STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00440151. Complaint IN00440151 -- Federal/State deficiency related to the allegations are cited at F686. Survey dates: August 8 and 9, 2024 Facility number: 013635 Provider number: 155843 AIM number: 300026664 Census Bed Type: SNF/NF: 7 SNF: 41 Residential: 14 Total: 62 Census Payor Type: Medicare: 37 Medicaid: 7 Other: 4 Total: 48 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 19, 2024.	F 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Investigation of Complaint 440151 Please accept this Plan of Correction as the provider's credible allegation of compliance as of September 3, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amie Groce	RN	08/30/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	(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 condition demonstrates that they were unavoidable; and (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. Based on interview and record review, the facility failed to ensure 1 of 3 residents reviewed for pressure ulcers had routine and timely wound assessments, including measurements, conducted on a weekly, or more often as needed, basis and documentation conducted to reflect these assessments. (Resident B) Findings include: The clinical record of Resident B was reviewed on 8/8/24 at 11:16 a.m. Resident B's diagnoses included, but were not limited to, a displaced fracture of the right femur, hypertensive stage three (3) chronic kidney disease, and age-related osteoporosis. An admission Minimum Data Set (MDS) assessment, dated 5/14/24, indicated Resident B admitted into the facility with an unstageable pressure ulcer (wound in which a full-thickness tissue is lost, with the extent of the wound being obscured by slough or eschar tissue) during the first week of May 2024. It also indicated Resident B was cognitively intact. The admission nursing assessment, dated 5/8/24, indicated Resident B had a "skin impairment,"	F 0686	Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident B is discharged. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected. Licensed nurses will be educated on the policy: Pressure/Stasis/Diabetic/Arterial Wound Guidelines. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: As a measure of ongoing compliance, the DHS or designee will audit 5 residents with pressure wounds to ensure wound are assessed and documented per policy. Audits will be conducted weekly x4 weeks, then bi weekly x 1 month, then monthly x 4 months. How the corrective measures will be monitored to ensure the alleged deficient	09/03/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	with details identified on an associated document entitled, "Wound Event." The associated "Wound Event," dated 5/8/24, indicated the skin impairment was located at the "gluteal fold/coccyx area," measuring 2.5 centimeters (cm) in length by 1.8 cm in width, and was present on admission. The wound event/assessment did not address the stage of the wound, any drainage or exudate, the color of the wound, if any odor was present, the wound margins, the surrounding tissue or if any tunneling or undermining was present. The wound event form was handwritten and did not indicate if the information was entered into the facility's electronic health record (EHR) system. Under the section entitled "Evaluation," it did not indicate if a "Wound Management Tool," was initiated into the EHR for Resident B. A care plan, dated 5/8/24, indicated Resident B had a "pressure ulcer to the gluteal fold." The goal of the care plan indicated the wound was to heal without complications. Interventions, dated 5/8/24, identified for this care plan included, but were not limited to, "Weekly skin assessment, measurement, and observation of the pressure area and record." In an interview with Resident B on 8/8/24 at 1:50 p.m., it indicated admission to the facility was for rehabilitation after a hospital stay for a fractured femur and surgical repair, as well as "problem with the skin to my bottom." The resident described the area as "inflamed or at least really red, not sure if it was actually open or not." Resident B recalled after admission, the facility's wound nurse came to look at her bottom within a day or two after admission, then again about a week later, then does not recall seeing that person anymore. In an interview with the Assistant Director of		practice does not recur: For quality assurance, the ED or designee will review any findings and subsequent corrective action at least quarterly for at least two quarters (six months) in the campus quality assurance meetings. Any identified issues will be reviewed in detail by the QAPI committee and new processes put in place to ensure compliance with this regulation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Nursing (ADON)/Wound Nurse and the Executive Director on 8/9/24 at 10:45 a.m., the ADON/Wound Nurse indicated, "It is completely on me. It was very busy here for me with the DON [Director of Nursing] out and I had a lot of responsibilities to handle. I did see her [Resident