated not to remove anything under the steristrips and if entire dressing came off for any reason revert back to collagen particles daily until nurse practitioner saw her again.		in skin condition timely. Any discrepancies will be immediately corrected and re-education will be provided immediately. The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of six months and then randomly thereafter for further recommendation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	She had an order, dated 10/29/24, for an indwelling catheter. A progress noted, dated 11/12/24 at 12:16 a.m., per the nurse practitioner indicated the resident had a stage 3 (full thickness tissue loss where subcutaneous fat may be visible but bone, tendon, or muscle are not exposed) pressure ulcer, measured 2.5 cm (centimeters) by 3.0 cm by 0.1 cm. On 9/7/24 at 10:24 p.m., a nurse's progress note indicated the resident was observed to have a stage 2 wound on right buttock. Nurse applied collagen wound filler and covered with pink dressing. The nurse educated resident regarding turning and repositioning every 2 hours and to alert staff when she was wet. The nurse indicated the wound care team was notified. The record lacked documentation of notification of physician and family representative. On 11/15/24 at 10:43 a.m., during an observation of the pressure ulcer with LPN 61. LPN 61 removed the secondary dressing. The skin "sub" was not intact. LPN 61 indicated the nurse practitioner was notified the "sub" came off. The ulcer was observed and noted to be a large red open area with a large amount of blood draining from a pinpointed area in the bottom of the ulcer. LPN 61 indicated the indwelling catheter was for wound healing. The record lacked documentation that the physician was notified of the change in Resident D's condition in relation to the development of a new pressure ulcer. A policy titled, "Notification of Change of Condition" with no date, provided by the RCS on 11/15/24 at 1:12 p.m. It indicated, "			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	...Circumstances that require a need to alter treatment which may include: a new treatment, discontinuation of current treatment, adverse consequences, acute condition, exacerbation of a chronic condition ..." This citation relates to Complaint IN00447263. 3.1-3(a)(3)			
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer Based on observation, interview, and record review, the facility failed to prevent the development of a new pressure ulcer for a resident with a history of pressure ulcers and ensure timely assessment and treatment of the new pressure ulcer for 1 of 3 residents reviewed for pressure ulcers (Resident B) . Findings include: On 11/15/24 at 9:55 a.m., Resident B was observed in her room. She was in her bed with the head of her bed (HOB) elevated at approximately a 45-degree angle, and she was positioned on her left side with pillows propped under her right hip/buttock area. She was awake and alert to herself only as she was pleasantly confused and unable to engage in conversation or answer yes/no questions. During an interview on 11/15/24 at 10:00 a.m., Licensed Practical Nurse (LPN) 67 indicated, Resident B had recently returned from the hospital after she had been sent out for the wound. LPN 67 indicated she had not worked with Resident B for a while since she had been off work and the resident was in the hospital, but LPN 67 was	F 0686	**F686- Pressure Ulcer** **Corrective actions accomplished for those residents founds to be affected by the alleged practice:** Resident B's record was reviewed and has current treatment orders and assessments for her wound. **Identification of other residents having the potential to be affected by the same alleged practice and corrective action taken:** All residents with pressure ulcer injuries have the potential to be affected. The facility conducted an audit of all resident with pressure wounds to ensure treatment orders and interventions are in place. The facility re-evaluated the Braden's scale on all residents to identify those residents at high risk and updated the medical record to ensure prevention interventions are in place.	12/23/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	surprised to learn that her wound had gotten bad so fast. LPN 67 indicated Resident B was totally dependent on staff for all her care needs but was pleasant and compliant, and she never refused to reposition in bed or offload as needed. On 11/15/24 at 10:00 a.m., Resident B's pressure ulcer area was observed with LPN 67. LPN 67 indicated the Wound Nurse Practitioner (W-NP) had been in that morning for wound rounds and a new treatment had been placed on the Resident's bottom. A square white bandage was observed in place on Resident B's lower sacrum/coccyx area with the current date. There was a small amount of red colored drainage at the edge of the bandage and on the clean brief. LPN 67 indicated the red stains were drainage from the wound. During an interview on 11/15/24 at 11:45 a.m., LPN 24 indicated, Resident B was very dependent on staff for care. She could not do anything on her own. She required total assistance to eat, to turn in bed, for hygiene, "everything." LPN 24 indicated she was concerned when she found the wound because Resident B never refused care and was always compliant with the turn and reposition protocol. During