

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

PRINTED: 08/05/2022  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/18/2022
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NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND STREET INDIANAPOLIS, IN 46250
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00384342 and IN00384892.</p> <p>Complaint IN00384342 - Substantiated. Federal/state deficiencies related to the allegations are cited at F694.</p> <p>Complaint IN00384892 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: July 18, 2022</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Census Bed Type: SNF/NF: 126 Total: 126</p> <p>Census Payor Type: Medicare: 6 Medicaid: 94 Other: 26 Total: 126</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 19, 2022</p>	F 0000		
F 0694 SS=D Bldg. 00	<p>483.25(h) Parenteral/IV Fluids § 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of</p>			

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>practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a dressing change was conducted to a peripherally inserted central catheter (PICC) for 3 residents, ensure intravenous (IV) tubing was labeled and dated, ensure IV tubing was stored for infection control purposes, and administer IV medications as ordered for 3 of 3 residents reviewed for IV use and maintenance. (Resident B, D, and E)</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 7/18/22 at 11:39 a.m. The diagnoses included, but were not limited to, endocarditis, sepsis, bacteremia, and septic pulmonary embolism. She was admitted to the facility on 7/1/22.</p> <p>A physician order, dated 7/15/22, noted to change the transparent dressing to Resident D's PICC line weekly.</p> <p>A physician order, dated 7/1/22, was noted for Meropenem 1 gram (IV antibiotic) every 8 hours.</p> <p>An interview conducted with Resident D, on 7/18/22 at 10:15 a.m., indicated the last time a dressing was applied to her PICC line site to her right upper arm was on 6/26/22. This was when she was still at the hospital. The dressing was observed to be loose around the edges and Resident D demonstrated such by putting her finger underneath the transparent dressing and almost had the ability to touch the PICC line insertion site. She had missed some of her IV</p>	F 0694	<p><b>F 694</b></p> <p><b>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Residents B, D, and E are confidential as part of the complaint survey.</b></p> <p><b>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents that are currently have an IV line and/or are receiving IV medications. DNS or designee completed an audit of all residents with IVs or receiving IV medications to ensure: 1.) Dressings are being changed per order. 2.) Tubing was labeled and dated and stored correctly for infection control purposes. 3.) IV medications were being administered per order.</b></p> <p><b>Measures put in place and systemic changes made to ensure the alleged deficient</b></p>	08/01/2022

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	<p>antibiotic doses in the past. Her IV tubing will be reused for days at a time. This went on from 7/2/22 to 7/16/22 when she convinced a staff member to change the tubing on 7/16/22. There was no cap observed to her PICC line hub nor was there a date on the IV tubing and previous IV medication bag that was hanging from the IV pole in her room. The end of the IV tubing (luer adapter) was secured to a secondary port of the IV line, also known as "looping".</p> <p>A care plan for IV therapy, initiated 7/5/22, indicated the interventions to administer IV medications per physician's orders, change dressing to PICC line weekly, and change tubing every 72 hours.</p> <p>The electronic treatment administration record (ETAR) for July of 2022 noted the order to change the PICC line dressing weekly, but it wasn't due to be administered until 7/20/22.</p> <p>The electronic medication administration record (EMAR) for July of 2022 noted 6 doses of Meropenem not being signed off, as administered, per physician orders.</p> <p>2. The clinical record for Resident E was reviewed on 7/18/22 at 1:01 p.m. The diagnoses included, but was not limited to, amputation of right index finger, osteomyelitis, and sepsis. She was admitted to the facility on 6/8/22.</p> <p>An admission MDS (Minimum Data Set) assessment, dated 6/15/22, indicated Resident E was cognitively intact and had IV medications being administered.</p> <p>A physician order, dated 6/8/22, was noted for Cefazolin 2 grams IV every 8 hours for sepsis.</p>		<p><b>practice does not recur: 1.) Licensed clinical staff were educated on the guidelines related to IV care. 2.) Licensed clinical staff were educated on the Medication Administration policy to include but not limited to administering IV medications per MD order.</b></p> <p><b>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the Director of Nursing Services or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: 1.) Observe to ensure dressing changes are being changed per MD order. 2.) Observe that tubing is being properly labeled and stored. 3.) Audit the EMAR to ensure residents are receiving IV medications per MD order.</b></p> <p><b>The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months</b></p>	

