

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

PRINTED: 04/23/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155495		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/31/2025	
NAME OF PROVIDER OR SUPPLIER PADDOCK SPRINGS				STREET ADDRESS, CITY, STATE, ZIP COD 2695 SHELDON STREET WARSAW, IN 46582			
(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 Complaint IN00455035 and IN00455619.</p> <p>Complaint IN00455035 - Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Complaint IN00455619 - Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: March 31, 2025</p> <p>Facility number: 000491 Provider number: 155495 AIM number: 100291230</p> <p>Census Bed Type: SNF/NF: 45 SNF: 14 Total: 59</p> <p>Census Payor Type: Medicare: 9 Medicaid: 34 Other: 16 Total: 59</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 4/2/2025</p>			F 0000			
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on record review and interview, the facility failed to implement timely and effective interventions to prevent abrasions due to bed</p>			F 0684	<p>1. Resident B was affected. Resident B has expired. 2. All residents have the potential</p>		04/14/2025

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

TITLE

(X6) DATE

Humberto Nunez

Executive Director

04/17/2025

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>placement for 1 of 4 residents reviewed for skin alterations. (Resident B)</p> <p>Finding includes:</p> <p>A record review for Resident B was completed on 3/31/2025 at 9:58 A.M. Diagnoses included, but were not limited to: Alzheimer's disease, diabetes mellitus type 2, neuropathy, overactive bladder and peripheral angiopathy.</p> <p>A Quarterly MDS assessment, dated 1/8/2025, indicated Resident B had moderate cognitive impairment, required substantial/maximal assistance for bed mobility and had a pressure ulcer but no other treatments or open wounds.</p> <p>A Nursing Progress Note, on 12/20/2024 at 11:00 A.M., indicated Resident B had a fall and the intervention was to place the resident's bed against the wall.</p> <p>A Nursing Progress Note, on 1/6/2025 at 12:36 P.M., indicated Resident B had bilateral open areas on their knees. The right knee was scabbed, and the left knee was scabbed and red. Resident B complained of discomfort to the areas, but could not identify how the areas occurred. Triple antibiotic ointment was applied. There were no notes related to the MD/NP being notified or a treatment order.</p> <p>A Nurse Practitioner Progress Note, on 1/8/2025 at 8:04 A.M., indicated Resident B was seen for bilateral knee abrasions. Resident B was unaware of how the abrasions occurred and the abrasions were not related to the fall the resident had incurred the previous week. The plan of care included keeping the areas on the knees open to air and using bacitracin (ointment) sparingly.</p>				<p>to be affected. All residents assessed for any skin issues, no additional concerns identified. Electronic health records reviewed and updated as needed. Nursing staff educated on proper skin assessments, documentation, notification, treatments and/or monitoring requirements per facility policy. CRCAs educated on proper CareAssist documentation related to new skin concerns and notification requirements.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will audit 5 residents weekly x 4 weeks, every other week x 8 weeks, and monthly x 3 month for any skin concerns, proper documentation, treatment and/or monitoring required. DHS or designee to audit wound management for any additional treatment or monitoring needs.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action monthly in the campus Quality Assurance Performance Improvement meeting and plans will be revised as appropriate.</p> <p>Compliance Date: 04/14/2025</p>		

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	<p>A Nursing Progress Note, on 1/8/2025 at 1:53 P.M., indicated the areas to the bilateral knees were still present. New orders from the nurse practitioner indicated to cleanse the bilateral knees with wound cleanser, pat dry, apply antibiotic ointment and leave the abrasions open to air.</p> <p>A Nursing Progress Note, on 2/14/2025 at 2:20 P.M., indicated Resident B had rolled to her left side and hit her knee on the wall which had caused an abrasion. The nurse practitioner was notified and an order for bacitracin (antibiotic ointment) was ordered.</p> <p>A Nursing Progress Note, on 3/6/2025 at 2:50 P.M., indicated Resident B had a small abrasion to her left lower leg as Resident B had her left lower leg against the wall when staff had noticed the abrasion.</p> <p>A Physician's Order, dated 3/6/2025, indicated staff were to place pillows against the wall when Resident B was lying towards the wall to prevent pressure sores from the wall.</p> <p>A Care Plan, initiated on 12/8/20022 and updated on 3/6/2025, indicated Resident B was at risk for skin breakdown. The goal was for the skin to stay intact. Intervention included, but were not limited to: have pillows on bed/against the wall dated 3/7/2025.</p> <p>During an interview, on 3/31/2025 at 2:42 P.M., the Director of Healthcare Services (DHS) indicated the facility was placing pillows against the wall for prevention of abrasions, but the pillows did not always stay in place. She indicated the bed was placed against the wall for a fall intervention.</p>						

