

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

PRINTED: 07/22/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2021
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NAME OF PROVIDER OR SUPPLIER BRIDGEWATER HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY ROAD CARMEL, IN 46033
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00356459, IN00356592, IN00356621, IN00356664 and IN00357331. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00356459 - Substantiated. Federal deficiencies related to the allegations are cited at F635 and F684.</p> <p>Complaint IN00356592 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00356621 - Substantiated. Federal deficiencies related to the allegations are cited at F689 and F635.</p> <p>Complaint IN00356664 - Substantiated. Federal deficiencies related to the allegations are cited at F689.</p> <p>Complaint IN00357331 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 6, 7, 8 and 9, 2021</p> <p>Facility number: 012548 Provider number: 155790 AIM number: 201023760</p> <p>Census Bed Type: SNF/NF: 79 Total: 79</p> <p>Census Payor Type: Medicare: 12 Medicaid: 56 Other: 11</p>	F 0000		
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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>Total: 79</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on July 14, 2021.</p> <p>483.20(a) Admission Physician Orders for Immediate Care</p> <p>§483.20(a) Admission orders At the time each resident is admitted, the facility must have physician orders for the resident's immediate care.</p> <p>Based on observation, interview and record review, the facility failed to have an admitting physician's order in place for the use a urinary catheter including care for the catheter for 1 of 3 residents reviewed for Foley catheters (Resident H).</p> <p>Finding includes:</p> <p>During an observation, on 7/7/21 at 2:53 p.m., the resident's Foley catheter bag was attached to his bed frame, below his bladder and off the floor.</p> <p>During an observation, on 7/8/21 at 4:50 p.m., the resident's Foley catheter bag was attached to his bed frame, below his bladder and off the floor. During an interview, at that time, the resident's wife indicated she was unsure why he had the catheter in place and she had only saw staff provide care for the catheter "a handful of times and certainly not every day."</p> <p>During an observation, on 7/9/21 at 2:20 p.m., the resident's Foley catheter bag was attached to his bed frame, below his bladder and off the floor. During an interview, at that time, the resident's</p>	F 0635	<p>1) F635 – Admission Physician Orders for Immediate Care</p> <p>A) Resident H could not be identified due to resident was part of a confidential survey.</p> <p>B) All residents admitted with foley catheters have the potential to be affected by the deficient practice. An audit was completed on all residents with foley catheters to ensure that they had orders for the catheter and for catheter care.</p> <p>C) Licensed Nursing staff were educated on policy "Admission Evaluation" and ensuring there are orders present for any resident admitted with a catheter.</p> <p>D) DON/Clinical Designee will audit all residents admitted with indwelling Foley catheters 7 days per week x 30 days to ensure that resident has an order for the indwelling Foley catheter and</p>	07/25/2021

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	<p>wife indicated he did not receive care to his catheter "yesterday or today while she visited."</p> <p>The record for Resident H was reviewed on 7/8/21 at 3:00 p.m. Diagnoses included, but were not limited to, chronic kidney disease, depression and emphysema.</p> <p>An Admission Bladder Assessment, dated 7/1/21, indicated the resident had a Foley catheter in place.</p> <p>A skilled documentation note, dated 7/6/21, indicated the resident had an indwelling Foley catheter with a bedside drainage bag.</p> <p>A physician's order which indicated the resident had a Foley catheter in place, the care required for the catheter and a care plan related to the catheter was not found in the resident's record.</p> <p>During an interview, on 7/9/21 at 3:15 p.m., the Regional Nurse Consultant indicated she could not provide a physician's order for the Foley Catheter and the resident should have had one on admission.</p> <p>A facility policy, titled "Admission Evaluation," dated 9/21/16 and provided by the Regional Nurse Consultant on 7/9/21 at 12:30 p.m., indicated "...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical, and emotional needs...of the residents...2. Prioritize resident needs with appropriate interventions...a. Meet immediate physical needs...3...Inform physician of the resident care needs...."</p> <p>This Federal Tag relates to Complaint IN00356621 and IN00356459.</p>		<p>orders for catheter care, then 5 times per week x 30 days, then 3 times per week x 1 month. The DON/Clinical Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations.</p> <p>E) The DON/Clinical Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations.</p> <p>Compliance Date: 7-25-21</p>	