an interview on 11/15/24 at 12:05 p.m., Certified Nursing Assistant (CNA) 25 indicated Resident B was very sweet. She was totally dependent on staff for all her needs, but it was never a problem because she was very pleasant and complaint. On 11/15/24 at 10:35 a.m., Resident B's medial record was reviewed. She was a long-term care resident with diagnoses which included, but were not limited to, unspecified dementia (a degenerative brain disease which affects memory		**Measures put in place and systemic changes made to ensure the alleged deficit practice does not recur:** Education was provided to all licensed nursing utilizing the Wound Care Overview policy with emphasis on obtaining treatment orders upon identification of wounds and implementing interventions for high risk residents to prevent pressure injuries. **How the corrective measures will be monitored to ensure the alleged deficit practice does not recur:** The DON/Designee will conduct audits of 5 resident records with pressure ulcer per week for 4 weeks, 3 resident records for 4 weeks then 1 resident record per month for 4 months to ensure treatment orders are in place timely and interventions for preventions are in place. Any discrepancies will be immediately corrected and re-education provided as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	and cognitive functioning), chronic obstructive pulmonary disease (COPD, a lung disease which makes it hard to breath), hypertensive (high blood pressure) heart disease. Resident B had a discharge Minimum Data Set (MDS) assessment, dated 11/1/24, which indicated she discharged with a new unstageable (full-thickness pressure injuries in which the base is obscured by slough and/or eschar) pressure ulcer. Resident B had a comprehensive care plan originally created on 10/26/21 which indicated she was at risk for altered skin integrity due to her immobility. Interventions for this plan of care included, but were not limited to, "turn and reposition as needed," complete weekly skin checks, and to provide an appropriate off-loading mattress. Resident B had a comprehensive care plan originally created 10/26/21, and revised 11/14/24 which indicated she had a Activities of Daily Living (ADL) self-performance deficient related to weakness, obesity and limited mobility. Interventions for this plan of care included, but were not limited to, her need for the use of a Hoyer lift for all transfers, she needed total assist from at least 2 staff for toileting and incontinent care, and required total assistance from staff to move from a laying to sitting position and total staff assistance to roll left and right. Resident B's care plan lacked documentation of evidence of refusal of care, incontinent check/change care, turning or repositioning, offloading procedures and/or other interventions to prevent skin breakdown.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	Resident B's Point of Care documentation was reviewed and lacked documentation or evidence that she refused turn/reposition, offloading hygiene, or incontinent care. During an interview on 11/15/24 at 12:10 p.m., the W-NP indicated she and the wound team completed quarterly skin assessment on every resident. Additionally, the W-NP indicated she came to the building every Tuesday and Friday to assess all residents on wound rounds. A nursing progress note dated 10/18/24 at 4:27 p.m., indicated a CNA notified the nurse of a new wound. The nurse assessed and cleansed the area, then notified the wound team and family. The record lacked documentation the physician was notified of Resident B's change in skin condition. The record lacked documentation that a temporary treatment and or follow up notification to the physician was in place to prevent the wound from worsening. A progress note, dated 10/22/24 at 7:06 a.m., indicated Resident B was seen for consult on a new wound. " ...Resident consulted for a new unstageable pressure injury on coccyx. Resident previously had stage 2 [partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed] pressure injury in same area, however, healed on 8/23. Resident wound was found by nursing staff on 10/18. Resident noted to have wound covered in slough. NP performed sharp debridement and was able to remove some necrotic tissue. Resident still with adhered slough. Recommend medical grade honey for autolytic debridement ...." The wound			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	measured 4 centimeters (cm) long by 4 cm wide and 0.3 cm deep. The W-NP gave now orders to: "cleanse with 0.125% Dakins solution, apply Medical grade honey, Skin prep surrounding tissue or periwound to base of the wound, and secure with Bordered foam. Change daily and as needed." The record lacked documentation Resident B was seen, or attempted to be seen on Friday, 10/25/24. A progress note, dated 10/29/24 at 12:26 p.m., indicated, " ...Resident consulted for continued care and management of an unstageable pressure injury on coccyx. Resident previously had stage 2 pressure injury in same area, however, healed on 8/23. Resident wound was found by nursing staff on 10/18. Resident wound is worsening today. NP noted significant change in resident wound this week with malodorous drainage and necrotic tissue covering wound bed. Recommend wound culture at this time and starting on empiric ATB [antibiotic medication]. Spoke with Primary