

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

PRINTED: 03/27/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155231		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/20/2023	
NAME OF PROVIDER OR SUPPLIER  RANDOLPH NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP COD 701 S OAK ST WINCHESTER, IN 47394			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00401350.</p> <p>Complaint IN00401350 - Substantiated. Federal/state deficiencies related to the allegations are cited at F607 and F684.</p> <p>Survey date: February 20, 2023</p> <p>Facility number: 000136 Provider number: 155231 AIM number: 100275450</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 10 Medicaid: 36 Other: 13 Total: 59</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 28, 2023.</p>			F 0000			
F 0607 SS=D Bldg. 00	<p>483.12(b)(1)-(5)(ii)(iii) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p>						

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

TITLE

(X6) DATE

Cathy Young

Administrator

03/10/2023

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>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>Based on interview and record review, the facility (LPN 2) failed to timely report an injury of unknown origin for a dependent resident (Resident B) immediately to the facility Administrator per the facility policy.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 2/20/23 at 9:15 a.m. Diagnoses included hemiplegia and hemiparesis affecting left non-dominant side, encephalopathy, fracture of lower end of left humerus, vascular dementia with behavioral disturbance, schizoaffective disorder, bipolar disorder, and anxiety disorder.</p>			F 0607	<p>F 607 Develop/Implement Abuse/Neglect Policies</p> <p>The facility respectfully requests a paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance.</p> <p>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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely</p>		03/24/2023

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	<p>A facility self reportable incident report, dated 2/9/23, indicated Resident B was found to have a large bruise to the left shoulder and left arm. The resident was sent to the hospital for evaluation and treatment. The hospital diagnosis was a fracture of the left humerus.</p> <p>A written statement from LPN 2, dated 2/9/23, indicated on 2/4/23 during day shift, he became aware the resident had discoloration to the left arm and left torso. LPN 2 had also worked the day shift on 2/5/23.</p> <p>A written statement from CNA 1 indicated on 2/5/23, along with two other aides and using a mechanical lift, they transferred the resident to and from the bed and shower bed for a shower. During the process, the staff members noticed bruising to the left arm and the back of the left shoulder. CNA 1 left the room to get the nurse. LPN 2 entered the room, looked at the bruises and told the CNAs to document it on a shower sheet.</p> <p>A shower sheet, dated 2/5/23, was reviewed and indicated bruising to left arm and shoulder.</p> <p>A written statement, dated 2/7/23, by QMA 3 indicated she had received report at change of shift from LPN 2. The report had no information related to the resident's bruising. At approximately 6:45 p.m., the aides had called her into the resident's room to look at the bruising. QMA 3 indicated the resident's entire arm was swollen, and the was bruising covering her arm and on her back below the armpit. QMA 3 asked the resident what happened and the resident told her she did not know, but it had happened a few days ago.</p>				<p>because it is required by the provisions of federal and state law.</p> <p>· <b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>o Resident B bruise was reported, assessed, and documented on 2/8/23</p> <p>· <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</b></p> <p>o Residents who reside in the facility and have an injury of unknown origin have the potential to be affected by the alleged deficient practice.</p> <p>o Skin assessments were completed on residents who reside in the facility</p> <p>o New Skin conditions identified were assessed and documented in the clinical record</p> <p>o No injuries of unknown origin were identified</p> <p>o Nursing staff were re-educated on reporting and documenting injuries of unknown origin on February 10, 2023</p> <p>· <b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>o Nursing staff were re-educated</p>		

