

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

PRINTED: 10/18/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155238		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/11/2024	
NAME OF PROVIDER OR SUPPLIER YORKTOWN MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 2000 S ANDREWS RD YORKTOWN, IN 47396			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00431698.</p> <p>Complaint IN00431698 - Federal/state deficiency related to the allegations is cited at F686.</p> <p>Survey dates: June 10 and 11, 2024</p> <p>Facility number: 000143 Provider number: 155238 AIM number: 100283890</p> <p>Census Bed Type: SNF/NF: 68 Total: 68</p> <p>Census Payor Type: Medicare: 1 Medicaid: 57 Other: 10 Total: 68</p> <p>This deficiency reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 19, 2024.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective July 1, 2024, for complaint survey completed June 10/11, 2024.</p>		
F 0686 SS=D Bldg. 00	<p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>Based on record review and interview, the facility failed to promptly initiate wound treatment to promote healing of pressure injuries for 2 of 3 residents reviewed for pressure injuries. (Resident B and C).</p> <p>Findings include:</p>			F 0686	<p>F686 Treatment/Svcs to Prevent/Heal Pressure Ulcer. It is the practice of Yorktown Manor Health Care that a resident with pressure ulcers receives necessary treatment and services, consistent with professional</p>		07/01/2024

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

TITLE

(X6) DATE

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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	<p>1. Resident B's clinical record was reviewed on 6/10/24 at 9:45 a.m. Diagnoses included acute diastolic congestive heart failure, end stage renal disease, and pressure injury of right buttock, stage 3 (full thickness tissue loss).</p> <p>A "Nursing Evaluation- (Admit/Readmit/Quarterly/COC)," dated 3/14/24, indicated the resident had a skin tear to the sacrum measuring 6.0 centimeters (cm) length x 1.6 cm width x 0.1 cm depth, nearly the diameter of a tennis ball.</p> <p>An electronic mail (e-mail) message from the wound care company, dated 3/20/24 at 11:48 a.m. and provided by the DON, indicated Resident B was examined by the provider and had admitted to the facility with a pressure injury to the right buttock, stage 3.</p> <p>A "Weekly Pressure Injury Evaluation", dated 3/20/24 at 1:53 p.m. indicated the resident admitted to the facility with a stage 3 right buttock pressure injury.</p> <p>A "Wound Assessment Report", dated 3/20/24, indicated the resident admitted to the facility with a right buttock pressure injury, stage 3.</p> <p>A current care plan, initiated on 3/20/24, indicated the resident admitted to the facility with a stage 3 pressure injury to the right buttock.</p> <p>A physician's order, dated 3/20/24, indicated the following treatment to the sacrum: Cleanse with wound wash, dry. Apply skin prep to periwound. Apply collagen powder (to promote wound healing) to wound bed. Cover with hydrocolloid (to absorb drainage and promote healing)</p>				<p>standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>I. Resident B and C no longer reside in the facility</p> <p>II. All residents with pressure injuries have the potential to be affected by the alleged deficient practice. A chart review was conducted on all residents with pressure injuries to ensure treatment orders were in place with no further issues identified. All new admissions or readmissions will have a skin assessment performed upon admission and treatment orders obtained on any skin concerns identified.</p> <p>III. The policy "Skin and Wound Management System" was reviewed by the IDT. An in-service was held with licensed nurses on the policy and ensuring skin assessments are completed on admission/readmission and wound interventions implemented based on the assessment. A performance improvement tool has been developed to review 5 residents weekly to ensure assessments have been</p>		

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	<p>dressings, change three times a week and as needed.</p> <p>The clinical record lacked a physician's order for the treatment of Resident B's stage 3 pressure injury prior to 3/20/24, resulting in six days without treatment to the stage 3 pressure injury.</p> <p>2. Resident C's clinical record was reviewed on 6/10/24 at 12:15 p.m. Diagnoses included fracture of one rib, left side, chronic kidney disease, stage 3 and unspecified hydronephrosis.</p> <p>A "Nursing Evaluation (Admit/Readmit/Quarterly/COC)", dated 5/31/24 at 2:10 p.m. lacked assessment of the resident's skin integrity.</p> <p>Review of a facility document titled, "Wound nurse notification form", dated 5/31/24 and provided by the DON, indicated the resident admitted with a stage 3 pressure injury to the buttocks, measuring 4.0 cm length x 3.0 cm width x 0.1 cm depth, nearly the diameter of a golf ball.</p> <p>A "Wound assessment report", dated 6/6/24, indicated Resident C admitted to the facility with a stage 3 pressure injury to the sacrum.</p> <p>A physician's order, dated 6/6/24, indicated to apply calmoseptine external ointment (a moisture barrier) to sacrum two times a day for wound care. Wash with soap and water, dry, then apply ointment.</p> <p>The clinical record lacked physician's order for the treatment of Resident C's stage 3 pressure ulcer prior to 6/6/24, resulting in seven days without treatment to the stage 3 pressure injury.</p>				<p>completed and interventions are in place.</p> <p>IV. A performance improvement tool has been initiated that randomly audits (5) residents to ensure skin assessments have been completed and interventions are in place. This performance improvement tool will be completed by the Director of Nursing weekly for three weeks; then monthly for three months, then quarterly x three. In the event any further concerns are identified the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Meeting at least quarterly.</p> <p>V. Date of completion: 7/1/2024</p>		

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	<p>A "Weekly Pressure Injury Evaluation", dated 6/7/24 at 12:10 p.m., indicated the resident had a pressure injury on the sacrum at admission on 5/31/24.</p> <p>A current care plan, initiated on 6/7/24, indicated the resident admitted to the facility on 5/31/24 with a stage 3 pressure ulcer to the sacrum.</p> <p>During an interview, on 6/10/24 at 3:06 p.m., RN 2 indicated when a new admission or returning resident entered the facility, a skin assessment was completed as soon as possible. If the resident was noted to have skin issues, the staff documented on the "wound nurse notification form" which was blue in color and staff completed the appropriate online form.</p> <p>During an interview, on 6/11/24 at 10:57 a.m., the DON indicated the expectation for all new residents and returning residents was skin assessments were completed as soon as possible, but no later than 8 to 12 hours after arrival. Treatment orders for any skin issues, such as pressure injuries, were to be completed as soon a possible, but no more than 24 hours from discovery.</p> <p>During an interview, on 6/11/24 at 11:58 a.m., the DON indicated she was not able to locate treatment order for Resident B from 3/14/24 through 3/20/24 or for Resident C from 5/31/24 to 6/6/24. She indicated these time frames were outside the expectations for treatments orders to be initiated.</p> <p>A current facility policy, revised 9/22 and titled "Skin and Wound Management System," provided by the Administrator on 6/10/24 at 1:42 p.m., indicated the following: "... 1. An assessment</p>						

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	of skin integrity is to be performed on each resident upon admission to the center by completing: a. A head-to-toe physical evaluation of the skin conditions...5. Residents identified with skin impairments will have appropriate interventions, treatment and services implemented to promote healing and impede infection...." This citation relates to Complaint IN00431698. 3.1-40(a)(2)						