

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

PRINTED: 04/11/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155685		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/02/2023	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - ELKHART CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 W HIVELEY AVE ELKHART, IN 46517			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00383064, IN00383207, IN00383543, IN00386854, IN00391650, IN00393676, IN399522, IN00400925, IN00401849 and IN00401943. This visit resulted in a Partially Extended Survey-Substandard Quality of Care-Immediate Jeopardy.</p> <p>Complaint IN00383064 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00383207 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00383543 - Federal/State deficiencies related to the allegation are cited at F559.</p> <p>Complaint IN00386854 -No deficiencies related to the allegations are cited.</p> <p>Complaint IN00391650 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00393676 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00399522 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00400925 - Federal/State deficiencies related to the allegations are cited at F684, F686 and F690.</p> <p>Complaint IN00401849 - Federal/State deficiencies related to the allegations are cited at F757.</p> <p>Complaint IN00401943 - No deficiencies related to the allegations are cited.</p>			F 0000	<p>This plan of correction shall serve as this facility's credible allegation of compliance. Preparation, submission, and implementation of the plan of corrections do not constitute an admission of or agreement with the facts and conclusions set forth in this survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care, and to comply with all applicable state and federal regulatory requirements. The facility respectfully submits this plan of correction and requests your consideration for paper compliance. Thank you for your consideration.</p> <p>Thank you for speaking with me today regarding our active Plan of Correction. As requested, I have included the educational and in-servicing pieces of each tag, for your desk review.</p> <p>This plan of correction shall serve as this facility's credible allegation of compliance. Preparation, submission, and implementation of the plan of corrections do not constitute an admission of or agreement with the facts and conclusions set forth in this survey</p>		

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

TITLE

(X6) DATE

Richard Kennedy

Executive Director

03/23/2023

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 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 0559 SS=D Bldg. 00	<p>Unrelated deficiency is cited.</p> <p>Survey dates: February 21, 22, 23, 24, 27, 28, March 1 &amp; 2, 2023</p> <p>Facility number: 000039 Provider number: 155685 AIM number: 100275130</p> <p>Census Bed Type: SNF/NF: 90 Total: 90</p> <p>Census Payor Type: Medicare: 6 Medicaid: 75 Other: 9 Total: 90</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 3/7/2023.</p> <p>483.10(e)(4)-(6) Choose/Be Notified of Room/Roommate Change §483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.</p> <p>§483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.</p> <p>§483.10(e)(6) The right to receive written</p>				<p>report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care, and to comply with all applicable state and federal regulatory requirements.</p> <p>The facility respectfully submits this paper compliance for desk review. Thank you for your consideration.</p> <p>Thank you,</p> <p>Richard</p>		

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	<p>notice, including the reason for the change, before the resident's room or roommate in the facility is changed.</p> <p>Based on observation, record review and interviews, the facility failed to ensure 2 of 3 residents received written notice of roommate change when a second resident was assigned to a resident room only certified for one resident. (Residents E and R)</p> <p>Finding includes:</p> <p>1. During an observation of Room 521, conducted, on 2/24/23 at 11:00 A.M., there was one bed noted in a large resident room. The room had three overbed light fixtures along one wall. The bed was noted to be positioned underneath the middle overbed light fixture.</p> <p>During an interview, with Resident D, conducted, on 2/21/23 at 11:50 A.M., she indicated she had changed rooms a few times since her admission because she had requested room changes. She indicated she had requested room changes because she had desired a private room. She indicated she was happy with her current resident room.</p> <p>The clinical record for Resident D indicated she was admitted to the facility, on 5/13/2022. She was then discharged to the hospital and readmitted to the facility on 7/2/22. On 7/2/22 she was assigned to Resident Room 521. There was no documentation located in the clinical record regarding any voiced concerns with her room and/or roommate and no documentation of any notification of room changes and/or roommate changes.</p> <p>During an interview with Resident R, conducted</p>			F 0559	<p>The Social Service Director immediately followed up with both resident E and R regarding notification and satisfaction of current room placement. No concerns were noted from the deficient practice.</p> <p>An audit of all room or roommate changes from January 1, 2023, to current will be completed. All residents identified with a room or roommate change will have the Social Service Director/ Designee follow up to ensure notification compliance and satisfaction of the change by March 24, 2023.</p> <p>Social Service Director/Designee will audit room or roommate changes for notification within 24 hours for regulatory compliance x 30 days, then weekly x 30 days and then monthly x 4 months to ensure room or roommate change notification per regulation is compliant.</p> <p>Results of audits to be reviewed in QAPI monthly x 6 months to track and trend. If any issues are identified then audits will continue based on IDT recommendation.</p>		03/24/2023

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	<p>on 3/2/23 at 11:30 A.M., she did not recall being in a room with a roommate and she did not have any concerns with her room.</p> <p>The clinical record for Resident R indicated she was admitted to the facility, on 5/13/2022, and was also assigned to Room 521 Bed A, at the same time Resident E was assigned to Room 521 Bed A. Review of facility documents and progress notes for Resident E from June 2022 - current indicated there was no documentation of any bed transfer and/or new roommate notification.</p> <p>Review of Daily Census forms by bed number for June 15 - 21, 2022 indicated both Resident E and R were assigned to Room 521 Bud A. The Bed Status indicated beside Resident E's name "Occupied" and beside Resident R's name "Unavailable."</p> <p>During an interview, with the Director of Nursing, conducted on 2/24/23 at 1:00 P.M. , she indicated all of the resident rooms on the 500, Primrose unit were private rooms. However, during an interview with the Administrator, conducted, on 2/24/23 at 1:15 P.M., he indicated he thought the resident rooms on the 500 unit were certified for two residents officially, but the facility utilized them as private rooms as much as possible. A bed inventory form was requested.</p> <p>Review of a facility bed inventory form, completed in 2012, provided by the Indiana State Department of Health and last changed in 2004, indicated there was only one dually certified bed listed for Room 521.</p> <p>During a follow up interview with the Administrator, conducted, on 2/24/23 at 3:30 P.M., he indicated he had reviewed the facility's bed</p>						

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	<p>inventory form and realized the resident rooms on the 500, Primrose Unit, were only certified for one resident. He indicated he did not recall why the facility had placed two residents in the same room. He indicated perhaps it was a clerical error in the computerized charting system.</p> <p>During an interview, with the Social Service Designee, conducted, on 3/2/23 at 9:15 A.M., she indicated she utilized a paper form to document room and/or roommate change notifications and then the completed form was scanned into the resident's electronic record by the Medical Records department. The SSD indicated there was currently a vacancy in Medical Records and she indicated she would go to the Medical Records office to look for any paper forms for Resident E and R that had not yet been scanned into the electronic clinical records. A subsequent interview with the SSD, conducted, on 3/2/23 at 11:30 A.M., indicated she was unable to locate any notification forms and could not recall any concerns voiced by Resident's E or R last summer regarding their room placements and/or roommates. She indicated she did not know why two residents would have been assigned to the same bed, in a room certified for only one resident.</p> <p>Review of the facility policy an procedure, titled, "Change of Room or Roommate," provided by the Director of Nursing, on 2/27/23 at 9:30 A.M. ,included the following: "...3. Requests for changes in room or roommate should be communicated to the Social Service Designee. 4. Prior to making a room change or roommate assignment, all persons involved in he changes/assignment, such as residents and their representatives, will be given advance notice of such a change as is possible. 5. The notice of a change in room or roommate will be provided in</p>						

