

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

PRINTED: 01/23/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155772		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/20/2022	
NAME OF PROVIDER OR SUPPLIER COBBLESTONE CROSSINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1850 E HOWARD WAYNE DR TERRE HAUTE, IN 47802			
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F 0676 SS=D Bldg. 00	<p>483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities</p> <p>§483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including</p> <p>(i) Speech,</p> <p>(ii) Language,</p> <p>(iii) Other functional communication systems.</p>						

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

TITLE

(X6) DATE

Nicole Griffith

Executive Director

01/06/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>Based on observation, interview, and record review, the facility failed to ensure a resident with known increased loss of vision was provided treatment and services to maintain the ability to carry out dining activities for 1 of 3 residents reviewed for activities of daily living. (Resident B)</p> <p>Findings include:</p> <p>Resident B's clinical records were reviewed on December 19, 2022 at 9:30 a.m. Diagnoses included, but were not limited to, glaucoma (date diagnosed March 01, 2017).</p> <p>Taber's Cyclopedic Medical Dictionary 22 Edition indicated glaucoma was a disease which causes increased intraocular (inside the eyeball) pressure resulting in atrophy (wasting away) of the optic nerve (nerve critical to vision) which caused gradual loss of peripheral vision and ultimately blindness.</p> <p>Resident B's Face Sheet (undated) indicated, "Alerts: Legally Blind."</p> <p>Taber's Cyclopedic Medical Dictionary 22 Edition indicated legally blind as a degree of loss of vision defined as corrected visual acuity of 20/200 or less, or a visual field of 20 degrees or less in the better eye.</p> <p>Occupational Therapist Progress & Discharge Summary, dated March 15, 2022, indicated the reason for therapy referral was due to limited vision and increased difficulty with meals. "Patient reports multiple concerns such as locating utensils and loading utensils with adequate bites.... Precautions: Legally blind. ... End of Goal Status as of 3/14/2022 The patient is able to effectively utilize regular utensils to</p>			F 0676	<p>The submission of this plan of correction does not indicate an admission by Cobblestone Crossings Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Cobblestone Crossings Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>1. Resident B suffered no ill effects from the alleged deficient practice. Through therapy evaluation on 1/5/23 resident's care plan will be updated to add scoop guard and desserts in bowls per preference to remain independent in dining.</p> <p>2. All residents have the potential</p>		01/07/2023

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	<p>manage food on utensils requiring moderate assistance (26-75% assist)." Analysis of Functional Outcome/Clinical Impression: "Patient improved to supervision level with meals with use of fluorescent lighting." A long term goal indicated, "The patient will be able to feed self after set-up using high contrast materials, increased lighting, and compensatory scanning techniques for 100% of meal increasing to modified independence (assistive device or extra time needed) and 50% verbal instruction/cues."</p> <p>A quarterly Therapy Screen, dated December 05, 2022, indicated, "Therapy recommendation not indicated." The screen indicated an assessment for "activities of daily living." The screen lacked an assessment that indicated eating, activities of daily living was evaluated. The Therapy Progress Notes were blank.</p> <p>A Care Plan, initiated on April 09, 2018 and edited on December 19, 2022, indicated, "Resident has impairment in functional status in regards [sic] to ... eating due to resident is blind." The established goal for Resident B to achieve through January 21, 2023; indicated, "Resident will maintain or improve in functional status in regards [sic] to ... eating." Care approaches staff will implement to achieve established goal indicated, but were not limited to:</p> <p>-April 09, 2018 (approach start date): Resident required extensive assist with eating. -December 19, 2021 (approach start date) Edited December 19, 2022: Utilize a divided plate and explain food placement to resident. -March 14, 2022 (approach start date): Table light to be utilized during meals.</p> <p>A Care Plan; initiated on April 09, 2018 and edited</p>				<p>to be affected by the alleged deficient practice. Residents who are legally blind have been reviewed for maintaining dining activities through therapy screenings. No other recommendations made for those residents. Dining preferences and assistance has been provided to resident B and therapy referral has been completed for dining activities.</p> <p>3. Activities staff will be educated on providing assistance while on outings. Nursing staff will be educated on providing assistance as needed during dining activities. As a measure of ongoing compliance, director of health services (DHS) or designee will audit for new vision impairments for 5 residents weekly for 4 weeks, then every other week for 2 months, and then monthly for 3 months.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p>		

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	<p>on October 21, 2022; indicated, Resident demonstrated visual losses related to glaucoma. The established goal for Resident B to achieve through January 21, 2023 indicated, "Resident will continue to participate in his activities of daily living despite significant visual loss/legal blindness." Care approaches staff will implement to achieve established goal indicated, but were not limited to:</p> <p>-April 09, 2018 (approach start date): Provide visual-aid appliances such as divided plate and table light.</p> <p>Resident B's annual Minimum Data Set Assessment, dated June 21, 2022, and the most current quarterly Minimum Data Set Assessment, dated September 19, 2022, indicated the resident's speech was clear. When communicating he could understand others with clear comprehension and others could understand him with clear comprehension. He was cognitively intact and independent with daily decision making. His vision was highly impaired. He could eat meals, after staff provided set up assistance, with staff's supervision.</p> <p>Nutrition Progress Notes indicated:</p> <p>-March 22, 2022; "Quarterly ... Receives and tolerates a Regular diet. Utilizes a divided plate to support independence with staff assist as needed. ... table light to be used at meals related to diagnosis of glaucoma...."</p> <p>-September 22, 2022; "Quarterly ... Receives and tolerates a Regular diet. Utilizes a divided plate to support independence with staff assist as needed. ... table light to be used at meals related to diagnosis of glaucoma...."</p>						