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	<p>A written statement by the ADON, dated 2/9/23, indicated she became aware of the bruising to the resident's left arm when she arrived to the facility.</p> <p>During an interview, on 2/20/23 at 9:32 a.m., the MDS Coordinator indicated she had arrived at work on 2/8/23 in the morning. Between 6:00 a.m. and 7:00 a.m. the Executive Director (ED) told her she had just been notified of a bruise on Resident B. She wanted the MDS Coordinator to assess the bruise with her. The resident was asleep when they arrived. The bruise was from the top of the shoulder to the mid-forearm on the left arm. It also extended on the back of the shoulder. She observed the bruise to be purple in the center and yellowish on the outer edges. She had measured the bruise at 34 centimeters (cm) long x 4.1 cm wide.</p> <p>During an interview, on 2/20/23 at 10:07 a.m., LPN 2 indicated he had first become aware of the bruise on Resident B on 2/4/23. He received the information during the shift report from an agency nurse. When the aides told him about the bruising, he did not do anything about it because he had already been told about it, and assumed the agency nurse had reported it.</p> <p>During the survey, the identified agency nurse could not be reached for interview.</p> <p>During an interview, on 2/20/23 at 12:02 p.m., QMA 3 indicated during her shift on 2/7/23 the aide had asked her if she was aware of the bruising on Resident B. The QMA indicated she had gotten report from LPN 2 and had not been told of any bruising. She then got an agency nurse from another hall and asked her to look at the bruises. The QMA reported the bruising to the ED in the morning when she arrived to the</p>				<p>on reporting and documenting injuries of unknown origin on February 10, 2023</p> <ul style="list-style-type: none"> <li>o DON/ADON re-educated Licensed Nurses on 3/17/23 on documenting skin conditions and reporting injuries of unknown origin</li> <li>o Unlicensed nursing staff re-educated on reporting skin conditions of unknown origin on 3-17-23</li> <li>o The DON/Designee will complete a random audit of 3 residents 5 days a week for 4 weeks, then 3 residents 3 days a week for 4 weeks, then 3 residents 1 day a week for 4 weeks, then 3 residents monthly x 3 months to ensure no injuries are noted and not reported.</li> <li>o Non-compliance with reporting and assessing skin conditions will result in re-education, disciplinary action up to termination.</li> </ul> <p><b>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <ul style="list-style-type: none"> <li>o The DON/Designee will complete a random audit of 3 residents 5 days a week for 4 weeks, then 3 residents 3 days a week for 4 weeks, then 3 residents 1 day a week for 4 weeks, then 3 residents monthly x 3 months to ensure no injuries are noted and not reported.</li> <li>o Non-compliance with reporting</li> </ul>		

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	<p>facility.</p> <p>During an interview, on 2/20/23 at 1:01 p.m., CNA 11 indicated on 2/5/23 she had assisted with cares for Resident B. She observed a large bruise on the residents left shoulder and arm and reported the concern to LPN 2 immediately.</p> <p>During an interview, on 2/20/23 at 12:39 p.m., the ED indicated it is the expectation of the facility that all injuries, falls and unusual occurrences are reported to her immediately. Injuries of unknown origin are treated the same as abuse/neglect for reporting and investigation. The ED did not become aware of the bruising until 2/8/2023.</p> <p>Review of a current facility policy, dated 2/2/23, titled "Skin Conditions/Wound Documentation Guide," provided by the ED on 2/20/23 at 1:07 p.m. indicated the following:</p> <p>".... Wound Management in Matrix...Next business day after admit or identification of skin condition/wound...Wound Nurse Designee will assess the skin conditions/wound to determine wound type/staging as needed and any further changes in plan of treatment required...Wound Nurse Designee will document in Wound Management in Matrix each skin condition/wound with the date identified as the initial date...."</p> <p>Review of a current facility policy, dated 3/5/20, titled "Abuse and neglect Policy," provided by the ED on 2/20/23 at 11:50 a.m., indicated the following: "... Reporting and Response: 1. Allegations will be reported to the Executive Director immediately...."</p> <p>This Federal tag relates to complaint IN00401350.</p>				<p>and assessing skin conditions will result in re-education, disciplinary action up to termination.</p> <ul style="list-style-type: none"> <li>o The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliances is achieved for 3 consecutive months.</li> <li>o The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</li> </ul> <p><b>Date the systemic changes for the deficiency will be completed:</b> 3/24/23</p>		

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F 0684 SS=D Bldg. 00	<p>3.1-28(c)</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 record review and interview, the facility failed to provide accurate assessments of an injury of unknown origin to 1 of 3 residents reviewed for accidents. (Resident B)</p> <p>The clinical record for Resident B was reviewed on 2/20/23 at 9:15 a.m. Diagnoses included hemiplegia and hemiparesis affecting left non-dominant side, fracture of lower end of left humerus, vascular dementia with behavioral disturbance, schizoaffective disorder, bipolar disorder, and anxiety disorder.</p> <p>Review of a facility self - reportable incident report, dated 2/9/23, indicated Resident B was found to have a large bruise to the left shoulder and left arm. The resident was sent to the hospital for evaluation and treatment. The hospital diagnosis was a left humeral fracture.</p> <p>During an interview, on 2/20/23 at 9:32 a.m., the MDS Coordinator indicated she had assessed the resident's bruises and asked the resident how it happened. The resident told her she thought it happened during a mechanical lift transfer. The facility was not really sure how the injury</p>			F 0684	<p>F 684 Quality of Care The facility respectfully requests a paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. 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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <ul style="list-style-type: none"> <li>• What corrective action will be accomplished for those residents found to have been affected by the deficient practice? <ul style="list-style-type: none"> <li>o Resident B bruise was reported, assessed, and documented on 2/8/23</li> </ul> </li> <li>• How other residents having the</li> </ul>		03/24/2023