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F 0684 SS=D Bldg. 00	<p>writing, in a language and manner the resident and representative understands, and will include the reason(s) why the move or change is required...7. The Social Service designee or Licensed nurse should inform the resident's sponsor/family in advance of a change in the resident's ...." There was no specific policy regarding how the notice was to be included into the resident's clinical record.</p> <p>This Federal tag relates to complaint IN00383543.</p> <p>3.1-3(v)(2)</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. Based on interview and record review, the facility failed to monitor and follow physician orders regarding a Wound VAC (vacuum-assisted wound closure)/NPWT (negative pressure wound therapy) for 1 of 1 residents with a wound VAC/NPWT. (Resident J)</p> <p>Findings include:</p> <p>On 2/23/23 at 2:28 P.M., a review of the clinical record for Resident J was conducted. The record indicated the resident was admitted on 12/30/22, as a full code, and discharge to a local hospital on 1/27/23. The resident's diagnoses included, but</p>			F 0684	<p>F684 Quality of Care Resident J no longer resides at facility All residents with orders for a wound vac reviewed to ensure facility monitoring and following physician orders for wound vac. MD/family notified for any resident found to have been affected by the deficient practice. Licensed nursing staff in-serviced on Negative Pressure Wound Therapy policy and ensuring any resident admitted with orders for a</p>		03/24/2023

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	<p>were not limited to: multiple sclerosis, a baclofen pump infection to the right lower abdomen with a Wound Vac and pressure ulcer of sacral region-Stage III (pressure injury with full-thickness lose of skin).</p> <p>The Hospital Discharge Report/orders, dated 12/29/22 indicated "Wound Description right lower quadrant Dressing Needs (type/supplies/schedule) wound vac to right lower quadrant, change every other day until wound closure...."</p> <p>A care plan, dated 12/30/22, for altered skin integrity, non-pressure related to a surgical wound to the right lower abdomen. The interventions included, but were not limited to: observe for signs and symptoms of infection such as swelling, redness, warm, discharge, odor and notify physician of significant findings, Wound Vac and treatments as ordered.</p> <p>A Physician Assistant Progress Note, dated 12/30/22 indicated "...Patient found to be resting comfortably in bed in no acute distress. He states he has a baclofen pump for his MS [multiple sclerosis] that has essentially left him paralyzed from the waste down. The original one that he had become infected and he became septic. He was sent to Indianapolis for surgery on the infected pump area...."</p> <p>A General Note, documented by the Wound Nurse Practitioner, dated 1/15/23, with a date of service of 1/3/23, indicated "...Surgical site at right lower abdomen with black sponge adhered to wound edges, borders dry. Scant serous drainage...Surgical site care per Surgeon, temporary orders provided...."</p>				<p>wound vac have those orders entered into PCC at time of admission or have notified MD for a temporary treatment order until wound vac arrives. UM/designee to complete admission audit on all new admissions/readmissions to ensure any resident admitted with orders for a wound vac have treatment order entered into PCC and wound vac is in place as ordered or a temporary treatment order has been obtained until wound vac arrives. These audits to be completed 5 times weekly x 30 days, then 3 times weekly x 30 days, then weekly x 4 months. UM/designee to review weekly wound assessments to ensure MD has been notified of any resident with complications related to negative pressure wound therapy. These audits to be completed weekly x 6 months. Results of audits to be reviewed in QAPI monthly x 6 months to track and trend. If any issues are identified than will continue audits based on IDT recommendation.</p>		

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	<p>A Wound Nurse Practitioner "Tissue Analytic" form indicated, on 1/3/23, a right lower abdomen wound measured 1.48 x 3.79 centimeters (cm) with red, black and yellow colors in wound. The form indicated the wound was present on admission and was from an infected intrathecal surgical site. The temporary orders, until 1/6/23, was to "...apply hydrogel to wound base then pack lightly with lightly moistened fluff gauze; cover with bordered foam dressing; follow Surgeon's orders for site care thereafter.</p> <p>A Note Text, effective 1/3/23 and created on 1/5/23, indicated "...Surgical site to right abd [abdomen] has wound vac orders. Staff to follow surgeons' orders for cleaning wound and apply Hydrogel wound base then pack lightly fluff gauze and cover with bordered foam until wound vac received...."</p> <p>A Note Text, dated 1/5/23, indicated the resident was not going to an appointment in Indy to see the surgeon on 1/6/23. The resident indicated he had told the surgeon he was not returning until he was able to "get up better". The surgeon was contacted two times and a message was left. This was documented by the Unit Manager.</p> <p>A General Note, documented by the Wound Nurse Practitioner, dated 1/28/23, with a date of service of 1/10/23, indicated "...Surgical site at right lower abdomen managed with Wound Vac per PCP [Primary Care Practitioner] until patient follows Surgeon. Yellow hard plaque debris to wound bed has not lifted...."</p> <p>A Wound Nurse Practitioner "Tissue Analytic" form indicated, on 1/10/23, a right lower abdomen wound measured 1.44 x 3.13 cm., with red, black and pink colors in the wound. The form indicated</p>						



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	<p>the wound was present on admission and was from an infected intrathecal surgical site.</p> <p>"...Renew temporary orders, until 1/17/23-patient needs to reschedule Surgical follow up; apply hydrogel to entire wound base then pack lightly with lightly moistened fluff gauze; cover with bordered foam dressing; follow Surgeon's orders for site care thereafter; will likely need further surgical intervention...."</p> <p>A General Note, documented by the Wound Nurse Practitioner, dated 1/18/23, with a date of service of 1/17/23, indicated "...Surgical site at right lower abdomen with black sponge adhered to wound edges, borders dry. Scant serous drainage...Surgical site care per Surgeon, temporary orders provided...." (Same documentation given on 1/3/23)</p> <p>A Wound Nurse Practitioner "Tissue Analytic" form indicated, on 1/17/23, a right lower abdomen wound measured 0.93 x 4.0 cm with 1.30 cm of undermining ,with red, black and pink colors in the wound. The form indicated the wound was present on admission and was from an infected intrathecal surgical site. "Follow Surgeon's orders for site care...."</p> <p>A General Note, documented by the Wound Nurse Practitioner, dated 1/24/23, indicated "...Surgical site at right lower abdomen managed with Wound Vac per PCP [Primary Care Practitioner] until patient follows with Surgeon. Patient has decided that he is willing to follow up with surgeon and is requesting assistance to schedule appointment...."</p> <p>A Wound Nurse Practitioner "Tissue Analytic" form indicated, on 1/24/23, a right lower abdomen wound measured 1.78 x 2.93 cm, with 1.30 cm of</p>						

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	<p>underming ,with red, black, yellow and pink colors in the wound. The form indicated the wound was present on admission and was from an infected intrathecal surgical site. "Follow Surgeon's orders for site care; needs follow up appt [appointment]...."</p> <p>A Weekly Skin Review, dated 1/7/23 indicated pre-existing open area-pressure area noted to right buttock. No other information was documented.</p> <p>A Weekly Skin Review, dated 1/14/23, indicated pre-existing surgical wound to right abdomen. Wound Vac in place. Coccyx-pre-existing open area.</p> <p>A Weekly Skin Review, dated 1/23/23, indicated pre-existing surgical wound to right abdomen. Coccyx-pre-existing open area. The Review did not indicate a Wound Vac had been in place.</p> <p>All General/Progress Notes reviewed and at no time did the facility document the surgeon had been contacted for the follow up appointment nor contacted regarding the condition of the wound.</p> <p>A Physician's Order, dated 1/2/23, indicated "...surgical wound, cleanse area with Normal Saline, pat dry and apply Border gauze daily...."</p> <p>A Physician's Order, dated 1/4/23, indicated "...Right Lower Abdomen: Surgical Wound every day shift for Surgical Wound Temporary Orders until 1/6/23 cleanse area with Normal Saline, pat dry, apply Hydrogel to the wound base then pack lightly moistened fluff gauze and cover with bordered foam daily.</p> <p>A Physician's Order, dated 1/6/23, indicated "...Apply wound vac @ 125mm/HG continuous Q</p>						

