

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

PRINTED: 02/08/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/12/2024	
NAME OF PROVIDER OR SUPPLIER PARK TERRACE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712			
(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	<p>This visit was for the Investigation of Complaint IN00425344.</p> <p>Complaint IN00425344- Federal/state deficiencies related to the allegations are cited at F659 and F677.</p> <p>Survey dates: January 11, 12, 2024.</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Census Bed Type: SNF/NF: 65 Total: 65</p> <p>Census Payor Type: Medicare: 2 Medicaid: 45 Other: 18 Total: 65</p> <p>These deficiencies reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 18, 2024.</p>			F 0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of the Post Survey Revisit.</p>		
F 0659 SS=D Bldg. 00	<p>483.21(b)(3)(ii) Qualified Persons §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p>						

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

TITLE

(X6) DATE

Claudia Schafer

Administrator

02/02/2024

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>Based on interview and record review, the facility failed to ensure physician orders were followed for 1 of 3 residents reviewed. A resident was not made NPO (Nothing by Mouth) before an ordered medical test. (Resident B)</p> <p>Finding includes:</p> <p>On 1/11/24 at 9:28 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, other specified diseases of liver-hepatic hilum mass, atrial fibrillation, rhabdomyolysis, unspecified dementia. A quarterly MDS (Minimum Data Set) assessment dated 10/15/23, indicated Resident B's cognition was intact.</p> <p>Care plans were reviewed and included, but were not limited to, Resident requires assistance with ADL's (activities of daily living), including bed mobility, transfers, eating, and toileting related to...hepatic hilum mass...</p> <p>September and October 2023 physicians orders were reviewed and included, but were not limited to:</p> <p>September 2023: Appointment with [name] MRI (Magnetic Resonance Imaging) date/time : 9/25/23 12:30 p.m. Location: [name] diagnostic services: NPO 6 hours before procedure. Frequency: twice a day. The order created date was 7/31/23.</p> <p>October 2023: Appointment with [name] MRI, date/time: 10/9/23 2:30 p.m. Location: [name] diagnostic services. NPO 6 hours before procedure. Frequency : twice a day. The order created date was 9/25/23.</p> <p>Appointment with [name] MRI, date/time: 10/25/23</p>			F 0659	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B NPO status was followed and ordered MRI was completed.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. An audit was completed to ensure all NPO orders in last 90 days were followed as ordered.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? An in-service will be completed by DNS/designee on following NPO orders. NPO orders will be added to clinical board for DNS/designee to follow up daily to ensure staff all aware of upcoming NPO order.</p> <p>How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The DNS/designee will be responsible for the completion of</p>		02/11/2024

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	<p>at 7:30 a.m. Location: [name] diagnostic services: NPO 6 hours before procedure; may take am medications with small sip of water. Frequency : twice a day. The order created date was 10/9/23.</p> <p>The EMAR (Electronic Medication Administration Record) was reviewed for September and October 2023 and included, but was not limited to:</p> <p>September 2023: Appointment with [name] MRI (Magnetic Resonance Imaging) date/time : 9/25/23 12:30 p.m. Location: [name] diagnostic services: NPO 6 hours before procedure. Frequency: twice a day. Reason/Comments : 9/25/23 12:03 p.m.- Not Administered : Other Comments: Appt. to be rescheduled</p> <p>October 2023: Appointment with [name] MRI, date/time: 10/9/23 2:30 p.m. Location: [name] diagnostic services. NPO 6 hours before procedure. Frequency : twice a day. Reason/Comments: 10/9/23 1:31 p.m.- Not Administered: Other Comments : Not taken, ate lunch was NPO</p> <p>Appointment with [name] MRI, date/time: 10/25/23 at 7:30 a.m. Location: [name] diagnostic services: NPO 6 hours before procedure; may take am medications with small sip of water. Frequency : twice a day. The EMAR was signed as done.</p> <p>Progress notes were reviewed and included, but were not limited to:</p> <p>9/25/23 12:14 p.m. " Resident's MRI today is rescheduled for 10/9/23 at 2:30 PM d/t resident needs to be NPO and was not today. Resident and daughter, [name], are aware."</p>				<p>the NPO QA Tool weekly times 4 weeks, monthly x6 months and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee</p>		