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	<p>A physician order, dated 6/8/22, was noted for Ciprofloxacin 400 milligrams every 12 hours for osteomyelitis.</p> <p>A physician order, dated 7/13/22, was noted to change the PICC line dressing weekly.</p> <p>An interview conducted with Resident E, on 7/18/22 at 1:30 p.m., indicated she had the PICC line before her admission to the facility. The PICC line was present to her right upper extremity with a dressing present and dated for 7/12/22. She indicated it was the second dressing that had been placed since she had been at the facility. There was tubing hanging from the IV pole to where the end of the tubing was without a cap and exposed. Resident E indicated that was new tubing the staff put on before administration of her antibiotic this morning. There was no date present on the tubing.</p> <p>A care plan for IV therapy, revised 6/13/22, indicated the interventions to administer IV medications per physicians' orders, change PICC line dressing weekly, and change tubing every 72 hours.</p> <p>The EMAR for June of 2022 noted 2 doses of Ciprofloxacin that were not signed off as administered and 6 doses of the Cefazolin that were not signed off as administered.</p> <p>The EMAR for July of 2022 noted 3 doses of Ciprofloxacin that were not signed off as administered and 7 doses of the Cefazolin that were not signed off as administered.</p> <p>The ETAR for July of 2022 noted the PICC line dressing changed signed off, as administered, on</p>		<p><b>then randomly thereafter for further recommendation.</b></p>	

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	<p>7/14/22.</p> <p>3. The clinical record for Resident B was reviewed on 7/18/22 at 11:52 a.m. The diagnoses included, but were not limited to, asthma, acute kidney failure, anemia, history of transient ischemic attack (TIA), and cerebral infarction, and altered mental status.</p> <p>A care plan, dated 11/3/21, indicated Resident B was on IV therapy with interventions to change PICC line dressing weekly.</p> <p>A Quarterly MDS assessment, dated 4/10/22, didn't indicate IV medications were used during the assessment.</p> <p>The EMAR and ETAR for March, April, and May of 2022 were reviewed and didn't contain any orders for changing a PICC line dressing.</p> <p>An "On-Boarding Clinical Evaluation" form, dated 5/12/22, indicated Resident B was admitted to the hospital on 5/10/22. Under "brief summary of hospital stay" it mentioned sepsis. Under additional information it mentioned the following, "...PICC line removed/believed to be source of infection...."</p> <p>A policy titled "Central Venous Access", dated 2/2009, was provided by the Director of Nursing (DON) on 7/18/22 at 5:07 p.m. The policy indicated the following, "...1. Obtain physicians order for dressing change...18. Label dressing with nurse date and your initials...."</p> <p>A policy titled "Intermittent Infusion", revised 12/2014, was provided by the DON on 7/18/22 at 5:07 p.m. The policy indicated the following, "...1. A physician order is required for an intermittent</p>			

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	<p>infusion...3. Administration sets used for intermittent therapy will be changed every 24 hours or per facility policy...4. Administration sets used for more than one dose in a 24-hour period will have a new sterile end cap placed on the end of the administration set upon completion of each dose...5. The practice of attaching the exposed end of the administration set to an injection port on the same set ("looping") should be avoided...When infusion is completed...4. Place the sterile end cap on end of administration set (if set is to be used again within the next 24 hours)..."</p> <p>A policy titled "Changing IV Administration Set", revised 2/2019, was provided by the DON on 7/18/22 at 5:07 p.m. The policy indicated the following, "...General Guidance...6. Label all tubing with start and change date and time. Change and then label accordingly any tubing that is observed not to have a label...7. Apply a sterile end cap to the end of primary tubing when it is disconnected from the catheter. Discard the sterile end cap when tubing is reconnected to catheter...9. Label IV tubing indicating the date and time started and nurses initials...."</p> <p>An "Infusion Intravenous (IV) Access Line Maintenance Protocol", undated, was provided by the DON on 7/18/22 at 5:07 p.m. The chart indicated for the use of a PICC line the transparent dressing changes were to occur weekly and as needed. The administration set changes for a primary intermittent IV administration were to be every 24 hours.</p> <p>This Federal tag relates to Complaint IN00384342.</p> <p>3.1-47(a)(2)</p>			