

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155245	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2024
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NAME OF PROVIDER OR SUPPLIER  CASTLETON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 7630 E 86TH ST INDIANAPOLIS, IN 46256
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00427922.</p> <p>Complaint IN00427922 - Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Survey dates: February 10, 2024</p> <p>Facility number: 000149 Provider number: 155245 AIM number: 100266840</p> <p>Census Bed Type: SNF/NF: 46 Total: 46</p> <p>Census Payor Type: Medicare: 1 Medicaid: 28 Other: 17 Total: 46</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 12, 2024</p>	F 0000	<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 the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Castleton Health Care Center maintains the alleged deficiencies do not individually jeopardize the health and/or safety of its residents nor are they if such character as to limit the provider's capacity to render adequate resident care. Furthermore, Castleton Health Care Center asserts that it is in substantial compliance with regulations governing the operation of long-term care facilities, and this Plan of Correction in its entirety constitutes the provider's credible allegation of compliance. The facility respectfully requests a desk review.</p>	
F 0686 SS=D Bldg. 00	<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.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Ryan Kinzie	Executive Director	02/22/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are 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>(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</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 treatment changes for a pressure ulcer were implemented for Residents B and C and ensure a treatment for an identified pressure ulcer was initiated for Resident C.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 2/10/24 at 7:15 p.m. The diagnoses included, but were not limited to, malnutrition, congestive heart failure, asthma, seizures, and atrial fibrillation.</p> <p>A physician order, dated 1/18/24, indicated to cleanse coccyx with wound cleanser, pat dry, apply medihoney and cover with bordered foam daily.</p> <p>A wound progress note, dated 1/24/24, indicated a stage 3 pressure ulcer to the coccyx that was identified on 12/20/23. The plan was to cleanse the coccyx with 1/4 strength Dakins solution, apply medihoney to promote autolytic debridement, cover with a foam dressing daily and as needed. The additional instructions included, but were not limited to, "...Ensure dressing changed per RX [physician orders] to promote maximum efficacy...."</p>	F 0686	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 the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Castleton Health Care Center maintains the alleged deficiencies do not individually jeopardize the health and/or safety of its residents nor are they if such character as to limit the provider's capacity to render adequate resident care. Furthermore, Castleton Health Care Center asserts that it is in substantial compliance with regulations governing the operation of long-term care facilities, and this Plan of Correction in its entirety constitutes the provider's credible allegation of compliance. The facility respectfully requests a desk review.	02/22/2024

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	<p>The electronic treatment administration record (ETAR), January 2024, indicated the physician order, dated 1/18/24, was implemented from 1/18/24 until 2/7/24.</p> <p>The recommendations to cleanse the coccyx wound with Dakins was not implemented on 1/24/24.</p> <p>A wound progress note, dated 1/31/24, indicated the plan for the coccyx wound was to cleanse with 1/4 strength Dakins solution, apply Hydrofera blue to the wound bed, and change the dressing daily and as needed. The additional instructions included, but were not limited to, "...Ensure dressing changed per RX to promote maximum efficacy...."</p> <p>The recommendations to cleanse the coccyx wound with Dakins and apply Hydrofera blue was not implemented on 1/31/24.</p> <p>A document titled "Wound Rounds", dated 2/7/24, was provided by the Director of Nursing (DON) on 2/10/24 at 9:05 p.m. The document indicated Resident B's coccyx wound had worsened. There was no documentation under treatment orders in regards to plan and/or recommendations.</p> <p>A physician order, start date of 2/8/24, indicated to cleanse the coccyx wound with 1/4 strength Dakins solution, apply crushed Flagyl to wound bed, apply Hydrofera blue into the wound bed, and cover with bordered foam daily and as needed.</p> <p>An interview conducted with DON, on 2/10/24 at 8:00 p.m., indicated the treatment orders are to be</p>		<p>1 How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>a Resident B and C orders were reviewed and updated to reflect current treatment orders.</p> <p>2 How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>a All residents with wounds have the potential to be affected by this alleged deficient practice. DON/Designee Reviewed orders for all residents with wounds and updated as needed.</p> <p>3 What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>a Nursing staff education on receiving and transcribing medication and treatment orders.</p> <p>b DON/Designee will audit treatment orders 2 times weekly x 4 weeks, weekly x 4 weeks, then monthly x 4 months.</p> <p>4 How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>a Findings of audit will be reported monthly at the QA/Risk management meeting for any systemic changes x 4 months or until substantial compliance has been maintained.</p>	