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	<p>[every] shift. May apply we to moist dressing in case of Wound Vac malfunction one time every Tue, Thu, Sat for Wound...."</p> <p>The Treatment Administration Record (TAR) for, December 2022, had no abdomen wound treatments and/or wound Vac documented.</p> <p>The TAR, for January 2023, indicated "...Temporary Orders until 1/6/23 cleanse area with Normal Saline, pat dry, apply Hydrogel to the wound base then pack lightly moistened fluff gauze and cover with bordered foam daily - Order Date- 01/04/2023 -D/C [discontinue] Date- 01/06/2023...." The TAR had no documentation which indicated the right lower abdomen wound received temporary wound care on 1/1/23, 1/2/23,1/3/23 1/4/23 and 1/6/23. It was documented the above order was completed on 1/5/23.</p> <p>The TAR, for January 2023, indicated "Apply wound vac @ 125mm/HG continuous Q [every] shift. May apply wet to moist dressing in case of Wound Vac malfunction one time a day every Tue. Thu, Sat for wound - Order Date- 01/06/2023 - D/C [discontinue] Date 01/11/2023. The documentation indicated the this order was carried out on 1/7/23 and 1/10/23, after that there was no documentation indicating Wound Vac dressing changes were being completed as ordered. The TAR then had another order which indicated "Wound vac @ 125mm/HG continuous Q [every] shift. every Tue, Thu, Sat for Right Lower Abdominal Wound Cleanse with wound cleanser, pat dry and apply Hydrogel to wound base. Apply wound vac @ 125mm/HG continuous Q [every] shift. May apply wet to moist dressing in case of Wound Vac malfunction. -Order date- 01/011/2023....." The documentation indicated this order was carried out on 1/12/23, 1/14/23, 1/17/23,</p>						

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	<p>1/19/23, 1/21/23, 1/24/23 and 1/26/23.</p> <p>During an interview on 2/27/23 at 11:52 A.M., the Unit Manager indicated the Wound Vac was ordered, on 1/3/23, through the facility's supply carrier. Unit Manager indicated she had placed the Wound Vac, on the resident's abdominal wound, but was unsure of the date. She indicated it was before the 7th, a Saturday, as she does not work the weekend. Unit Manager indicated she wished she had documented the date she placed the Wound Vac on the resident. No wound vac was documented as being placed over the wound, as ordered by the transferring physician, for 8, days.</p> <p>The Emergency Room (ER) Physician Report, dated 1/27/23, indicated on Physical Exam the patient presented with concerns of altered mental status and fever. He was given a dose of Tylenol at the facility and found to be hypotensive and was started on IV with 100 ml of Normal Saline and was infused with 300 ml. The patient's skin was warm and dry. There was a right lower quadrant abdominal wall Wound Vac in place with what appeared to be a yellow-white material in the wound VAC. The right lower quadrant abdominal wall incision had signs of cellulitis and tenderness with palpation. The Medical Decision Making indicated the resident's emergency contact was updated on the patient's condition and was explained that the patient had a " ...significant risk for morbidity and mortality given his septic shock, severe sepsis, dehydration, unstable a fib, lactic acidosis, UTI, sacral decubitus ulcer with cellulitis, wound VAC site with infection, lower extremity decubitus ulcers ...." The ER Medical Decision Making indicated the physician had contacted APS regarding the resident's wounds.</p> <p>The admitting hospital, Wound Care Note Note</p>						

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F 0686 SS=J Bldg. 00	<p>with pictures, dated 1/27/23, indicated on page 1 "</p> <p>...Negative pressure wound therapy dressing removed. Exudate canister if full of purulent drainage with foul odor ...page2 Surrounding skin is moist erythema, foam dressing was placed directly on skin. No date or time on dressing to indicate when last change ...."</p> <p>On 1/28/23 at 11:16 A.M., the Director of Nursing (DON) provided a policy titled, "Negative Pressure Wound Therapy", dated 2023, and indicated the policy was the one currently used by the facility. The policy indicated "...Policy: To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders...Policy Explanation and Compliance Guidelines: 1. Negative pressure wound therapy will be provided in accordance with the physician orders. 10. The physician shall be notified of any complications associated with the use of NPWT...."</p> <p>This Federal tag relates to complaint IN00400925.</p> <p>3.1-37(a) 3.1-37(b)</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical</p>						

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	<p>condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on interview and record review, the facility failed to ensure a resident who was admitted with pressure ulcers received appropriate treatment/services to prevent deterioration, infection and additional wounds. (Resident J)</p> <p>The immediate jeopardy began on 1/10/23 when the facility did not follow the Nurse Practitioner treatment orders to prevent the deterioration of the of pressure ulcers, a hospitalization, additional wounds discovered in Emergency Room and passed away 2 days later due to complications, one being pressure ulcers. The Administrator, the Director of Nursing (DON), an Assistant Director of Nursing (ADON), a Regional Nurse and a Registered Nurse (RN) were notified of the immediate jeopardy, at 4:28 P.M. on 2/28/23. The immediate jeopardy was removed, and the deficient practice corrected, on 3/2/23.</p> <p>Finding includes:</p> <p>On 2/23/23 at 2:28 P.M., a review of the clinical record for Resident J was conducted. The record indicated the resident was admitted on 12/30/22, as a full code, and discharge to a local hospital on 1/27/23. The resident's diagnoses included, but were not limited to: multiple sclerosis, neuromuscular dysfunction of the bladder, history of urinary tract infections and pressure ulcer of sacral region-Stage III (pressure injury with full-thickness lose of skin).</p>			F 0686	<p>F686</p> <p>Resident no longer resides in facility</p> <p>A skin assessment was completed on all other residents. Braden scale completed on all residents. Careplans reviewed/revise for any resident identified to be at risk for skin breakdown to ensure appropriate interventions are in place. Any resident that has a skin issue identified reviewed to ensure a treatment is in place.</p> <p>Nursing staff in-serviced by DCE/designee on the Pressure Injury Prevention and Management Policy and Weekly Skin Assessment Policy. The admission/readmission skin assessments will be completed electronically utilizing the Skin Only UDA by the licensed nurse within 24 hours of admission. The DNS/UM/designee will complete a second skin assessment on new admissions/readmissions from previous day to ensure admission skin assessment was completed accurately and orders in place for all identified wounds. These audits to be completed 5 times weekly x 30 days, then 3 times weekly x 30</p>		03/24/2023