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	<p>10/9/23 10:04 a.m. " Resident is NPO d/t MRI scheduled today. Per [name] with [name] Diagnostic Services, okay for resident to take medications with a small sip of water"</p> <p>10/9/23 2:19 p. m, " Resident's MRI rescheduled for October 25, 2023. MRI at 8am (sic) but check in at 7:30am (sic). Resident is to be NPO for 6 hours prior to appt. Resident may have am medications with small sip of water."</p> <p>10/9/23 5:49 p.m., " Updated resident's daughter, [name] on MRI appt being changed d/t resident not being NPO the entire 6 hours prior to appt. Daughter upset about the situation and would like to speak with SS. States that SS was supposed to be figuring out if resident could go to [name] but daughter has not heard anything. Made SS aware and requested SS contact daughter."</p> <p>On 1/12/24 at 10:49 a.m., LPN 1 indicated if a resident is NPO, a sign is placed on their door, whoever receives the order put it there, the order is put in the computer and staff are alerted, including CNA's, QMA's, and the kitchen. LPN 1 indicated an order is also put in the computer for the kitchen and a written order is given to the kitchen, the resident is also made aware.</p> <p>On 1/12/23 at 11: 25 A.M., the Regional Director of Clinical Services provided the current policy on telephone/physicians orders with an original date of 11/15. The policy included, but was not limited to, Orders from the physicians are used to communicate instructions required to supervise and maintain a resident's health. The nurse is responsible to contact the physician for resident orders and will document orders received on appropriate order form. The Community is</p>						

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F 0677 SS=D Bldg. 00	<p>responsible for ensuring that each resident receives his or her medication according to the doctor's orders and has documented in the Resident record. Physicians orders may also include, but are not limited to, medication orders, diagnosis, vital signs, precautions, laboratory/diagnostic orders, transfer/discharge orders...</p> <p>This citation relates to Complaint IN00425344.</p> <p>3.1-35(g)(1)</p> <p>483.24(a)(2)</p> <p>ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on interview and record review, the facility failed to provide ADL's (activities of daily living), care to 3 of 3 resident's reviewed for bathing. Bathing was not provided to residents. (Resident B, Resident E, Resident F)</p> <p>Finding includes:</p> <p>1. On 1/11/24 at 9:29 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, unspecified dementia, other lack of coordination, unsteadiness on feet, other abnormalities of gait and mobility. A quarterly MDS (Minimum Data Set), assessment dated 10/15/23, indicated Resident B's cognition was intact, shower/bathe self- partial/moderate assistance. Resident B no longer resided at the facility.</p> <p>Care plans were reviewed and included, but were</p>			F 0677	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Residents B, E, and F who were affected by the alleged deficient practice have been offered bathing according to their preference.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice. All residents were interviewed to ensure residents are receiving bathing per resident preferences. Resident</p>		02/11/2024

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	<p>not limited to:</p> <p>Resident requires assistance with ADL's (Activities of Daily Living), including bed mobility, transfers, eating and toileting related to: weakness, decreased mobility, impaired balance, incontinence , HX of falls, fall risk, atrial fibrillation, dementia, hepatic hilum mass, HTN, Vitamin D deficiency, protein-calorie malnutrition. Approaches included but were not limited to: assist with bathing as needed per resident preference. Offer showers two times per week, partial bathing in between...start date 7/28/23.</p> <p>Point of care history for bathing was reviewed and contained the following for November and December 2023:</p> <p>11/7- CBB (complete bed bath) 11/24- CBB 11/25- CBB 11/26- PBB (partial bed bath) 11/27- PBB 11/28- CBB 11/29- PBB</p> <p>12/2- PBB 12/5- CBB 12/8- PBB 12/9- Other bath 12/10- CBB 12/12- CBB 12/15- CBB 12/16- CBB 12/17- CBB 12/18- PBB 12/20- PBB 12/22- PBB 12/24- CBB</p>		<p>profiles were updated.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Education provided to staff related to bathing residents according to their preferences as well as proper documentation of ADLs. IDT to audit ADL documentation during daily clinical meeting to ensure ADL bathing documentation is accurate and completed as scheduled according to resident preference. DN/Designee to round each day to ensure residents are receiving bathing per preference.</p> <p>How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The DNS/designee will be responsible for the completion of an ADL bathing QA Tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary</p>		

