

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

PRINTED: 12/06/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155265		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/15/2024	
NAME OF PROVIDER OR SUPPLIER WEDGEWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 101 POTTERS LN CLARKSVILLE, IN 47129			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00445695, IN00446245 and IN00446311.</p> <p>Complaint IN00445695 - No deficiencies related to the allegation is cited.</p> <p>Complaint IN00446245 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00446311 - Federal/State deficiencies related to the allegations is cited at F842.</p> <p>An unrelated deficiency is cited</p> <p>Survey dates: November 13 and 15, 2024</p> <p>Facility number: 000166 Provider number: 155265 AIM number: 100267080</p> <p>Census Bed Type: SNF/NF: 101 Total: 101</p> <p>Census Payor Type: Medicare: 4 Medicaid: 81 Other: 16 Total: 101</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 18, 2024.</p>			F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the State of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the complaint survey conducted on November 13 and 15, 2024 Please accept this plan of correction as the provider's credible allegation of compliance. The facility would like to respectfully request a desk review.</p> <p>Molly Linder HFA</p>		
F 0690 SS=D	483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI						

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

TITLE

(X6) DATE

Tabitha Boreham

RN, RDCO

11/27/2024

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 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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Bldg. 00	<p>Based on observation, interview and record review, the facility failed to ensure indwelling urethral catheter orders were in place for a resident with an indwelling urethral catheter for 1 of 3 residents reviewed for bowel and bladder. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 11/13/24 at 2:20 p.m. The resident's diagnoses included, but were not limited to, indwelling urethral catheter; and obstructive and reflux uropathy. The quarterly Minimum Data Set (MDS) assessment, dated 10/10/24, indicated the resident had an indwelling catheter.</p> <p>Review of the census record for Resident D indicated he was re-admitted to the facility on 7/26/24 with an indwelling urethral catheter.</p> <p>On 11/13/24 at 2:05 p.m., Resident D was observed in his room with an indwelling urethral catheter in place.</p> <p>The care plan, dated 8/6/24, indicated the resident had an indwelling catheter related to obstructive uropathy. The interventions included, but were not limited to, change the catheter per the medical provider orders, provide catheter care every shift and as needed, enhanced barrier precautions, observe and document for pain and discomfort related to the catheter.</p> <p>Review of Resident D's physician's orders indicated the following:</p> <p>A physician's order, dated 11/13/24, indicated staff were to provide catheter care for Resident D</p>			F 0690	<p>STEP 1 Corrective action for the residents found to have been affected by the deficient practice:</p> <p>/p></p> <p>STEP 2 Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents who have newly admitted could be affected by the alleged deficient practice. A 14-day lookback of all new admit residents to ensure all catheter care orders were entered upon admission without delay. Any identified concerns were immediately addressed.</p> <p>STEP 3 Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The DNS/Designee held an in-service for all nurses to provide education and expectations as it relates to the "Catheter Care" policy and procedures including catheter care orders entered upon admission to facility without delay.</p> <p>STEP 4 Corrective actions to be monitored to ensure the deficient practice will not recur:</p>		12/06/2024

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	<p>every shift and as needed with soap and water, secure straps if applicable, and document output every shift.</p> <p>A physician's order, dated 11/13/24, for Resident D's indwelling urinary catheter care: cleanse with soap and water every shift.</p> <p>A physician's order, dated 11/13/24, indicated staff were to change the resident's indwelling catheter and drainage bag as needed unless specified by physician order for specified medical reasons.</p> <p>A physician's order, dated 11/13/24, indicated staff were to change the resident's indwelling catheter leg bag and accessories every two weeks and as needed.</p> <p>A physician's order, dated 11/13/24, indicated staff were to change catheter as needed as per MD (medical doctor) order.</p> <p>A physician's order, dated 11/13/24, indicated staff were to ensure Resident D's indwelling urinary catheter was in a privacy bag and catheter leg strap on at all times.</p> <p>A physician's order, dated 11/13/24, indicated staff were to secure the resident's indwelling catheter tubing using anchoring device to prevent movement and urethral traction.</p> <p>A physician's order, dated 11/13/24, indicated staff were to measure and record output every shift of the resident's indwelling urinary catheter.</p> <p>A physician's order, dated 11/14/24, indicated staff were to change the resident's catheter as needed as per MD order</p>				<p>The DNS/designee will audit 5 residents a weeks x 4 weeks, then 3 residents a week x 4 weeks, then 1 resident a week x 4 weeks for no less than 3 months and compliance is maintained to ensure catheter care orders are entered upon admission to facility without delay.</p> <p>The Administrator/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>		

