STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155245	A. BUILDING 00 B. WING	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CASTLETON HEALTH CARE CENTER	7630 E 86TH ST INDIANAPOLIS, IN 46256

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00380435. Complaint IN00380435 - Substantiated. Federal/state deficiencies related to the allegations are cited at F684 and F880. Survey dates: May 31 and June 1, 2022 Facility number: 000149 Provider number: 155245 AIM number: 100266840 Census Bed Type: SNF/NF: 32 Total: 32 Census Payor Type: Medicare: 4 Medicaid: 23 Other: 5 Total: 32 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on June 6, 2022	F 0000	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 the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Castleton Health Care Center maintains the alleged deficiencies do not individually jeopardize the health and/or safety of its residents nor are they of such character as to limit the providers capacity to render adequate resident care. Furthermore, Castleton Health Care Center asserts that it is in substantial compliance with regulations governing the operation of long-term care facilities, and this Plan of Correction in its entirety constitutes the providers credible allegation of compliance.	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.			
	Based on interview and record review, the facility failed to timely address a resident's elevated blood pressure and utilize an as needed (PRN) clonidine medication for the elevated blood pressures for 1 of 3 residents medications reviewed. (Resident B) Findings include: The clinical record for Resident B was reviewed on 5/31/22 at 11:40 a.m. The resident's diagnoses included, but were not limited to, kidney transplant, kidney failure, congested heart failure, and stroke. A care plan dated 1/14/22 indicated "Resident [B] at risk for elevated or decreased blood pressure related to dx [diagnosed] of hypertension [high blood pressure]...Interventions. Administer meds [medications] per order. monitor BP [blood pressure] prn. Monitor for s/s [signs and symptoms] of elevated or low B/P [blood pressure] such as flushing, headache, dizziness, bounding peripheral pulses. Notify MD [medical doctor] and family PRN." A physician order dated 10/26/21 indicated Resident B was to receive 12.5 milligrams of metoprolol once a day. The order was discontinued on 4/25/22. A physician order dated 4/23/22 indicated Resident B was to receive 25 milligrams of hydralazine once on that day for high blood pressure. A physician order dated 4/25/22 indicated	F 0684	**F684** **1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?** a. Resident was discharged from facility. **2. How will the facility identify other residents having the potential to be affected by the same deficient practice?** a. All residents have the potential to be affected by this alleged deficient practice. **3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?** a. DON/Designee completed re-education for Licensed and Registered Nurses on blood pressure medication administration and monitoring. ~~b.~~ DON/Designee will complete an audit on abnormal blood pressures 2 times per week x 4 weeks, then weekly x 4 weeks then monthly x 2 months or until no further concerns are observed. **4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?** a. Findings of audit will be	06/03/2022

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	Resident B was to receive 25 milligrams of metoprolol once a day. This order was discontinued on 4/26/22. A physician order dated 4/25/22 indicated Resident B was to receive 0.1 milligrams of clonidine every 4 hours PRN if systolic blood pressure was over 180 or diastolic blood pressure was over 100. A physician order dated 4/26/22 indicated Resident B was to receive 50 milligrams of metoprolol once a day and staff was to obtain vital signs every shift for 7 days. The order was discontinued on 4/29/22. A physician order dated 4/26/22 indicated the staff was to obtain Resident B's blood pressure twice a day. The staff were to notify the medical provider if the his systolic blood pressure was greater than 180 or less than 100, and if the diastolic was greater than 120 or less than 60. A physician order dated 4/29/22 indicated Resident B was to receive 75 milligrams of metoprolol once a day for high blood pressure. A vital signs record for Resident B indicated on 4/20/22, the resident's blood pressure reading was 217/94. A nursing progress note dated 4/21/22 indicated "resident c/o [complaints of] headache stated headache is better than last evening and that b/p was very elevated in the 200, b/p 160/87, p [pulse] 87, r [respiratory] 20 t [temperature] 97.5, will continue to monitor." The clinical record did not indicated the medical provider was notified of the resident's elevation of		reviewed/reported monthly at the QA/Risk management meeting for any needed systematic changes. 5. **DOC:** 6/3/22	

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blood pressure and complaints of headache.

The nursing progress note dated 4/23/22 indicated "resident b/p was 196/80 prior to metoprolol 12.5 mg [milligrams] at 10a. (sic) [10:00 a.m.] Re-took it at noon 184/78. Resident is concern he may be having a stroke. Zero s/s of stroke present. Contact was made to on call NP [Nurse Practitioner] who prescribed hydralazine 25 mg PO [oral] x1 [times 1] now. Medication administered..."

The nursing progress note dated 4/23/22 indicated "BP 145/88 hr 86 after 1 dose of hydralazine 25 mg."

The nursing progress note dated 4/25/22 indicated "resident [name of family member] concerned with elevated b/p, b/p 220/119 prior to going to wound clinic appt [appointment], resident given am medications, [name of family member] wants resident to be evaluated for elevated b/p, writer sent message to NP of above concerns, will continue to monitor."

The medical provider progress note dated 4/26/22 indicated "The chief complaint for this visit is elevated BP...Patient typically with low-normal BP that has been stable for [greater than] 1 year, now with sudden elevations in systolic blood pressure to [greater than] 200 at times. Patient reports some dizziness with high BP but denies any blurred vision, HA [headache], chest pain, or SOB [shortness of breath]...Increase metoprolol dose...Monitor VS [vital signs] routinely...Increase metoprolol to 50 mg QD [every day]...continue PRN clonidine..."