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	<p>A Braden score, dated 12/30/22, indicated the resident was at high risk for developing pressure ulcers.</p> <p>A pressure ulcer care plan, dated 12/30/22, indicated the resident had pressure ulcers present on admission and was at risk for developing pressure ulcers related to his impaired mobility and bowel incontinence. The interventions included but were not limited to: assist with repositioning, observe/report signs &amp; symptoms of infection, provide thorough skin care after incontinent episodes and treatments as ordered.</p> <p>A Physician Assistant Progress Note, dated 12/30/22 indicated "...Patient found to be resting comfortably in bed in no acute distress. He states he has a baclofen pump for his MS [multiple sclerosis] that has essentially left him paralyzed from the waste down. The original one that he had become infected and he became septic. He was sent to Indianapolis for surgery on the infected pump area... He spent 6 weeks until he was able to be placed in our facility for further treatment and evaluation...He is unable to voluntarily move his lower extremities but does have feeling in his legs...." The Assessment/Plan indicated the following: "...1. Pressure ulcer of sacral region: Did not visualize wound today. Most likely from being bedridden for almost 6 weeks. Wound [Nurse Practitioner] is following and we will follow their recommendations...."</p> <p>The Treatment Administration Record (TAR) for, December of 2022, had no pressure wound treatments documented.</p> <p>A General Note, documented by the Wound Nurse Practitioner, dated 1/15/23, with a date of</p>			<p>days, then weekly x 4 months. DNS/UM/designee to review residents being seen by wound NP to ensure any changes in treatment orders are entered into PCC at the time they are received. These audits to be completed weekly x 30 days, then bi weekly x 30 days then monthly x 4 months. A facility wide skin sweep will be conducted to ensure that any resident with skin concerns have been identified timely and treatments initiated timely. These skin sweeps to be conducted weekly x 2 weeks, then bi weekly x 2 weeks then monthly x 5 months. Results of all audits will be reviewed by QAPI monthly to track and trend. If any issues are identified then will continue audits based on IDT recommendation.</p>			

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	<p>service of 1/3/23, indicated "...Will debride pressure ulcer with medical grade honey for autolytic debridement and softening of slough; anticipate sharp debridement in follow up. Patient is at increased risk for infection. Recommend specialty bed. Recommend offloading of bony prominence's while out of bed and heels offloaded...." The Note indicated to see the "Tissue Analytic" form in miscellaneous.. section of resident's chart.</p> <p>A Wound Nurse Practitioner "Tissue Analytic" form indicated, on 1/3/23 the resident had the following wounds:</p> <p>1. Right buttock, Stage 3 pressure ulcer, measured 1.43 x 2.59 x 0.3 centimeters (cm) and was present on admission. The ulcer had a moderate amount of drainage and no odor. Treatment: wound cleanser then medihoney with bordered gauze TID (three times a day)</p> <p>2. Left buttock, unstageable wound, measured 6.30 x 4.05 cm and had 70% slough (dead skin tissue that may have a yellow appearance) covering the wound bed. Present at admission. A moderate amount of drainage. Treatment: wound cleanser then medihoney and bordered gauze BID (twice a day).</p> <p>3. MASD (Moisture-Associated Skin Damage) to the buttocks, which measured 11.6 x 13.26 x 0.20 cm and was present on admission with scant drainage. Treatment: wound cleanser and then calmoseptine daily and as need for soilage.</p> <p>The Admission Minimum Data Set (MDS) Assessment, dated 1/6/23, indicated the resident was cognitively intact, required extensive assistance of two people for bed mobility and transfers. The assessment indicated the resident had an impairment of lower extremities on one side, had a Foley Catheter (a thin tube inserted</p>						



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	<p>into the bladder to drain urine into a drainage bag) was always incontinent of bowels and was admitted with two Stage 3 pressure ulcers.</p> <p>A Physician Progress Note, dated 1/6/23, indicated the Medical Director had examined and reviewed the resident's history. The examination indicated the skin was very dry in the lower extremities. The Assessment portion of the Note, indicated " ...Pressure ulcer of sacral region, stage 3 ...." The treatment portion of the note indicated " ...Pressure ulcer of sacral region, stage 3 Notes: Wound care underway ...."</p> <p>A General Note, documented by the Wound Nurse Practitioner, dated 1/28/23, with a date of service of 1/10/23, indicated "...Unstageable wound to the left and right buttock with surrounding MASD; sharp debridement performed today to the left buttock eschar and curette debredement to right buttock biofilm. Will optimize dressing treatment...." The Note indicated to see the "Tissue Analytic" form for full wound assessment.</p> <p>A Wound Nurse Practitioner "Tissue Analytic" form indicated, on 1/10/23 the resident had the following wounds:</p> <p>1. Right buttock, Stage 3 pressure ulcer, measured 1.89 x 2.22 x 0.3 centimeters (cm) and was present on admission. The ulcer had a moderate amount of drainage and no odor. Treatment: wound cleanser then calcium alginate medihoney with bordered gauze TID (three times a day)</p> <p>2. Left buttock, unstageable wound, measured 6.12 x 4.12 cm and had 70% slough (dead skin tissue that may have a yellow appearance) covering the wound bed. Present at admission. A moderate amount of drainage. Treatment: wound cleanser then calcium alginate, medical-grade</p>						

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	<p>honey and cover with bordered foam daily</p> <p>3. MASD (Moisture-Associated Skin Damage) to the buttocks, which measured 6.86 x 7.97 x 0.10 cm and was present on admission with scant drainage. Treatment: wound cleanser and then thin layer of calmoseptine daily and as need for soilage.</p> <p>Treatment documentation for the left buttock wound: The TAR for January 2023, indicated an order was received, on 1/4/23, for the treatment of the left buttock, stage III, pressure ulcer, which consisted of cleansing the wound with wound cleanser, pat dry and apply Medihoney TID (6:00 A.M., 2:00 P.M. &amp; 10:00 P.M.). This was first documented as completed, on 1/4/23 at 10:00 P.M., and continued, until 1/11/23 at 2:00 P.M. Then the TAR indicated a new order was received, on 1/11/23, which stated "...Left Buttock: Pressure Ulcer Stage 3 every day shift...Cleanse with wound cleanser, pat dry, apply Medi-honey TID [three times a day] and PRN [as needed], cover with bordered gauze. Offload with pillow. This treatment documentation started, on 1/12/23 but had been documented, once a day through to 1/27/23 even though the treatment order changed on 1/10/23 (see above)</p> <p>Treatment documentation for the right buttock wound: The TAR, for January 2023, indicated an order was received on 1/11/23 for the treatment of a "...Right Buttock: Pressure Ulcer Stage 3 every day shift...Cleanse with wound cleanser, pat dry, apply Medihoney BID [twice a day] and PRN [as needed], cover with bordered gauze. Offload with pillow...." The first documented right buttock treatment was on 1/12/23 and continued daily, until 1/27/23, even though the treatment order changed on 1/10/23 (see above)</p>						

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	<p>Treatment documentation for the MASD: The TAR, for January 2023, indicated an order was received on 1/4/23 for the treatment of "...Buttocks: MASD every day shift ...Cleanse with wound cleanse, pat dry, apply Calmoseptine/Calazine daily and PRN [as needed] for soilage. The first documented treatment was on 1/5/23 and continued daily until 1/11/23. Then the TAR indicated a new order was received, on 1/11/23, which stated "...Buttock: MASD three times a day...Cleans with wound cleanse, pat dry, apply Calmoseptine/Calazine daily and PRN [as needed] for soilage...." The treatment documentation started on 1/11/23 at 10:00 P.M. and continued TID through, to 1/26/23, even though the treatment order had changed on 1/17/23 (see below)</p> <p>The TAR for January 2023, indicated "...Staff to monitor all resident's wounds for both shifts for any changes and signs of infection. Document and report to provider for any changes...." This was first documented as completed on 1/6/23 at 8:00 P.M. and continued twice a day, until 1/27/23.</p> <p>A General Note, documented by the Wound Nurse Practitioner, dated 1/18/23, with a date of service of 1/3/23 (per DON the date of service corresponded with 1/17/23, Tissue Analytics), indicated no new information and repeated the 1/10/23 General Note.</p> <p>A Wound Nurse Practitioner "Tissue Analytic" form indicated, on 1/17/23 the resident had the following wounds:</p> <p>1. Right buttock, Stage 3 pressure ulcer, measured 2.53 x 1.39 x 1.0 centimeters (cm) and was present on admission. The ulcer had a moderate amount of drainage with no odor. Treatment: cleanse wound with Dakins (antiseptic) then collagen with</p>						

