

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

PRINTED: 06/14/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155762		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/22/2024	
NAME OF PROVIDER OR SUPPLIER  FOREST PARK HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 2401 SOUTH L ST RICHMOND, IN 47374			
(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 IN0000430792.  Complaint IN00430792 - Federal/State deficiency is cited at F692.  Survey dates: March 21 and 22, 2024  Facility number: 011387 Provider number: 155762 AIM number: 200853180  Census Bed Type: SNF/NF: 45 SNF: 9 Residential: 16 Total: 70  Census Payor Type: Medicare: 15 Medicaid: 35 Other: 4 Total: 54  This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.  Quality review completed on March 28, 2024			F 0000			
F 0692 SS=D Bldg. 00	483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the						

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

TITLE

(X6) DATE

Christina Hoff

ED

04/08/2024

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 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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	<p>facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on interview and record review, the facility failed to ensure the documentation of meal intakes were recorded by facility staff for 3 of 3 residents reviewed for pressure ulcers and nutrition. (Residents B, C and D)</p> <p>Findings include:</p> <p>1. The clinical record of Resident B was reviewed on 3-21-24 at 11:45 a.m. Her diagnoses included, but were not limited to, Lewy body dementia with parkinsonism features, dysphagia (difficulty with swallowing), recurrent coccyx ulcer and osteomyelitis (bone infection). This resident was identified by the facility as having at least one pressure ulcer, weight loss and required assistance with meals for intake.</p> <p>A review of Resident B's recent weights indicated she has had significant weight loss since her admission to the facility. Her admission weight on 11-22-23, was 122.8 pounds (#). Her weight on 2-21-24, was 107.2# and the most recent weight on 3-20-24, was 101.8#. Resident B's clinical record</p>			F 0692	<p>The submission of this plan of correction does not indicate an admission by Forest Park Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Forest Park Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		04/12/2024

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	<p>indicated she was monitored by the facility's interdisciplinary team for concerns related to weight, nutrition and pressure ulcers.</p> <p>A review of Resident B's care plans indicated multiple care plans under the general categories of "Nutrition" and "ADL [activities of daily living]" with interventions that included, but are not limited to, not rushing the resident with tasks, observing the resident for any decline in functional abilities and reporting any decline and provision of eating assistance and/or supervision with meals.</p> <p>A review of Resident B's meal intakes from 2-1-24 to 3-20-24 indicated of 146 potential meals, consisting of breakfast, lunch and dinner, she had 11 meals, or 7.5 percent without documentation of the meal intakes, as follows:</p> <p>-2-18-24, no documentation of breakfast or lunch consumption.</p> <p>-2-20-24, no documentation of breakfast or lunch consumption.</p> <p>-3-3-24, no documentation of breakfast or lunch consumption.</p> <p>-3-4-24, no documentation of dinner consumption.</p> <p>-3-14-24, no documentation of breakfast or lunch consumption.</p> <p>-3-19-24, no documentation of breakfast or lunch consumption.</p> <p>In an interview on 3-22-24 at 2:05 p.m., with the Administrator, she indicated all resident meal intakes are to be documented and placed in the resident's electronic clinical record. She indicated the facility staff are trained on this. In a second interview on 3-22-24 at 2:30 p.m., the Administrator indicated she could not locate a specific policy, related to nutrition, that addresses that dietary intakes are to be documented for each</p>				<p>F692: Date of compliance 4/12/24</p> <p>1 1. Resident's B, C, and D were affected by the alleged deficient practice. No adverse effects noted to any resident's in the campus related to missing meal intake documentation.</p> <p>2 2. All residents have the potential to be affected. All residents have been reviewed for missing meal intake documentation. All staff that are able to document meal intakes have been educated on this requirement.</p> <p>3 3. The Director of Health Services (DHS) or designee, will audit meal intakes on 5 residents, for all three meal services (breakfast, lunch, and dinner), to ensure documentation for meals is completed. Audit will occur weekly x 4 weeks, every other week x 2 months, and monthly x 3 months.</p> <p>4 4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance is met.</p>		