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F 0686 SS=D Bldg. 00	<p>A current policy was provided, on 3/31/2025 at 4:17 P.M., by the DHS. The policy titled, "Guidelines for General Wound and Skin Care", indicated, " ...To provide measures that will promote and maintain good skin integrity ...4. Use pillows or wedges for positioning to avoid skin to skin contact ...Utilize skin protection such as lambs wool...."</p> <p>This citations relates to Complaint IN00455619</p> <p>3.1-37(a)</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>Based on record review and interview, the facility failed to identify a pressure ulcer until it was necrotic and deemed an unstageable ulcer, implement orders for treatment timely and obtain and implement timely nutritional interventions for 1 of 4 residents reviewed for pressure ulcers. (Resident B)</p> <p>Finding includes:</p> <p>A record review for Resident B was completed on 3/31/2025 at 9:58 A.M. Diagnoses included, but were not limited to: Alzheimer's disease, diabetes mellitus type 2, neuropathy, overactive bladder and peripheral angiopathy.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 10/8/2024, indicated Resident B had moderate cognitive impairment, required substantial/maximal assistance for bed mobility and was at risk for pressure ulcer development.</p> <p>A care plan related to the resident's potential for</p>			F 0686	<p>1. Resident B was affected. Resident B has expired.</p> <p>2. All residents have the potential to be affected. All residents assessed for any skin issues, no additional concerns identified. Electronic health records reviewed and updated as needed. Nursing staff educated on proper skin assessments, documentation, notification, treatments and/or monitoring requirements per facility policy. CRCAs educated on proper CareAssist documentation related to new skin concerns and notification requirements.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will audit 5 residents weekly x 4 weeks, every other week x 8 weeks, and monthly x 3 month for any skin concerns, proper</p>		04/14/2025

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	<p>impaired skin, initiated on 12/8/2024 included interventions to conduct weekly skin assessments, use a pressure reducing mattress and pressure reducing chair cushion, use a moisture barrier product to the perineal area as needed, use a lift sheet to avoid sheering, encourage and assist to turn and reposition, float heels as needed and keep resident and linens clean and dry.</p> <p>Resident B had an as needed physician's order for Riley's butt cream, but there was no documentation of the cream used as needed.</p> <p>A Quarterly MDS assessment, dated 1/8/2025, indicated Resident B had an unstageable pressure ulcer that had not been present on admission.</p> <p>A Point of Care (CNA care documentation) entry, dated 12/23/2024, indicated Resident B had received a partial bath. There was no documentation of any impaired skin issue.</p> <p>However, Nursing Progress note, on 12/24/2024 at 7:51 A.M., indicated while changing Resident B an open area to the buttock with "blackness" in the middle was observed. The Nurse Practitioner was notified, and Riley's butt cream was ordered.</p> <p>An Interdisciplinary Team Progress Note, on 12/26/2024 at 10:25 A.M., indicated a buttock area with one-hundred percent eschar, reddened peri-wound and no drainage was identified. Interventions included skin measurements and weekly reviews at the clinically at-risk meeting.</p> <p>Documentation titled Wound Information, dated 12/27/2024 at 10:13 A.M., indicated an unstageable pressure ulcer, measuring 2.5 centimeters by 2 centimeters was present to the</p>				<p>documentation, treatment and/or monitoring required. DHS or designee to audit wound management for any additional treatment or monitoring needs.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action monthly in the campus Quality Assurance Performance Improvement meeting and plans will be revised as appropriate.</p> <p>Compliance Date: 04/14/2025</p>		

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	<p>left buttock with necrotic tissue.</p> <p>A Physician's Order, dated 12/27/2024, indicated the following: "Riley's butt cream apply a small amount to the open area on the buttock until healed three times a day."</p> <p>A Nutritional Review Progress note, on 12/30/2024 at 4:11 P.M., indicated a recommendation for LiquaCel protein supplement 30 milliliters daily until the wound heals was suggested.</p> <p>A Physician's Order, dated 1/7/2025, indicted the LiquaCel 30 milliliters daily for wound healing had been ordered.</p> <p>A Care Plan initiated, on 12/30/2024, indicated Resident B had a left buttock pressure ulcer. Intervention included, but were not limited to: obtain a dietary consult, provide diet, supplements, vitamins and minerals as ordered and treatment per MD order.</p> <p>During an interview, on 3/31/2025 at 1:38 P.M., Certified Resident Care Assistant (CRCA) 3 indicated she was familiar with Resident B care. She indicated she did not need to do much for the resident reagrding bed mobility needs and she was not aware of any pressure ulcer.</p> <p>During an interview, on 3/31/2025 1.43 P.M., LPN 4 indicated weekly skin assessments were completed on shower days and her buttock had "turned into something quick."</p> <p>During an interview, on 3/31/2025 at 2:42 P.M., the Director of Healthcare Services (DHS) indicated Resident B was diagnosed with shingles and did not want to get out of bed. She indicated the pressure ulcer was observed during incontinence</p>						

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R 0000 Bldg. 00	<p>care. The nurse practitioner was notified and an order for Riley's butt cream was obtained. The DHS indicated the treatment should have started right away when it had been ordered. The DHS indicated the dietician communicated with the facility for nutritional recommendations.</p> <p>A current policy was provided by the DHS, on 3/31/2025 at 4:17 P.M. by the DHS. The policy titled, "Guidelines for Pressure Prevention", indicated, " ...To maintain good skin integrity and avoid development of pressure ulcers ...Hygiene ...Inspect the skin daily during care for signs of breakdown or changes to the skin. Notify Nurse of changes ...Nutrition ...Obtain dietary consult to ensure adequate calories, protein, vitamins, minerals, supplements, and/or if deficiencies are noted"</p> <p>This citations relates to Complaint IN00455035</p> <p>3.1-40(a)(1) 3.1-40(a)(2)</p> <p>This visit was for the Investigation of Complaint IN00455035.</p> <p>Complaint IN00455035 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 31, 2025</p> <p>Facility number: 000491</p> <p>Residential Census: 34</p> <p>Paddock Springs was found to be in compliance</p>			R 0000			