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	<p>bordered foam daily.</p> <p>2. Left buttock, unstageable wound, measured 4.46 x 3.77 cm and had 70% slough (dead skin tissue that may have a yellow appearance) covering the wound bed. Present at admission. A heavy amount of drainage with malodorous odor. Treatment: cleanse wound with Dakins (antiseptic) then Silver alginate and cover with bordered foam daily</p> <p>3. MASD (Moisture-Associated Skin Damage) to the buttocks, which measured 8.17 x 6.83 cm with 30 % slough and was present on admission. Wound bed bleeding. Treatment: wound cleanser and then thin layer of Zinc HD to periwound only three times a daily and as needed.</p> <p>A General Note, documented by the Wound Nurse Practitioner, dated 1/24/23, with a date of service of 1/24/23, indicated skin dry/flaky. "...There is an unstageable wound to the left and right buttock with surrounding MASD; sharp debridement performed today. Will optimize dressing treatment. Alginate to be applied to wound base then fill wound cavity with lightly moistened fluff gauze then apply zinc HD to peri wound...."</p> <p>A Wound Nurse Practitioner "Tissue Analytic" form indicated, on 1/17/23 the resident had the following wounds:</p> <p>1. Right buttock, Stage 3-now an unstageable pressure ulcer, measured 4.29 x 2.37 centimeters (cm) and was present on admission. The ulcer had a heavy amount of drainage with no odor. Treatment: cleanse wound with wound cleanser, apply silver alginate to wound bed then fill wound cavity with lightly-moistened fluff gauze; cover with bordered foam daily.</p> <p>2. Left buttock, unstageable wound, measured 5.90 x 3.74 cm and had 50% slough (dead skin</p>						

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	<p>tissue that may have a yellow appearance) covering the wound bed. Present at admission. A heavy amount of drainage with no odor. Treatment: cleanse wound cleanser then Silver alginate to wound bed then fill wound cavity with lightly- moistened fluff gauze; cover with bordered foam. Change daily and as needed.</p> <p>3. MASD (Moisture-Associated Skin Damage) to the buttocks, which measured 6.02 x 6.65 cm with 30 % slough and was present on admission. Wound bed bleeding. Treatment: wound cleanser and then thin layer of Zinc HD to peri wound only three times a daily and as needed.</p> <p>A Weekly Skin Review, dated 1/7/23 indicated pre-existing open area-pressure area noted to right buttock. No other information was documented.</p> <p>A Weekly Skin Review, dated 1/14/23, indicated pre-existing surgical wound to right abdomen. Wound vac in place. Coccyx-pre-existing open area.</p> <p>A Weekly Skin Review, dated 1/23/23, indicated pre-existing surgical wound to right abdomen. Coccyx-pre-existing open area.</p> <p>A General Note by LPN2, dated 1/23/23 at 7:16 P.M., indicated "...Resident's wounds show no worse symptoms. Moderate drainage observed. Wounds were cleaned up and covered with bordered dressing. No s/s [signs/symptoms] infection observed. Will continue to monitor...." Follow by another General Note, dated 1/23/23 at the same time, indicated "...Residents wounds show no unusual appearance. Copious drainage observed as usual. Wound has both eschar and slough. Skin around wounds red and peeling...."</p> <p>A General Note, dated 1/27/23 at 4:46 A.M.,</p>						

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	<p>indicated "...911 notified of need for resident to be transferred to [name of hospital] for TX [treatment] and evaluation...."</p> <p>An Emergency Room (ER) Physician Report, dated 1/27/23, indicated on exam the patient presented with concerns of altered mental status and fever. The patient's skin was warm and dry. There was a right lower quadrant abdominal wall wound VAC in place with what appeared to be a yellow-white material in the wound VAC. There were multiple areas of unstageable pressure ulcerations throughout bilateral lower extremities on the calves and heels., the ulceration on the right heel, measured approximately 3.0 centimeters, consistent with pressure ulceration. There was a large 2 to 3 deep pressure ulceration over the sacrum with a visible granulation tissue, tenderness surrounding it, surrounding erythema and extreme odor. Patient's skin is extremely dry on the extremities and flaking. The right lower quadrant abdominal wall incision had signs of cellulitis and tenderness with palpation. The ER Medical Decision Making indicated the resident's emergency contact was updated on the patient's condition and was explained that the patient had a "...significant risk for morbidity and mortality given his septic shock, severe sepsis, dehydration, unstable a fib [atrial fibrillation], lactic acidosis [body produces to much lactic acid and is produced when oxygen levels become low in the cells], UTI [Urinary Tract Infection], sacral decubitus ulcer with cellulitis, wound VAC site with infection, lower extremity decubitus ulcers ...." The ER Medical Decision Making indicated the physician had contacted APS [Adult Protective Services] regarding the resident's wounds.</p> <p>The hospital CT (Computed</p>						

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	<p>Toomography-diagnostic imaging exam) of the Abdomen and Pelvis with Contrast included the following: "...4. Soft tissue stranding [term applied to injury of skin, the fat and layers beneath the skin] and locules of gas likely reflecting developing decubitus ulcer subcutaneous soft tissues posterior to the lower sacrum and coccyx with soft tissue stranding and edema extending to the dorsal aspect of the sacrum and coccyx ..."</p> <p>The following Wound Care Notes &amp; Pictures, dated 1/27/23, provided by the hospital, indicated the following:</p> <p>"...Purulent drainage from penis, erosion from Foley catheter.</p> <p>Negative Pressure wound therapy dressing removed. Exudate canister is full of purulent drainage with foul odor. Surrounding skin is moist erythremia, foam dressing was placed directly on skin. No date or time on dressing to indicate when it was changed last.</p> <p>Left medial foot, deep tissue injury, 1.0 x 1.5 cm, surrounding skin blanchable.</p> <p>Right posterior ankle, 4.0 x 2.0 cm, deep tissue injury, wound base purple, surrounding skin is blanchable.</p> <p>Right plantar medial heel, 4.5 x 6. cm, Stage 2 pressure injury intact fluid filled blister.</p> <p>Right plantar lateral heel 0.5 x 1 cm deep tissue injury. Surrounding skin is blanchable.</p> <p>Left anterior medial foot deep tissue injury 5 x 3 cm purple, surrounding skin dry, flakey blanchable.</p> <p>Right lateral foot deep tissue injury 1 x 0.5 cm surrounding tissue is blanchable.</p> <p>Left Sacrum unstageable pressure injury 5 x 4.5 x 2 cm 10% yellow/90% brown slough</p> <p>Left buttock stage 2 pressure injury 4 x 3 deep red to pale pink</p> <p>Medical Sacrum unstageable pressure injury</p>						