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	<p>Shower report sheets for November and December 2023 were reviewed and included the following:</p> <p>11/7- CBB 11/17- signed by resident for shower refusal 11/21- marked refusal for shower 11/24- signed by resident for shower refusal 11/28- CBB</p> <p>12/1- signed by resident for shower refusal 12/5- CBB 12/12- CBB 12/19- CBB 12/24- CBB</p> <p>No bathing refusals were in the clinical record for the days with no bathing documented. No specific shower days were listed in the clinical record.</p> <p>2. On 1/12/24 at 11:57 a.m., Resident E's clinical record was reviewed. Diagnoses included, but were not limited to, traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, unsteadiness on feet. A quarterly MDS (Minimum Data Set) dated 12/9/23, indicated Resident E's cognition was intact, shower/bathe self- partial/moderate assistance.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>Resident requires assistance with ADL's including bed mobility, transfers, eating and toileting related to: HX CVA's weakness, decreased mobility, impaired balance, recent fall r/t seizure causing traumatic subarachnoid hemorrhage.</p> <p>On 1/12/24 at 12:30 p.m., Resident E indicated it</p>				action up to and including termination of responsible employee.		

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	<p>had been about two weeks since he had a shower and he does not always get them. Approaches included but were not limited to: assist with bathing as needed per resident preference. Offer showers two times per week, partial bath in between...start date 9/19/23.</p> <p>Point of care history for bathing was reviewed and contained the following for November and December 2023:</p> <p>11/14- Shower 11/24- PBB 11/25- CBB 11/28- CBB 11/29- PBB 11/30- Shower</p> <p>12/3- Other bath 12/7- PBB 12/8- CBB 12/9- Other bath 12/11- PBB 12/12- Other bath 12/14- PBB 12/15- Other bath 12/16- PBB 12/22- Shower 12/26- PBB 12/28- PBB 12/29- PBB</p> <p>Shower sheet assignments were reviewed and Resident E was scheduled to receive showers on Tuesday and Friday day shift. Shower dates were 11/3, 11/7, 11/10, 11/14, 11/17, 11/21, 11/28, 11/24.</p> <p>Shower report sheets for Resident E were reviewed for November and December 2023 and included the following:</p>						

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	<p>11/7- signed by resident for shower refusal</p> <p>11/10- CBB</p> <p>11/14- signed by resident for shower refusal</p> <p>11/17- CBB</p> <p>11/21- under comments the following was written :</p> <p>" Didn't have time to get him today. if he ask please give a Bed Bath. "</p> <p>11/23- CBB</p> <p>11/28- no bathing marked</p> <p>11/30- CBB</p> <p>12/1- CBB</p> <p>12/8- CBB</p> <p>12/9- CBB</p> <p>12/12- signed by resident for shower refusal</p> <p>12/15- CBB</p> <p>12/19- signed by resident for shower refusal</p> <p>12/26- no bathing marked</p> <p>No bathing refusals were in the clinical record for the days with no bathing documented.</p> <p>A grievance form dated 11/29/23 for Resident E indicated : Section 1: Nature of concern: Resident states he has not had a shower in 2 weeks.</p> <p>3. On 1/12/24 at 11:09 a.m., Resident F's clinical record was reviewed. Diagnoses included, but were not limited to, Chronic obstructive pulmonary disease, other abnormalities of gait and mobility, muscle weakness (generalized). A quarterly MDS (Minimum Data Set) assessment, dated 12/8/23, indicated Resident F's cognition was intact, shower/bath self- substantial/maximal assistance.</p> <p>Care plans were reviewed and included, but were not limited to:</p>						