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F 0684 SS=D Bldg. 00	<p>3.1-30(a)</p> <p>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 treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview and record review, the facility failed to provide needed care and services for 1 of 1 residents with a PICC line (Peripheral Inserted Central Catheter - a form of intravenous access which can be used for prolonged periods of time, for such things as antibiotics) (Resident B).</p> <p>Finding includes:</p> <p>During an observation, on 07/06/2021 at 12:20 p.m., Resident B was in his room, seated in a wheelchair with his left leg elevated. He was dressed in shorts and steri-strips with a healing incision were observed on his left knee. An IV pole was on the other side of the resident's room. The resident indicated he had recently been admitted to the facility following surgical intervention to his left knee. He indicated he had developed an infection surrounding the prosthetic joint in his left knee joint which had to be replaced with a plastic joint. He had come to the facility for rehabilitation to his knee and to receive IV (intravenous) antibiotic therapy through the PICC (Peripherally Inserted Central Catheter) which had</p>	F 0684	<p>1) F 684 – Quality of Care</p> <p>A) Resident B could not be identified due to resident is part of a confidential survey.</p> <p>B) All residents have the potential to be affected by the deficient practice. All resident admitted in the last 14 days have had their admission orders reconciled to ensure accuracy.</p> <p>C) IDT team and Licensed Nurses were educated on “Admission Evaluation” and ensuring accuracy of physician orders are transcribed from hospital to facility. Licensed nurses were educated on ensuring all PICC lines have orders for flushes and care.</p> <p>D) DON/Clinical Designee will audit all newly admitted residents admission orders 7 days per week x 30 days to ensure that resident has orders accurately transcribed</p>	07/25/2021

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	<p>been inserted in his right upper arm. He raised the sleeve of the right arm of his t-shirt to show his PICC line. Resident B indicated he arrived at the facility the evening of 06/17/2021 and did not receive IV antibiotic through the PICC line until 06/20/2021. When questioned, the resident denied treatment or other care, such as flushing to the keep the line patent, to the PICC line from 06/17/2021 through 06/20/2021. Resident B also indicated, prior to his admission, he had routinely taken Entresto (a medication for heart failure) but stated he did not receive this medication for the first 3 days of his admission. He indicated his wife had to contact the doctor to get his medications "straightened out."</p> <p>Resident B's record was reviewed on 07/09/2021 at 10:44 a.m. Diagnosis included, but were not limited to, infection and inflammatory reaction due to internal left knee prosthesis, diabetes mellitus and congestive heart failure.</p> <p>Current physician orders for Resident B included the following:</p> <p>Entresto 97-103 mg (milligrams) one tablet by mouth two times daily - order date 06/17/2021.</p> <p>PICC - Flush each lumen not in use with 10 cc of saline every 8 hours and when necessary - order date 06/20/2021.</p> <p>Ceftriaxone Sodium Solution Reconstituted 2 GM (grams) intravenously one time a day - order date 06/20/2021.</p> <p>The resident's MAR (medication administration record) and TAR (treatment administration record) for the month of June 2021 indicated the first dose of Entresto was administered to Resident B during</p>		<p>and that any resident with a PICC line has flush and care orders, then 5 times per week x 30 days, then 3 times per week x 1 month.</p> <p>E) The DON/Clinical Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations.</p> <p>Date of Compliance: 7-25-21</p>	

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	<p>the 5:00 p.m. medication pass on 06/20/2021 and the first dose of IV antibiotic Ceftriaxone Sodium Solution Reconstituted was administered through the PICC line on 06/20/2021 at 1:53 p.m. Documentation was lacking of maintenance of the PICC line when not in use by flushing each lumen with 10 cc of saline every 8 hours. This had not been completed from 06/17/2021 through the evening shift of 06/19/2021.</p> <p>During an interview, on 07/07/2021 at 10:50 a.m., the Director of Nursing Services (DNS) indicated Resident B had been at the facility since 06/17/2021 and Resident B's physician orders, at the time of admission, had not been reconciled with the resident's physician until 06/19/2021.</p> <p>A current facility policy, titled "Admission Evaluation," with the most recent review date of 05/29/2019, received on 07/09/2021 at 12:30 p.m., indicated "...Scope: This policy is applicable to all adult living centers. Definitions: Admission: the first 24 hour the resident is in the facility or returning to the facility. Policy: It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. A systematic evaluation is completed by a licensed nurse upon admission/readmission to assist in determining the most effective and appropriate care needs of each resident admitted to the center. Procedure...2. Prioritize resident needs with appropriate interventions to include but not limited to...f. Complete medication reconciliation...."</p> <p>This Federal Tag relates to Complaint IN00356459.</p> <p>3.1-37</p>			