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	<p>4 x 2 cm 30% yellow/70% brown slough Right coccyx to buttock unstageable pressure injury 7 x 3 cm 80% pale yellow/20% brown. Surrounding skin is nonblanchable red to purple in color ...."</p> <p>During an interview, on 2/28/23 at 11:40 A.M., the DON indicated the General Notes were completed, by the Wound NP, and were scanned into the facility's system, at a later date. However, the date of service was in the body of the assessment and represented the day the wound care was completed. The DON indicated the Tissue Analytics form was the date the wounds were assessed, treatments were ordered and were available to the unit managers/nurses.</p> <p>On 2/28/23 at 12:12 P.M. an interview was conducted with the DON and LPN/Unit Manager. The Unit Manager indicated on 1/14/23 &amp; 1/23/23 she had completed the form titled "Weekly Skin Review". The Unit Manager indicated if there had been any other skin problems or ulcers she would have documented them. The DON explained the Weekly Skin Reviews were when the nurse observes all of the skin and documents on all skin issues.</p> <p>On 2/24/23 at 9:57 A.M., the DON provided a policy titled, "Pressure Injury Prevention Guidelines", dated 2021, and indicated the policy was the one currently used by the facility. The policy indicated " ...Policy: to prevent the formation of avoidable pressure injuries and too promote healing of existing pressure injuries, it is the policy of this facility to implement evidence-based interventions for all residents who are assessed at risk or who have a pressure injury present ...Policy Explanation and Compliance Guidelines: 1. Individualized</p>						



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	<p>interventions will address specific factors identified in the resident's risk assessment, skin assessment, and any pressure injury assessment (e.g., moisture management, impaired mobility, nutritional deficit, staging wound characteristics) ...8. Compliance with interventions will be documented in the medical record ...b. For residents who have a pressure injury present: treatment or medication administration records; weekly wound summary charting. 9. The effectiveness of interventions will be monitored through ongoing assessment of the resident and/or wound. Considerations for needed modifications include: a. Development of a new pressure ulcer. b. Lack of progression towards healing or changes in wound characteristics ...."</p> <p>On 2/28/23 at 11:50 A.M., the DON provided a policy titled, "Skin Assessment", dated October 2022, and indicated the policy was the one currently used by the facility. The policy indicated "...Policy: It is our policy to perform a full body skin assessment as part of our systematic approach to pressure injury prevention and management. This policy included the following procedural guidelines in performing the full body skin assessment. Policy Explanation and Compliance Guidelines: 1. A full body, or head to toe, skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, daily for three days, and weekly thereafter. The assessment may also be performed after a change of condition or after any newly identified pressure injury...."</p> <p>The immediate jeopardy that began on 12/30/22 was removed and the deficient practice corrected on 3/2/23 when the facility completed a facility wide skin sweep with Braden scale completed on all residents, care plans updated/revised for any</p>						

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F 0690 SS=J Bldg. 00	<p>residents identified to be at risk for a pressure ulcer, nursing staff in-serviced on the Pressure Injury Prevention and Management &amp; Weekly Skin Assessment policies, with audits instituted to ensure compliance.</p> <p>This Federal tag relates to complaint IN00400925.</p> <p>3.1-40(a)(2)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p>						

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	<p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on interview and record review, the facility failed to ensure thorough assessments and care was provided for the use of a Foley catheter in 1 of 3 residents. And failed to identify a change in condition which resulted in sepsis and death . (Resident J)</p> <p>The Immediate jeopardy began on 12/30/22 when the resident entered the facility with a Foley catheter, and the facility did not document catheter care for 8 days and had no documentation of resident's output from the catheter. The resident was sent to a local hospital where he was diagnosed with Sepsis and an Urinary Tract Infection due to the Foley catheter. The resident deceased on 1/29/2023. The Administrator, the Director of Nursing (DON), Assistant Director of Nursing (ADON), a Regional Nurse and a Registered Nurse (RN) were notified of the immediate jeopardy at 4:28 P.M., on 2/28/23. The immediate jeopardy was removed, and the deficient practice corrected, on 3/2/23.</p> <p>Finding includes:</p> <p>On 2/23/23 at 2:28 P.M., a review of the clinical record for Resident J was conducted. The record indicated the resident was admitted to the facility, on 12/30/22, as a full code and discharged to a local hospital on 1/27/23. The resident's diagnoses included, but were not limited to: multiple sclerosis, neuromuscular dysfunction of the bladder, history of urinary tract infections (UTI)</p>			F 0690	<p>F690</p> <p>Resident no longer resides in the facility</p> <p>Current residents with indwelling catheters will be assessed to assure no s/s of infections. Orders put in place to document output every shift and to observe for s/s of infection to include clarity of urine. Nursing staff in-serviced on Catheter Care Policy to include documenting output every shift and observing for s/s of infection. Licensed nurses in-serviced on Change of Condition Policy. DNS/UM/Designee to review new admissions/readmissions to ensure anyone admitting with an indwelling catheter has orders in place for catheter use to include catheter care, documenting of output, and monitoring for s/s of infection. These audits to be completed 5 times weekly x 4 weeks, 3 times weekly x 4 weeks, then weekly x 4 months. Orders in place for licensed nurses to observe indwelling catheters, catheter care, and for signs and symptoms of infections. DNS/UM/designee to complete ongoing review of residents with indwelling catheters to ensure</p>		03/24/2023

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	<p>and pressure ulcers of the sacral region-Stage III (pressure injury with full-thickness loss of skin).</p> <p>The discharging hospital form titled, "Document Review Report", dated 12/15/22, indicated a baclofen pump replacement had occurred on 11/18/22, the resident had a history of UTIs, the resident performed self-catheterized on himself once a day, and an indwelling Foley catheter was inserted on 12/10/22. The form indicated a CT scan was completed, on 11/16/22, which indicated the resident had bilateral renal staghorn calculi with a partial obstruction.</p> <p>The Hospital Discharge Report/orders, dated 12/29/22, indicated " ...right lower quadrant ...wound vac to right lower quadrant, change every other day until wound closure...pt [patient] has neurogenic bladder. Currently with Foley in place. D/c [discontinue] on 1/2/23 and change to intermittent catheterization BID [twice a day] ...."</p> <p>The Admission Minimum Data Set (MDS) Assessment, dated 1/6/23, indicated the resident was cognitively intact, required extensive assistance of two people for bed mobility and transfers. The assessment indicated the resident had an impairment of his lower extremity on one side, had an indwelling Catheter (a thin tube inserted into the bladder to drain urine into a drainage bag) was always incontinent of his bowels and was admitted with two Stage 3 pressure ulcers.</p> <p>A care plan, dated 1/9/23, for the elimination of bowel and bladder indicated the use of an indwelling urinary catheter related to diagnoses of multiple sclerosis with neurogenic bladder with frequent urinary tract infections. The interventions included, but were not limited to:</p>				<p>catheter care is provided, output is documented and staff are visualizing contents of catheter for characteristics of urine and possible s/s of UTI. These audits to be conducted 3 times weekly x 4 weeks, then 2 times weekly x 4 weeks, then weekly x 4 months. DCE/designee to conduct catheter care observations. These audits to be conducted 3 times weekly x 4 weeks, then 2 times weekly x 4 weeks, then weekly x 4 months. Results of all audits will be reviewed by QAPI monthly to track and trend. If any issues are identified then will continue audits based on IDT recommendations</p>		