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	<p>happened.</p> <p>During an interview, on 2/20/23 at 10:07 a.m., LPN 2 indicated on 2/4/23 he had received shift report from an agency nurse about Resident B's bruising. He did not assess the bruise, nor document it, in the clinical record.</p> <p>During an interview, on 2/20/23 at 11:03 a.m., CNA 1 indicated she was present during the transfers of the resident on 2/5/23 and the resident's arm was never outside of the mechanical lift sling. The CNA did not witness any accident during the resident's care.</p> <p>During an interview, on 2/20/23 at 12:10 p.m., CNA 5 indicated she was present during the transfers of the resident on 2/5/23 and the resident's arm was never outside of the mechanical lift sling.</p> <p>During an interview, on 2/20/23 at 1:01 p.m., CNA 11 indicated she assisted with resident care for Resident B on 2/5/23. She had observed a large bruise on the resident's left shoulder and arm and reported the concern to LPN 2 immediately. The CNA had not witnessed any accident or fall during the transfer or resident care.</p> <p>Review of the Medication Administration Record (MAR) for February 2023, indicated a current, 7/11/22, order for weekly skin check. On 2/6/23, LPN 2 had documented a skin check, with the resident's skin assessed as intact.</p> <p>Review of a skin assessment, dated 2/8/23 at 7:34 a.m., indicated a bruise measured 34 centimeters (cm) long x 4.1 cm wide.</p> <p>Review of the clinical record indicated it lacked</p>				<p>potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</p> <ul style="list-style-type: none"> <li>o Residents who reside in the facility and have an injury of unknown origin have the potential to be affected by the alleged deficient practice.</li> <li>o Skin assessments were completed on residents who reside in the facility</li> <li>o New Skin conditions identified were assessed and documented in the clinical record</li> <li>o No injuries of unknown origin were identified</li> <li>o Nursing staff were re-educated on reporting and documenting injuries of unknown origin on February 10, 2023.</li> <li>• What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</li> <li>o Nursing staff were re-educated on reporting and documenting injuries of unknown origin on February 10, 2023</li> <li>o DON/ADON re-educated Licensed Nurses on 3/17/23 on documenting skin conditions and reporting injuries of unknown origin</li> <li>o Unlicensed nursing staff re-educated on reporting skin conditions of unknown origin on 3-17-23.</li> <li>o The DON/Designee will complete a random audit of 3 residents 5 days a week for 4</li> </ul>		

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	<p>any documentation of an accident or fall.</p> <p>Review of left shoulder x-ray results, dated 2/8/23, indicated the resident had suffered an acute proximal humeral fracture.</p> <p>Review of the clinical record indicated from 2/4/23 through 2/8/23, the bruise was not assessed, nor was there any documentation related to the bruise or any skin impairments.</p> <p>During an interview, on 2/20/23 at 12:39 p.m., the Executive Director indicated skin assessments were done weekly and documented on the MAR. If a skin concern was identified, the nurse should write a progress note in the clinical record.</p> <p>Review of a current facility policy, dated 2/2/23, titled "Skin Conditions/Wound Documentation Guide," provided by the ED on 2/20/23 at 1:07 p.m. indicated the following: "...Wound Management in Matrix... Next business day after admit or identification of skin condition/wound...Wound Nurse Designee will assess the skin conditions/wound to determine wound type/staging as needed and any further changes in plan of treatment required...Wound Nurse Designee will document in Wound Management in Matrix each skin condition/wound with the date identified as the initial date...."</p> <p>No further information was provided by the facility prior to exit.</p> <p>This Federal tag relates to complaint IN00401350.</p> <p>3.1-37(a)</p>				<p>weeks, then 3 residents 3 days a week for 4 weeks, then 3 residents 1 day a week for 4 weeks, then 3 residents monthly x 3 months to ensure no injuries are noted and not reported.</p> <ul style="list-style-type: none"> <li>o Non-compliance with reporting and assessing skin conditions will result in re-education, disciplinary action up to termination.</li> <li>• How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</li> <li>o The DON/Designee will complete a random audit of 3 residents 5 days a week for 4 weeks, then 3 residents 3 days a week for 4 weeks, then 3 residents 1 day a week for 4 weeks, then 3 residents monthly x 3 months to ensure no injuries are noted and not reported.</li> <li>o Non-compliance with reporting and assessing skin conditions will result in re-education, disciplinary action up to termination.</li> <li>o The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved for 3 consecutive months.</li> <li>o The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</li> <li>• Date the systemic changes for the deficiency will be completed:</li> </ul>		



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