

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

PRINTED: 10/30/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155196		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/11/2024	
NAME OF PROVIDER OR SUPPLIER ALTENHEIM HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 3525 E HANNA AVE INDIANAPOLIS, IN 46237			
(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	<p>This visit was for the Investigation of Complaints IN00443767 and IN00444835.</p> <p>Complaint IN00443767 - Federal/State deficiencies related to the allegations are cited at F686.</p> <p>Complaint IN00444835 - Federal/State deficiencies related to the allegations are cited at F686.</p> <p>Survey dates: October 10 and 11, 2024</p> <p>Facility number: 000103 Provider number: 155196 AIM number: 100290000</p> <p>Census Bed Type: SNF/NF: 60 SNF: 21 Residential: 63 Total: 144</p> <p>Census Payor Type: Medicare: 4 Medicaid: 44 Other: 33 Total: 81</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 19, 2024.</p>			F 0000			
F 0686 SS=D Bldg. 00	<p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>Based on interview and record review, the facility failed to provide care and services for a resident</p>			F 0686	Submission of this plan of		10/31/2024

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

TITLE

(X6) DATE

Deborah Baah

Administrator

10/28/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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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	<p>admitted with a pressure ulcer for 1 of 3 residents reviewed for pressure ulcers. Treatments were not completed as ordered and care plans were not developed. (Resident B)</p> <p>Findings include:</p> <p>During an interview on 10/10/24 at 10:14 a.m., Licensed Practical Nurse (LPN) 1 indicated she would have checked the physician's orders for treatment orders, special repositioning instructions, and medications for wound care. If a wound treatment was not signed off as completed on the electronic medical record (EMR), then the wound treatment was not completed.</p> <p>The clinical record for Resident B was reviewed on 10/10/24 at 1:28 p.m. The diagnoses included, but were not limited to, physical debility, diabetes, and malnutrition.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 8/22/24, indicated Resident B was admitted with one unhealed stage 1 pressure ulcer (a reddened area of skin that does not change color when palpated).</p> <p>Hospital discharge orders, dated 8/16/24, indicated apply barrier cream to the deep tissue injury (a pressure ulcer that cannot be staged because the depth and damage under the skin cannot be evaluated) along the sacral region and reposition every two hours.</p> <p>A Weekly Skin Assessment, dated 8/16/24, indicated Resident B had a pressure wound to the tailbone area that measured 1.3 cm (centimeters) by 2.4 cm with the letter "P" drawn over the tailbone area of the picture to indicate pressure as instructed on the form.</p>				<p>correction does not constitute an admission by the Altenheim or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. Altenheim requests paper compliance for the following deficiencies. This plan of correction is to serve as Altenheim's credible allegation of compliance.</p> <p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident no longer resides in the facility.</p> <p>2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>Residents with pressure ulcers have the potential to be affected by the alleged deficient practice. Residents with pressure ulcers have been audited to ensure</p>		

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	<p>A physician's order started on 8/26/24, indicated cleanse sacral wound with wound cleanser, pat dry, apply medihoney (ointment applied to wound base to improve healing), cover with foam dressing, change every day and as needed. The dressing was to be completed on day shift.</p> <p>The Medication Administration Record (MAR), dated 8/26/24 through 9/9/24, indicated Resident B's sacral wound treatment was not completed on 8 of 14 days as follows:</p> <ul style="list-style-type: none"> - 8/26/24, not administered due to new order. - 8/27/24, not administered due to Resident B was unavailable. - 8/28/24, not administered due to Resident B was up in chair all shift. - 8/29/24, not administered due to Resident B was unavailable. - 9/2/24, blank. - 9/4/24, not administered due to previous shift. - 9/5/24, not administered due to first shift. - 9/6/24, blank. <p>During an interview on 10/10/24 at 1:40 p.m., the Regional Nurse indicated the sacral wound should have been measured at least weekly and the sacral dressings should have been completed as ordered by the physician.</p> <p>The clinical record for Resident B lacked a care plan for a sacral pressure wound.</p> <p>The clinical record for Resident B lacked a physician's order to turn Resident B side to side starting, on 8/16/24.</p> <p>On 10/11/24 at 10:30 a.m., the Regional Nurse provided a copy of a facility policy, titled Wound</p>				<p>treatments are being completed and care plans have been developed.</p> <p>3) What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Licensed nurses educated on completing treatments per physician's order. Education will be completed upon hire and annually.</p> <p>MDS staff educated regarding the development of care plans for residents with pressure ulcers. Education will be completed upon hire and annually.</p> <p>4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>DON/designee will audit residents with pressures to ensure treatments are being completed and care plans are developed. Audits will occur daily x 30 days, then weekly x 12 weeks and monthly x 5 months.</p>		

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	Management Policy, dated 2/1/19, and indicated this was the current policy used by the facility. A review of the policy indicated the wound team would observe pressure areas to provide oversight of the care plan interventions and to ensure the resident's condition was accurately assessed in a timely manner. The Interdisciplinary Team would document the wound assessment weekly in the medical record. This Federal Tag relates to Complaints IN00444835 and IN00443767. 3.1-40(a)(2)				5) By what date the systemic changes for each deficiency will be completed: October 31, 2024		