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	<p>encourage fluids, catheter care every shift, keep drainage bag below level of the bladder at all times, labs as ordered and monitor for signs &amp; symptoms of UTI such as change in color, odor, consistency of urine, fever and pain.</p> <p>There was no documentation regarding the catheter use, discontinuing the indwelling catheter or any urine output results from 12/30/2022 through 1/6/2023.</p> <p>A Physician's Order, dated 1/6/23, indicated the Foley catheter use was related to neuromuscular dysfunction of the resident's bladder and for staff to provide catheter care every shift and as needed. Catheter care included the following directions: to cleanse with soap and water, rinse and pat dry as needed and to change Foley drainage bag weekly and as needed.</p> <p>The Medication Administration Record (MAR) and Treatment Administration Record (TAR) for Resident J, for January 2023, indicated the catheter type, size and diagnosis supporting the use of the catheter was to be documented every shift. The documentation was initiated on 1/6/2023. In addition, the Foley catheter care every shift was initiated on 1/6/23 The facility had documented the drainage bag changes on 1/8, 1/13 and 1/20/23.</p> <p>During an interview, on 2/27/23 at 9:36 A.M., the DON indicated the drainage bag for a Foley catheter was changed once a week. She did not know if Foley was removed on the 1/2/23 as ordered. She provided an order for the Foley on 1/6/23 but did not know if it was the same Foley which was already in place at admission.</p> <p>During an interview, on 2/27/23 at 2:00 P.M., the</p>						

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	<p>DON indicated the facility does not document a resident's output of urine unless there was a specific order to do so. Therefore there was no documentation to indicate when the Foley catheter collection bag was emptied and how much urine was removed from the collection bag.</p> <p>The ER (Emergency) Physician Report, dated 1/27/23, indicated "...the skin of the penis and scrotum is erythematous [abnormal redness] without induration. There is an extensive amount of crusting...His Foley catheter was replaced and new urine taken off of new Foley catheter was sent with with evidence of UTI [Urinary Tract Infection]...</p> <p>The Hospital History &amp; Physical (H&amp;P) , dated 1/27/23, indicated "...Foley catheter appears to be very old, it was replaced...Foley in place with purulent urine...." The H&amp;P Impression and Plan indicated the patient had a fever, septic shock, pleural effusion and had a UTI associated with chronic indwelling Foley catheter. The H&amp;P indicated "...the source of sepsis was not clear however, the UTI or pleural effusion could be causing the septic shock...." The resident was admitted to the ICU (intensive care unit) and passed away on 1/29/23.</p> <p>On 2/27/2023 at 9:26 A.M., the DON provide a policy titled, "Catheter Care", dated October 2022, and indicated the policy was the one currently used by the facility. The policy indicated " ...1. Catheter Care will be performed every shift and as needed by nursing personal ...8. Empty drainage bags when bag is half-full or every 3 to 6 hours...."</p> <p>On 2/27/23 at 9:30 A.M., the DON provided a policy titled, "Notification of Changes", dated October 2022, and indicated the policy was the</p>						

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	<p>one currently used by the facility. The policy indicated "...Policy: The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification...Circumstances requiring notification include:...2. Significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial staus. This may include: a. Life-threatening conditions, or b. Clinical complications...."</p> <p>On 3/1/23 at 11:16 A.M., the Regional Nurse provided a policy titled, "Indwelling Catheter Use and Removal", dated October 2022, and indicated the policy was the one currently used by the facility. The policy indicated "...It is the policy of this facility to ensure that indwelling urinary catheters that are inserted or remain in place are justified or removed according to regulations and current standards of practice. Policy Explanation: Indwelling urinary catheters are catheters that remain in the bladder to assist with urinary elimination...Compliance Guidelines...2. Residents that admit with an indwelling catheter or subsequently receives one will be assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that the catheter is necessa [necessary]. 3. If an indwelling catheter is in use, the facility will provide appropriate care for the catheter in accordance with current professional standards of practice and resident care policies and procedures that include but are not limited to...f. Ongoing monitoring for changes in condition related too potential catheter-associated urinary tract infections, recognizing, reporting and addressing such changes...6. Additional care practices</p>						

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F 0757 SS=D Bldg. 00	<p>include: a. Recognition and assessment for complications and their causes, and maintaining a record of any catheter-related problems...d. Keeping the catheter anchored to prevent excessive tension on the catheter, which can lead to urethral tears or dislodgement of the catheter...7. Catheters and drainage bags should be changed based on clinical indications such as infection, obstruction, or when the closed system is compromised. Routine, fixed intervals is not recommended...."</p> <p>The immediate jeopardy that began, on 12/30/22, was removed and the deficient practice corrected, on 3/2/23, when the facility assessed all residents with indwelling catheters; to ensure no signs or symptoms of infection, nursing staff were in-serviced on the Catheter Care Policy and the Change of Condition policy, which included documentation required, and instituted on-going audits of residents with Foley catheters to ensure compliance.</p> <p>This Federal tag relates to complaint IN00400925.</p> <p>3.1-41(a)(2)</p> <p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p>						



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	<p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on interview and record review, the facility failed to monitor 1 of 3 residents who were administered a diuretic. ( Resident K)</p> <p>Finding includes:</p> <p>On 2/22/23 at 11:11 A.M., a review of the clinical record for Resident K was conducted. The record indicated the resident was admitted on 12/16/22, discharged to a local hospital on 1/12/23, returned to the facility on 1/23/23 and was discharged to a local hospital on 1/23/23 and did not return to the facility. The resident's diagnoses included, but were not limited to: encephalopath, post polio syndrome, non-traumatic intracranial hemorrhage, heart failure, generalized edema and convulsions.</p> <p>Lab work completed, on 12/23/22, indicated the residents potassium level was low at 2.6 (3.6-5.0-normal range) and sodium level was normal at 139 (137-145-normal range).</p> <p>A Care plan, date 12/26/22, indicated the resident was at risk for impaired cardiovascular status. The interventions included, but were not limited to: labs values will remain within therapeutic range, diet as ordered, lab work as ordered, monitor</p>			F 0757	<p>F757 Free From Unnecessary Drugs Resident K no longer resides at the facility All other residents who receive diuretics were reviewed in collaboration with physician to ensure they were being monitored related to their diuretic use. Licensed nursing staff to be in-serviced on diuretic medication use and the facility policy for Unnecessary Drugs. A copy of the regulations regarding unnecessary drugs and the facility's policy regarding Unnecessary Drug Use were provided to the physician as a resource. DNS/UM/designee to review in clinical start up new medication orders to ensure any resident with orders for a diuretic have been reviewed for any further monitoring that may be needed. DNS/UM/designee to also review new admissions/readmissions to ensure that pertinent hospital paperwork accompanied the</p>		03/24/2023

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	<p>weight and report significant changes.</p> <p>A Physician's Order, indicated the resident was being administered Lasix (water pill-prevents body from absorbing too much salt and allows the salt to be passed in the urine) 40 milligrams daily.</p> <p>A General Note, dated 12/23/22 at 2:40 P.M., indicated the Medical Director had assessed the resident and there were no new orders received.</p> <p>A General Note, dated 1/12/23 indicated a change in the resident's condition, oxygen level was 88% and was placed on oxygen, but became unresponsive and 911 was called and resident was sent to a local hospital.</p> <p>The Emergency Physician Report, dated 1/12/23, indicated the patient presented to ER for an evaluation of hypoxia and appeared more lethargic at the nursing home. Lab work indicated the patient's potassium was low at 2.1 and sodium level was high at 157 and the high level of sodium (hyponatremia) could be causing his altered mental status. The Report indicated the "...patient at risk for life threatening cardiac arrhythmia due to severe electrolyte abnormality requiring replacement of potassium...."</p> <p>The resident returned to the facility, on 1/23/23, with orders to continue the Lasix at 40 mg a day and to have a CBC (Complete Blood Count) in 5 days, but no orders to re-evaluate the resident's potassium or sodium levels, nor to start administering a potassium supplement.</p> <p>The Emergency Physician Report, dated 2/14/23, indicated the patient was brought into the ER today for acute alteration in mental status, hypoxia and hypotensive. Lab work indicated</p>				<p>resident and is available for physician to review. Both of these audits to be completed 5 times weekly x 30 days, then 3 times weekly times 30 days, then weekly x 4 months.</p> <p>Results of these audits to be brought to QAPI monthly x 6 months to track and trend. If any issues identified then will continue audits based on IDT recommendations.</p>		