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	<p>-December 12, 2022; ; "Annual ... Receives and tolerates a Regular diet. Utilizes a divided plate to support independence with staff assist as needed. ... table light to be used at meals related to diagnosis of glaucoma...."</p> <p>Resident Progress Notes indicated:</p> <p>-October 04, 2022 at 2:10 p.m. Nursing. "... call out to [doctor], resident requesting earlier appt [appointment], pt [patient] is having trouble seeing, pt was told in previous appts that total blindness was the prognosis. ..."</p> <p>-October 07, 2022 at 4:45 p.m. Social Services. "On 10-04 resident had told nurse that he felt he could not see as well as before. Resident is aware that eventually he will be totally blind in both eyes. ... Resident states he sees nothing but blackness ..."</p> <p>-October 08, 2022 at 1:31 p.m. Nursing "Resident has expressed c/o [complaints of] vision problems ..."</p> <p>-October 12, 2022 9:26 p.m. Nursing "...MD [Medical Doctor] said that pt's right eye is infected and has an ulcer ... New order for eye drops ... referred pt to cornea specialist in Indianapolis...."</p> <p>-October 15, 2022 at 10:53 a.m. Nursing "pt cont's [continues] to be LOA [out] in the hospital ... cornea replacement ..."</p> <p>-October 15, 2022 at 10:20 a.m. Nursing "swelling and redness noted on right eyelid, Sutures in place on top and bottom eyelids. Bruising noted on both eyes. Res c/o tenderness to the area..."</p>						

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	<p>Progress notes; dated through December 20, 2022; indicated continued follow-up from surgery and no indicated reports of improved vision.</p> <p>On December 19, 2022 at 10:50 a.m.; Resident B was interviewed. During the interview, Resident B was observed to be positioned in a wheelchair in his room. His right eye was minimally opened. The Social Service Director was present in the room. Resident B explained he could not see, just seeing "darkness." He explained feeling "frustrated" with himself. He was unable to see during meals and he could "not get food on my fork or spoon." Sometimes the meat was not cut small enough to pick up and place in his mouth. He could not see to cut up his food. If he wanted therapy assistance he would have to eat meals in the restorative dining room. "That room is for residents who are going to die." There was "too much" he didn't like about the restorative dining room and he would not eat in there. The Social Service Director indicated Resident B had "declined" eating in the restorative dining room where therapy would work with him. Resident B indicated he just wanted to be able to socially appropriately eat a meal in the dining room.</p> <p>On December 19, 2022 Resident B was observed eating a meal in the dining room from approximately 12:00 p.m. to 1:00 p.m. He was consuming his choice of ham and bean soup with corn bread. A staff member would walk up to Resident B several times and provide assurance of having soup on his spoon. Once assurance was provided Resident B would bring the spoon to his mouth and eat without spillage. He would not take a bite without the assurance and would wait for staff to return to his table to provide the assurance. Resident B consumed approximately</p>						

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	<p>50% of the soup and 0% of the corn bread, which was tucked at the top left of the soup bowl just under the rim.</p> <p>Vitals Report for lunch on December 19, 2022; indicated Resident B consumed 76-100% of the meal.</p> <p>On December 19, 2022 at 11:50 a.m. Resident B's family member was interviewed. During the interview, the family member indicated on November 01, 2022, a staff member was heard to tell the resident "It's right in front of you" when he had asked for assistance with a meal. "He was in the dining room and staff would not help him." All the staff need to do is "sit with him and help him and they don't."</p> <p>On December 19, 2022 at 4:35 p.m., another of Resident B's family member was interviewed. During the interview, the family member indicated on December 18, 2022 they had come in to visit. Resident B was in the dining room. Pot Roast had been served. The meat pieces were in such "large chunks" the meat dangled from the fork. The meat often fell off and the resident became "frustrated" and quit eating without finishing the meal. The Family remembered there being 2 or 3 staff present in the dining room and no staff approached Resident B to provide assistance or cut his meat into bit size pieces.</p> <p>Vitals Report for lunch on December 18, 2022 indicated Resident B consumed 76-100% of the meal.</p> <p>The Administrator was interviewed on December 19, 2022 at 1:15 p.m. During the interview, the Administrator indicated Resident B was provided with a light, divided plate, and staff provide</p>						

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	directional explanation of what was served at each meal. By survey exit, December 20, 2022, the facility had not provided additional documentation to indicate assessment of Resident B's abilities to carry out dining activities related to his reported change in visual status in October 2022, nor changes in his plan of care approaches to allow him to maintain his ability to eat in the dining room. This Federal tag relates to Complaint IN00397085. 3.1-38(a)(2)(D)						