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	<p>resident at each meal, "but we are to make sure that happens."</p> <p>2. The clinical record of Resident C was reviewed on 3-21-24 at 3:05 p.m. His diagnoses included, but were not limited to, pressure wound to the left buttocks, gallstones with "sludge" of gallbladder, cognitive developmental delay and a speech impediment.</p> <p>This resident was identified by the facility as having at least one pressure ulcer, has had weight loss and requires meal assistance.</p> <p>A review of Resident C's recent weights indicated he has had weight loss in the recent past. Resident C's clinical record indicated he was monitored by the facility's interdisciplinary team for concerns related to weight, nutrition and pressure ulcers.</p> <p>A review of Resident C's meal intakes from 2-1-24 to 3-20-24 indicated of 119 potential meals, consisting of breakfast, lunch and dinner, he had 9 meals, or 7.6 percent without documentation of the meal intakes, as follows:</p> <p>-2-25-24, no documentation of breakfast or lunch consumption.</p> <p>-2-25-24, no documentation of lunch consumption.</p> <p>-3-1-24, no documentation of breakfast or lunch consumption.</p> <p>-3-4-24, no documentation of breakfast or lunch consumption.</p> <p>-3-7-24, no documentation of dinner consumption.</p> <p>In an interview on 3-22-24 at 2:05 p.m., with the Administrator, she indicated all resident meal intakes are to be documented and placed in the resident's electronic clinical record. She indicated the facility staff are trained on this. In a second</p>						

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	<p>interview on 3-22-24 at 2:30 p.m., the Administrator indicated she could not locate a specific policy, related to nutrition, that addresses that dietary intakes are to be documented for each resident at each meal, "but we are to make sure that happens."</p> <p>3. The clinical record of Resident D was reviewed on 3-22-24 at 10:30 a.m. His diagnoses included, but were not limited to, dementia, severe protein-calorie malnutrition and sacral area pressure ulcer. This resident was identified by the facility as having at least one pressure ulcer and has had recent weight fluctuations.</p> <p>A review of Resident D's recent weights indicated he has had recent weight fluctuations. Resident D's clinical record indicated he was monitored by the facility's interdisciplinary team for concerns related to weight, nutrition and pressure ulcers.</p> <p>A review of Resident D's meal intakes from 2-1-24 to 3-20-24 indicated of 138 potential meals, consisting of breakfast, lunch and dinner, he had 19 meals, or 13.7 percent without documentation of the meal intakes, as follows:</p> <p>-2-11-24, no documentation of breakfast or lunch consumption.</p> <p>-2-24-24, no documentation of breakfast or lunch consumption.</p> <p>-2-25-24, no documentation of lunch or dinner consumption.</p> <p>-2-28-24, no documentation of breakfast or lunch consumption.</p> <p>-3-1-24, no documentation of breakfast or lunch consumption.</p> <p>-3-3-24, no documentation of dinner consumption.</p> <p>-3-4-24, no documentation of breakfast or lunch consumption.</p> <p>-3-7-24, no documentation of dinner consumption.</p>						

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	<p>-3-15-24, no documentation of dinner consumption.</p> <p>-3-18-24, no documentation of breakfast or lunch consumption.</p> <p>-3-19-24, no documentation of lunch consumption.</p> <p>-3-20-24, no documentation of lunch consumption.</p> <p>In an interview on 3-22-24 at 2:05 p.m., with the Administrator, she indicated all resident meal intakes are to be documented and placed in the resident's electronic clinical record. She indicated the facility staff are trained on this. In a second interview on 3-22-24 at 2:30 p.m., the Administrator indicated she could not locate a specific policy, related to nutrition, that addresses that dietary intakes are to be documented for each resident at each meal, "but we are to make sure that happens."</p> <p>This Federal tag relates to Complaint IN00430792.</p> <p>3.1-46(a)(1)</p> <p>3.1-46(a)(2)</p>						