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	<p>sodium level critical-high at 177 and potassium level low at 2.3. Patient was severely dehydrated causing the hyponatremia and was administered IV (intravenous) fluids and IV potassium.</p> <p>During an interview, on 2/24/23 at 1:20 P.M., the Medical Director/Physician indicated the facility was struggling to get hospital records/labs etc. He indicated if they do get the records it would be 2 weeks or more. He indicated had tried for the Admission Coordinator to obtain the records but she can't get them neither. They get the transfer sheet and medication order but no ER report, History &amp; Physical or Discharge Summary. He indicated he had no idea the Resident K had high potassium and high sodium levels when he went to the ER both times. He indicated they are trying to get the problem resolved but the hospital is not cooperating.</p> <p>During an interview, on 2/27/23 at 10:13 A.M. the Director of Nursing (DON) indicated the Medical Director had never mentioned a concern regarding the difficulty of the facility receiving hospital records after a resident had been sent for evaluation and treatment at a local hospital.</p> <p>A review of the Quality Assurance &amp; Performance Improvement (QAPI) notes for December 2022 &amp; 2023 January did not indicate the physician had mentioned his concern.</p> <p>During an interview, on 2/27/23 at 2:21 P.M., the Hospital Medical Records Employee indicated she would send any medical records to any nursing home who requested them.</p> <p>During an interview, on 3/2/23 at 11:22 A.M., the Hospital Liaison indicated she is not a nurse but reviews residents from hospital for admissions</p>						

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	<p>and re-admissions. She indicated she does not get the records, of the residents, after a stay at the hospital. Those records are sent to "Direct Connect" and they review and send to the Administer, DON and Admission Coordinator. She indicated the DON and/or Unit Manager should receive those records and have them available for the physician to review. She is not aware of what is actually sent nor if the records contain the information the facility needs for continuing care.</p> <p>On 2/23/23 at 12:25 P.M., the DON provided a form from the facility's pharmacy titled, "Medication Issues of Particular Relevance in Older Adults", dated 2006 and revised August 2014. The form indicated diuretics "...may cause fluid and electrolyte (hypo/hyponatremia, hypo/hyperkalemia (potassium), dehydration, etc) hypotension; may precipitate or exacerbate urinary incontinence, falls...."</p> <p>On 2/28/23 at 11:50 A.M., the DON provided a policy titled, "Medical Director Responsibilities", dated October 2022 and indicated the policy was the one currently used by the facility. The policy indicated "...Policy: The facility retains a physician designated as Medical Director, to coordinate the medical care provided by attending physicians, and to assist with development and implementation of resident care policies...4. The Medical Director's responsibilities include participation in:...b. Issues related to the coordination of medical care identified through the facility's QA [Quality Assurance] committee and other activities related to the coordination of care...."</p> <p>This Federal tag relates to complaint IN00401849.</p>						

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F 0944 SS=D Bldg. 00	<p>3.1-48(a)(3)</p> <p>483.95(d) QAPI Training §483.95(d) Quality assurance and performance improvement. A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program as set forth at § 483.75. Based on record review and interviews, the facility failed to conduct quarterly Quality Assurance and Performance Improvement (QAPI) meetings. This deficient practice potentially affected all 90 residents in the facility.</p> <p>Finding includes:</p> <p>During a review of the facility's QAPI binder for the past year, presented by the Administrator, on 3/3/23 at 9:30 A.M., indicated the Social Service Designee and the Administrator met, on 8/16/22, for a meeting regarding a specific issue related to a quality of life issues. There was also a form, dated 12/2/22 signed by all of the QAPI committee members including the Medical Director but there was no documentation of any content. In January 2023 there was documentation regarding a plan to address issues with baseline care plans but not all of the committee members had signed the attendance form and there was no evidence the entire facility QAPI areas were reviewed</p> <p>During an interview, with the Administrator, conducted, on 3/2/2023 at 11:25 A.M., he indicated he had started working at the facility March 2, 2023. He indicated he was busy "fixing" facility issues and there was no QAPI meeting held during the second quarter (April through</p>			F 0944	<p>No residents were not identified be affected by this citation. Facility held a QAPI meeting on 3/17/23.</p> <p>Residents were not found be affected by this practice. However, all can be indirectly affected by this citation.</p> <p>The Administrator has been educated on regulation F 0944 and the QAPI facility policy by Regional Leadership.</p> <p>QAPI will be conducted monthly for the next 3 months and at least quarterly thereafter. Each QAPI meeting minutes will be audited by the Regional Leadership or designee at least quarterly to ensure continued compliance.</p> <p>Regional Leadership will monitor to ensure QAPI meetings are occurring x 6 months for</p>		03/24/2023

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	<p>June 2022) He indicated he did not have any documentation of QAPI meetings during the first quarter, prior to March 2023. He confirmed there was a QAPI meeting with only the Social Services Designee in August, but indicated there was no QAPI meeting with all the required participants during the third quarter of 2022 (July through September 2022) He indicated he was on an extended leave of absence from September 2022 through Movement 2022 and there was no QAPI meeting conducted during his absence. He indicated the QAPI meeting in December 2022 was to "reorganize" and he confirmed there was no facility reports or information discussed but just a discussion about how the meetings were going to be conducted going forward. In January 2023 there was documentation regarding an improvement plan to address issues with baseline care plans but not all of the committee members had signed the attendance form and there was no evidence the entire facility QAPI areas were reviewed. He indicated the QAPI meeting for the first quarter of 2023 was scheduled on a later date in March 2023 and had not yet been conducted.</p> <p>Review of the facility policy and procedure, titled, "Quality Assurance and Performance Improvements (QAPI)", provided by the Administrator, on 3/2/23 at 12:29 P.M., included the following: "...2. The QAA Committee shall be interdisciplinary and shall: a. Consist at a minimum of: i. The Director of Nursing Services ii. The medical Director or his/her designee, iii. At least three other members of the facility's staff, at least one of which must be the Administrator, Owner, a Board Member or other Individual in a leadership role, and iv. The Infection Preventionist. b. Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying</p>				regulatory compliance. Areas of deficient practice will be identified and reviewed with the Administrator for correction.		

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	<p>issues with respect to which quality assessment and assurance activities, including performance improvement projects under the QAPI program, are necessary. (sic) c. Develop and implement appropriate plans of actions to correct identified quality deficiencies. d. Regularly review and analyze date, including date collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. e. The QAA committee must sign to verify approval of all plans of correction written...." There was no evidence the facility was monitoring systems regarding quality of life and quality of care to ensure deficient areas were identified, facility data was analyzed and quality improvement programs were implemented to address areas of concern.</p>						