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F 0842 SS=D Bldg. 00	<p>The clinical record lacked documentation of any indwelling catheter orders for Resident D from 7/26/24 until 11/13/24.</p> <p>During an interview on 11/15/24 at 3:02 p.m., the Director of Nursing indicated due to the transition of staff, the orders were missed when the resident was readmitted.</p> <p>On 11/15/24 at 1:30 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled "Catheter Care". It included, but was not limited to, "It is the policy of this facility to provide resident centered care that meets the...physical...needs...of the residents....</p> <p>3.1-41(a)(2)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure a resident's medication administration record accurately reflected the administration on pain medication for 1 of 3 residents reviewed for medical records. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 11/13/24 at 10:47 a.m. The resident's diagnoses included, but were not limited to, osteomyelitis and stage 4 (wound that extends to muscle, tendon or bone) pressure ulcer to the sacrum.</p> <p>The physician's order, dated 8/21/24, indicated the resident was to receive Oxycodone (narcotic pain</p>			F 0842	<p>STEP 1 Corrective action for the residents found to have been affected by the deficient practice:</p> <p>/p></p> <p>STEP 2 Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents with PRN narcotic medications could be affected by the alleged deficient practice. A 30-day lookback of all residents with PRN narcotic medication</p>		12/06/2024

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	<p>medication) HCl (hydrochloride) 10 mg (milligrams) every 4 hour as needed for pain.</p> <p>Review of the September 2024 controlled drug administration record indicated the pain medication was signed as given 90 times during the month.</p> <p>Review of the September 2024 medication administration record indicated the pain medication was documented as administered 13 times during the month.</p> <p>Review of the October 2024 controlled drug administration record indicated the pain medication was signed as given 38 times to the resident.</p> <p>Review of the October 2024 medication administration record indicated the pain medication was documented as administered 19 times.</p> <p>During an interview on 11/15/24 at 2:51 p.m., Licensed Practical Nurse (LPN) 5 indicated when an as needed narcotic pain medication was administered, the narcotic should be signed out on the controlled drug administration record. Once administered, the medication should be signed off on the medication administration record as administered.</p> <p>On 11/15/24 at 1:30 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled "Medication Administration". It included, but was not limited to, "Medication Administration Record - the legal documentation for medication administration...Policy...It is the policy of this facility to provide resident centered</p>				<p>orders to ensure all PRN narcotic medications were documented correctly in the Narcotic book and PCC. Any identified concerns were immediately addressed.</p> <p>STEP 3 Measures/systemic changes put into place to ensure the deficient practice does not recur: The DNS/Designee held an in-service for all nurses to provide education and expectations as it relates to the "Medication Administration" policy and procedures including PRN narcotic medications were documented correctly in the narcotic book and PCC.</p> <p>STEP 4 Corrective actions to be monitored to ensure the deficient practice will not recur: The DNS/designee will audit 5 residents a weeks x 4 weeks, then 3 residents a week x 4 weeks, then 1 resident a week x 4 weeks for no less than 3 months and compliance is maintained to ensure PRN narcotic medications are entered correctly in the narcotic book and PCC.</p> <p>The Administrator/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will</p>		

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	care...Procedure...Medications will be charted when given...." This Citation relates to Complaint IN00446311 3.1-50(a)(2)				have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.		