The medical provider progress note dated 4/29/22 indicated "...BP F/U [follow up]..."BP somewhat

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improved. Increase metoprolol to 75 mg daily. VS otherwise stable..."

The May 2022 Medication Administration Record (MAR) indicated the following days the resident's blood pressure readings were elevated:

5/11/22 - 166/103,
5/12/22 - 151/102,
5/13/22 - 150/102, and
5/15/22 - 176/102

The MAR did not indicate Resident B was provided the 0.1 mg clonidine PRN medication with elevated blood pressure readings that was within the parameter to give the clonidine as ordered.

An interview was conducted with the Director of Nursing on 6/1/22 at 1:38 p.m. She indicated the physician should have been notified on 4/20/22, Resident B had an elevated blood pressure reading. She was unable to determine why the staff had not administered the PRN 0.1 milligrams of clonidine medication when the resident's blood pressure was within the parameter to give for elevated blood pressure on 5/11/22, 5/12/22, 5/13/22, and 5/15/22.

This Federal tag relates to complaint IN00380435.

3.1-37

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	.			
F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should			

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	be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.			
	Based on observation, interview, and record review, the facility failed to ensure infection control was maintained by not utilizing hand hygiene during a wound dressing change for 1 of	F 0880	**F880 Infection Control** **1. How will corrective action be accomplished for those residents found to have**	06/03/2022

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	3 wounds reviewed. (Resident C) Findings include: The clinical record for Resident C was reviewed on 5/31/22 at 11:40 a.m. The resident's diagnoses included, but were not limited to, nontraumatic compartment syndrome of lower extremity and stroke affecting left dominant side. A physician order dated 5/17/22 indicated the staff was to "clean with normal saline, pat dry, cover with ABD [abdominal] pad and wrap with kerlix every 8 hours or more often if soiled." A physician order dated 5/31/22 indicated the staff was to "apply to left lower extremity topically every day shift for cleanse left lower leg surgical wound with NS [normal saline] pat dry..." A skin condition record dated 5/25/22 indicated Resident C's surgical wound measurements was 10 centimeters by length, 3.5 centimenters in width and 3 centimeters in depth. An observation was made of a wound dressing change on Resident C's left lower leg with License Practical Nurse (LPN) 1 on 5/31/22 at 10:40 a.m. LPN 1 was observed at the medication cart removing bandages from the cart for the resident's wound dressing change. She then donned on gloves, picked up all the dressing supplies and walked to Resident C's room. After knocking on the resident's door, she opened the door with her gloved hands and went to the resident's bedside an placed all the dressings on the linen of Resident C's bed. She then pulled a trash can to the bedside. LPN 1 had not doffed her gloves and used hand hygiene prior to starting the wound dressing process. She was observed removing all		**been affected by the deficient practice?** a. Nurses were re-educated on infection control practices r/t wound care. There was no direct impact on a resident as a result of this alleged deficient practice. **2. How will the facility identify other residents having the potential to be affected by the same deficient practice?** a. All residents have the potential to be affected by this alleged deficient practice. **3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?** a. DON/Designee completed re-education on infection control practices r/t wound care with Nursing Staff with return demonstration. ~~b.~~ DON/Designee will conduct random staff audits of Infection Prevention and Control practices to ensure compliance twice weekly x 4 weeks, then monthly x 90 days Until no further concerns are observed. **4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?** a. Findings of audit will be reviewed/reported monthly at the QA/Risk management meeting for any needed systematic changes. 5. **DOC** : 6/3/22	

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	the wound dressings from their packaging and placing the dressings on top of the opened packages on the resident's bed. After, LPN 1 removed the old dressing from Resident C's left leg using her gloved hands and discarded the soiled dressing in the trash can. LPN 1 was observed cleansing the wound with normal saline, and then patted the wound dry using a gauze pad. After, she placed 2 wet xeroform dressings inside the wound bed, and an abdominal pad on top of the wound. LPN 1 wrapped the wound with kerlix, secured the kerlix with tape, and then dated it. After the wound dressing was complete, she doffed her gloves and washed her hands. LPN 1 was observed removing the soiled dressing, cleansing and applying the new wound dressing with the same gloves she had donned at the medication cart in the hallway. There was no observation she utilized hand hygiene prior to the beginning of the removal of the soiled wound dressing, prior to cleansing the wound or applying the new wound dressing. An interview was conducted with Director of Nursing 2 on 5/31/22 at 3:39 p.m. She indicated LPN 1 should have utilized hand hygiene and should not have worn the same gloves she donned on at the medication cart. A wound care policy was provided by the Executive Director on 5/31/22 at 4:16 p.m. It indicated "...Purpose: the purpose of this procedure is to provide guidelines for the care of wounds to promote healing...Steps in the Procedure 1. Use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field....2. Wash and dry hands thoroughly. 3. Position resident. Place disposable cloth next to resident (under the			

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	wound) to serve as a barrier to protect the bed linen and other body sites. 4. Put on exam glove. Loosen tape and remove dressing. 5. Pull glove over dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly. 6. Put on gloves...10. Apply treatments as indicated. 11. Dress wound. 12. Discard disposable items into the designated container...Wash and dry hands thoroughly..." This Federal tag relates to complaint IN00380435. 3.1-18(B)(1)			