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	<p>Resident requires assistance with ADL's including bed mobility, transfers, eating, and toileting related to: Afib, OA, anxiety, depression, and personality disorder, encephalopathy, B&B incontinence, generalized muscle weakness, anemia, insomnia, sleep disorder, dysphagia. Approaches included, but were not limited to: Assist with bathing as needed per resident preference. Offer showers two times per week, partial baths in between. Current preference: days, start date 3/14/23.</p> <p>On 1/12/24 at 2:40 p.m., Resident F indicated she is asked if she wants a shower once in a blue moon and hell would have to freeze over, her shower days were Tuesdays and Fridays, she wants them sometime after 3:00 p.m., staff puts down she refuses showers if she asks to do later in the day.</p> <p>On 1/12/24 at 11:41 a.m., CNA 1 indicated Resident F liked showers in the afternoon. most of the time did not refuse. CNA 1 indicated if a resident refuses a shower she usually talks to someone else to help her out, the nurse is told of the refusal and refusals are supposed to be documented on the shower sheet and the nurse signs off on them.</p> <p>Point of care history for bathing was reviewed and contained the following for November and December 2023:</p> <p>11/18- Shower 11/24- Shower 11/25- Shower 11/26- Shower 11/29- PBB</p> <p>12/1- Shower 12/2- Shower 12/3- Shower</p>						

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	<p>12/5- PBB</p> <p>12/6- Other bath</p> <p>12/8- Shower</p> <p>12/10- Shower</p> <p>12/12- Shower</p> <p>12/13- Other bath</p> <p>12/15- Shower</p> <p>12/16- Shower</p> <p>12/17- PBB</p> <p>12/18- PBB</p> <p>12/19- Other bath</p> <p>12/20- PBB</p> <p>12/22- Shower</p> <p>12/26- Shower</p> <p>12/27- PBB</p> <p>12/30- Shower</p> <p>12/31- Shower</p> <p>Shower sheet assignments were reviewed and Resident F was scheduled to receive showers on Tuesday and Friday day shift. Shower dates were 11/3, 11/7, 11/10, 11/14, 11/17, 11/21, 11/28, 11/24.</p> <p>Shower report sheets for Resident F were reviewed for November and December 2023 and included the following:</p> <p>11/21- marked refused shower</p> <p>11/30- marked refused shower</p> <p>No shower report sheets were provided for December 2023.</p> <p>A progress note dated 11/1/23 indicated Resident F had refused a shower.</p> <p>A grievance form dated 11/29/23 for Resident F indicated : Section 1: Nature of concern: Resident states she has not had in several weeks and doesn't get asked if she wants to take them.</p>						

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

PRINTED: 02/08/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/12/2024	
NAME OF PROVIDER OR SUPPLIER PARK TERRACE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712			
(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
	<p>Resident E was in isolation for COVID-19 from 12/7/23 to 12/15/23. Resident F was in isolation for COVID-19 from 12/3/23 to 12/12/23.</p> <p>On 1/12/24 at 12:45 p.m., the DON indicated if a resident is in isolation for COVID-19 they should still receive showers as scheduled. The Regional Director of Clinical Services indicated the residents in isolation would still receive showers, just would be the last to receive.</p> <p>On 1/12/23 the DON indicated the facility did not have a policy related to bathing or ADL's. A comprehensive care plan policy was provided with a revision date of 8/2023. The policy included, but was not limited to, It is the policy of this facility that each resident will have an interdisciplinary comprehensive person-centered care plan developed and implemented based on Resident Assessment Instrument (RAI) process...</p> <p>This citation relates to Complaint IN00425344.</p> <p>3.1-38(b)(2)</p>						