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	<p>implemented. She was in the process of getting the documentation in the electronic medical record to reflect the wound round notes.</p> <p>2. The clinical record for Resident C was reviewed on 2/10/24 at 7:45 p.m. The diagnoses included, but were not limited to, multiple sclerosis, stage 4 pressure ulcer of left buttock, stage 3 pressure ulcer of sacral region, muscle weakness, and need for assistance with personal care.</p> <p>A pressure ulcer care plan, revised 11/16/23, indicated the following, "...[Name of Resident C] has pressure ulcer(s)...and has potential for pressure ulcer development r/t [related to] Dx [diagnosis] of MS [multiple sclerosis]...Interventions...Administer treatments as ordered...."</p> <p>A current physician order, dated 12/21/23, indicated the following, "...Wound to L. [left] gluteus and sacrum: Clean with Dakins 0.25% and pat dry, Wound Vac Intermittently @ [at] 125mm/Hg [millimeters of mercury] - place hydrocolloid on the superficial areas before applying wound vac to Stage 4 area, bridge to buttock wound. Change MWF [Monday, Wednesday, and Friday]...."</p> <p>A current physician order, dated 2/2/24, indicated the following, "...Acetic Acid Irrigation Solution 0.25%...Use 1 application via irrigation two times a day for wound care cleanse sacral and left gluteal fold pressure ulcers using acetic acid, pack using acetic acid moistened gauze and cover using bordered foam...."</p> <p>These physician orders were both active and current as of 2/10/24 at 9:00 p.m.</p>			

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	<p>The ETAR for January of 2024 indicated the wound vac order was on hold on 1/19/24, 1/22/24, and 1/24/24. It was not signed off, as completed, on 1/26/24 and 1/29/24.</p> <p>A wound progress note, dated 1/31/24, indicated the plan for the sacral and left gluteal wound was to utilize acetic acid moistened gauze to lightly fill the wound space, cover with an abdominal pad, change twice daily and as needed.</p> <p>A document titled "Wound Rounds", dated 2/7/24, was provided by the DON on 2/10/24 at 9:05 p.m. The document indicated, under treatment orders, to cleanse the sacral and left gluteal wound with Dakins, apply Dakins moistened gauze, and cover with bordered foam twice a day and as needed. The document noted a new pressure ulcer to Resident C's right hip. The treatment listed was to paint the right hip with Betadine and cover with a bordered foam.</p> <p>The ETAR for February of 2024 indicated the wound vac order was being signed off, as administered, on 2/2/24, 2/7/24 and 2/9/24.</p> <p>The order for Acetic Acid solution and Acetic Acid packed gauze to the sacrum and left gluteus wounds were signed off, as administered, from 2/3/24 to 2/10/24 in the morning.</p> <p>There were no order changes implemented for the treatment change to Dakins of the sacrum and/or the left gluteal wound.</p> <p>There were no treatment orders initiated for the newly identified pressure ulcer to Resident C's right hip on the ETAR of February 2024.</p> <p>An interview conducted with the DON, on 2/10/24</p>			

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	<p>at 8:58 p.m., indicated the wound vac for Resident C was on hold at the time of interview.</p> <p>A policy titled "Pressure Ulcer Overview", revised March of 2020, was provided by the Director of Nursing (DON), on 2/10/24 at 9:35 p.m. The policy indicated the following, "...Avoidable...means that the resident developed a pressure ulcer/injury and that one or more of the following was not completed...Definition or implementation of interventions that are consistent with resident needs, resident goals, and professional standards of practice...Monitoring or evaluation of the impact of the interventions; or...Revision of the interventions as appropriate...."</p> <p>A policy titled "Negative Pressure Wound Therapy", revised February 2014, was provided by the DON on 2/10/24 at 9:23 p.m. The policy indicated the following, "...Preparation...1. Verify that there is an order for this procedure...General Guidelines...1. NPWT [Negative Pressure Wound Therapy] is contraindicated in residents who have wounds with necrotic tissue with eschar, untreated osteomyelitis, non-enteric fistula or a malignancy in the wound...."</p> <p>This citation relates to Complaint IN00427922.</p> <p>3.1-40(a)(2)</p>			