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F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to prevent an avoidable fall for a resident who required the assistance of 2 staff members with bed mobility for 1 of 3 residents reviewed for accidents (Resident D).</p> <p>Finding includes:</p> <p>The record for Resident D was reviewed on 7/7/21 at 2:00 p.m. Diagnoses included, but were not limited to, paralysis affecting both sides of the body, following a cerebral infarction (stroke).</p> <p>A Fall Risk Observation Tool, dated 5/27/21, indicated the resident was a potential risk for falls.</p> <p>A MDS (Minimum Data Set) note, dated 5/28/21 at 11:59 a.m., indicated the resident had a history of a stroke which resulted in right and left sided paralysis. She was unable to position herself in bed and required the physical assistance from 2 staff members.</p> <p>An Admission MDS assessment, dated 6/2/21, indicated the resident was totally dependant for bed mobility and required 2 person physical assistance from staff.</p>	F 0689	<p>1) F689 – Free of Accident Hazards/Supervisions/Devices A) Resident D could not be identified due to resident was part of a confidential survey. B) All residents have the potential to be affected by the deficient practice. An audit was completed on all residents to ensure that the residents' plan of care reflected accurate interventions that identified the residents needs and care requirements. C) IDT team and licensed nursing were educated on ensuring that the care plan with emphasis on accuracy and implementing appropriate interventions that reflect the residents' needs and care requirements. MDS was educated on care plan updates with emphasis on accuracy and implementing appropriate interventions that reflect the residents' needs and care</p>	07/25/2021
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	<p>A current "Functional" care plan, initiated on 6/01/21, indicated the resident was a total assist/two-person physical assist for bed mobility.</p> <p>A Nurse Practitioner note, dated 6/14/21 at 5:56 a.m., indicated the nurse reported to her, while the resident was being turned in her bed to have her brief changed, she fell from the bed to the floor. 911 was called and the resident was taken to the Emergency Room.</p> <p>A nurse's note, dated 6/14/21 at 6:41 a.m., indicated the CNA told the nurse when she was caring for the resident, the resident fell to the floor. The nurse went into the room and the resident was lying on her left side on the floor. There was blood under the resident's head and a slight bloody drainage from the resident's nose. "The CNA stated she was changing the patient's brief and the patient rolled out of bed onto the floor."</p> <p>A post-fall evaluation note, dated 6/14/21 at 6:53 a.m., indicated the resident had a witnessed fall at the bedside on 6/14/21 at 5:30 a.m. The resident received an injury and was transferred to the Emergency Room as a result of the fall. There were not any contributing factors related to the fall documented.</p> <p>A document, titled "[hospital name] Patient Discharge Instructions," dated 6/14/21 and provided by the Regional Nurse Consultant, on 7/7/21 at 4:00 p.m., indicated the resident arrived at the hospital on 6/14/21 at 6:10 a.m., and returned to the facility on 6/14/21 at 7:55 a.m. The discharged diagnosis was a forehead contusion from a fall, with instructions to return to the ER for any concerns.</p>		<p>requirements.</p> <p>D) The DON/designee will audit 5 residents weekly for 4 weeks, then 3 residents weekly for 4 weeks, then 10 residents monthly for 1 month for order care plan and MDS accuracy reflecting necessary level of assistance resident requires.</p> <p>E) The DON/Clinical Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations.</p> <p>Date of Compliance: 7-25-21</p>	

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	<p>During an interview, on 7/8/21 at 2:00 p.m., the MDS Coordinator indicated the Admission MDS, dated 6/2/21, was accurate and care plans were derived from the MDS assessments. During an interview, at the same time, the Director of Nursing indicated per the MDS assessment the resident should have had the assistance of 2 staff members when she was turned in bed.</p> <p>During an interview, on 7/8/21 at 2:30 p.m., the Regional Nurse Consultant indicated the facility did not have a policy for falls.</p> <p>This Federal Tag relates to Complaint IN00356664 and IN00356621.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p>				