B] within a day or two of admission and again about a week later. I wrote the notes down about measurements and the assessment, but [I] did not get it put into the computer." At this time, the Executive Director provided a listing of residents with skin impairments, for the dates of 5/7/24 through 5/13/24. This document included a handwritten note with Resident B's last name present and measurements documented as 2.5 cm in length by 1.6 cm in width and by 0.2 cm in depth. There was no other information, such as wound location or description of the wound present. This information was not located in the EHR for Resident B. No information was located in the EHR which indicated the attending physician was made aware of the pressure ulcer until on/after 5/29/24. In an interview on 8/9/24 at 1:04 p.m., with the ADON/Wound Nurse, DON and Corporate Nurse, the ADON/Wound Nurse indicated, "From what it looks like, when I saw the resident on that first day or so after admission, I measured the wound and added a foam dressing because those [foam dressings] are good for a seven day time period. I don't see any particular care or dressing orders put in [to the EHR]. It doesn't look like any measurements or assessments were documented from 5/7/24 until 5/18/24, except for the standard weekly skin assessments and a rather vague order for a dressing change and incontinence care." Documentation in the EHR did not reflect the application of a foam dressing to the wound.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	In an interview with the Corporate Nurse and the DON on 8/9/24 at 1:04 p.m., they reviewed the information located in the clinical record with the following information: -5/7/24: New order indicated, "Starting day 3, change dressing once daily PRN [as needed] if soiled or loose." This order did not provide details to indicate the of location for the dressing change, what type of dressing to use, any cleansing instructions or if any special treatments were to be utilized. The order was unclear if the dressing change was to be conducted on a daily basis and additionally if it is soiled or loose, or only once a day if it is soiled or loose. The "Treatment Administration Record," (TAR) for May 2024, reflected only one dressing change, on 5/21/24. -5/14/24: A new foam dressing was applied, but the ADON/Wound Nurse did not document this in the clinical record. Documentation in the EHR did not reflect the application of a foam dressing to the wound. -5/18/24: A new event was opened by Registered Nurse (RN) 4, regarding a new skin issue, located to the top of the gluteal fold; this "new area" was the previously identified area denoted on the 5/8/24 "Wound Event," not an actual new skin area. -5/19/24: New orders were entered into the EHR for a check and change of coccyx dressing with no other details, to be conducted daily. The May 2024, TAR reflected daily dressing changes were conducted from 5/20/24 through 5/29/24, when the order was changed. -5/29/24: Began weekly wound assessments and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	measurements, with documentation located in the EHR located under "Wounds," with appropriate documentation included and reflected slow improvement in the measurements and wound in general. -The TAR for May 2024, indicated weekly skin assessments were conducted on 5/13/24, 5/20/24 and 5/27/24, each indicating a "2," reflective of an "old impairment." The TAR did not specify what the old skin impairment was or its location. The weekly wound assessments that began on 5/29/24, indicated the wound measurements were 2.5 cm in length by 1.5 cm in width by 0.2 cm in depth, slightly smaller than the admission measurement of 5/8/24. The most recent measurements, dated 8/1/24, indicated the pressure ulcer, now identified as a stage three wound (wound characterized by a full-thickness loss of skin extending to the subcutaneous tissue), were 1 cm in length by 0.2 cm in width. On 8/9/24 at 1:58 p.m., the Corporate Nurse provided a copy of a policy entitled "Pressure/Stasis/Arterial/Diabetic Wound Guidelines." This policy had a review date of 12/31/23. This policy indicated its purpose was, "To provide weekly documentation of wound measurements and condition. Appropriate wound event is completed by a RN/LPN in EHR. Complete [an] event for each impaired area. All measurements are recorded in centimeters. Wound event will remain open in EHR until wound management tool is initiated. Document description of wound using length [from] 12 o'clock to 6 o'clock; width [from] 3 o'clock to 9 o'clock; depth [of] deepest area of wound bed; exudates; color; odor; wound margins; surrounding tissue; tunneling and/or undermining			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	if applicable. Re-assessment/measurement weekly or with significant change in wound noting the current treatment, medical interventions provided, and comments as needed. DHS/ADHS and/or designee to close/complete wound management PUSH tool when area healed." This citation relates to Complaint IN00440151. 3.1-40(a)(2) 3.1-40(a)(3)			