NP about starting ATB ASAP [as soon as possible]. Sharp debridement performed and some slough was able to be removed. Recommend cleansing with Dakins and packing wound with Dakins moistened gauze with santyl for enzymatic debridement ...." The wound was assessed and found to have worsened and measured, 6 cm long by 5 cm wide and 4 cm deep. The wound had undermining from 12 o'clock to 4 o'clock with a depth of 2 cm and there was a heavy amount of Serosanguineous drainage. A progress note, dated 11/1/24 at 12:35 p.m., indicated, " ...on today's evaluation 11/1/24 have more than tripled in overall size. Wound presents malodorous, has a copious amount of brown drainage, and is fully compromised with slough			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	and eschar to the wound base. Wound also has undermining from 12 o'clock to 12 o'clock. Periwound presents with excoriation and slough. Staff report a wound culture was obtained; results pending ... Due to significant worsening appearance...in a short period of time and workup needed to rule out osteomyelitis, necrotizing fasciitis, and other localized wound infections, I recommend the patient be sent to the hospital for further evaluation and treatment ...." A corresponding hospital record, dated 11/1/24 at 7:34 p.m., indicated, Resident B was found to be septic from a multifocal infection from the sacral wound and a urinary tract infection (UTI). She was diagnosed with a stage IV (full thickness tissue loss with exposed bone, tendon, or muscle where slough or eschar may be present on some parts of the wound bed) pressure ulcer on her sacrum which measured 10 cm long by 6 cm wide with foul smelling exudate. CT imaging showed "questionable small gas containing fluid collection measuring 3.8 cm along the right posterolateral coccyx, phlegmon vs [versus] developing abscess ...." A wound vac was placed. A Hospital Geriatric Medicine and Wound Care Consultation, dated 11/8/24 at 3:57 p.m., indicated, " ... [Facility's Director of Nursing (DON)] tells me that it [the coccyx wound] went from small to very large in a very short amount of time. Patient was seen by W-NP at facility ... she is dependent for ADLS ... severe wound with significant necrotic material, debrided aggressively at bedside today and with the revealed extensive tunneling across the right gluteus >15 cm with necrotic adipose and muscle and physical exam findings consistent with skin failure ... wound appears to be terminal ... do not expect wound to heal ...."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	During an interview on 11/15/24 at 12:10 p.m., the W-NP indicated she was notified that Resident B's wound re-opened on 10/22/24. When asked if she was notified the day the wound was found, on 10/18/22, the W-NP indicated, "no," that was a Friday, and she would have been in the building and gone to see the wound if she had known about it. If the wound was found after she left the facility, she would have requested the nurse to send her a picture, and would have ordered a temporary treatment to put in place until she could get to the facility to assess the wound in person. The W-NP indicated she saw the wound on 10/22/24 and put initial treatments in place. She came back the next week on 10/29/24 and was "shocked, it was black and looked like a huge hole." The W-NP ordered a wound culture and started her on a prophylactic antibiotic. The W-NP indicated, the facility contacted her again that same week because it just seemed like it was getting bigger. A colleague of the W-NP went to assess Resident B on 11/1/24 and decided she needed to be sent to the hospital for further evaluation and treatment. When asked if anyone saw Resident B on 10/25/24, the W-NP did not know. On 11/15/24 at 10:38 a.m., the Administrator (ADM) provided a copy of current but undated facility policy titled, "Skin Care & Wound Management Overview." The policy indicated, " ...The facility staff strives to prevent resident/patient skin impairment and to promote the healing of existing wounds. The interdisciplinary team works with the resident/patient and/or family/responsible party to identify and implement interventions to prevent and treat potential skin integrity issues. The Interdisciplinary team evaluated, and documents identified skin impairments and pre-existing signs			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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
	to determine the type of impairment, underlying condition(s) contributing to it and description of impairment to determine appropriate treatment ... prevention ...evaluate for consistent implementation of interventions and effectiveness at clinical meeting ... Treatment ... select and complete the appropriate form a. Pressure Ulcer Documentation. Complete for all pressure ulcers ... obtain a physician's order ... monitor and document progress ...." On 11/15/24 at 1:12 p.m., the RCS provided a copy of current but undated facility policy titled, "Notification of Change of Condition." The policy indicated, " ...the physician is to be notified when circumstances that require a need to alter treatment which may include: a new treatment, discontinuation of current treatment, adverse consequences, acute condition, exacerbation of a chronic condition ...." This citation relates to Complaint IN00447263. 3.1-40(a)(1) 3.1-40(a)(2) 3.1-40(a)(3)			