

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  01/27/2022
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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 Complaints IN00369681, IN00370869, IN00371620 and IN00371791.</p> <p>Complaint IN00369681 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00370869 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00371620 - Substantiated. Federal/State deficiencies related to the allegations are cited at F686, F689 and F757.</p> <p>Complaint IN00371791 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 25, 26 and 27, 2022</p> <p>Facility number: 000149 Provider number: 155245 AIM number: 100266840</p> <p>Census Bed Type: SNF/NF: 33 Total: 33</p> <p>Census Payor Type: Medicare: 1 Medicaid: 21 Other: 11 Total: 33</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</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 of such character as to limit the providers 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 providers credible allegation of compliance. Facility was to receive amended 2567, 02/12/22 is date that was stated POC had to be submitted. No new amended 2567 received .</p>	
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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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F 0686 SS=E Bldg. 00	<p>Quality review completed on January 28, 2022</p> <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> <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 weekly wound assessments were conducted for residents with pressure ulcers, conduct weekly skin assessments for pressure ulcer prevention, assess a skin alteration after it was identified, and initiate a treatment as ordered timely for a pressure ulcer for 4 of 5 residents reviewed for skin integrity (Resident C, D, H and J).</p> <p>Findings include:</p> <p>1. The clinical record for Resident H was reviewed on 1/26/22 at 12:00 p.m. The diagnoses included, but were not limited to, disruption of external operation (surgical) wound, edema, muscle weakness, and malnutrition.</p> <p>A pressure ulcer risk care plan, revised 11/10/21,</p>	F 0686	<p><b>F686 Treatment/Svcs to Prevent/Heal Pressure Ulcer</b></p> <p><b>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>a. Resident C has been discharged from the facility.</p> <p>b. Resident D is deceased.</p> <p>c. Resident H is currently in hospital and upon return will have a head-to-toe skin assessment completed.</p> <p>d. Resident J had a head-to-toe skin assessment completed on 1/31/2022 with no pressure ulcers noted.</p> <p><b>2. How will the facility identify other residents having</b></p>	02/09/2022
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	<p>indicated the following, "...Resident requires up to assist with bed mobility [sic]...Resident is incontinent of bowel and bladder...Interventions...Monitor skin for any skin breakdown...."</p> <p>An admission/readmission assessment, dated 12/15/21, indicated a deep tissue injury was present to Resident H's left heel. There was no measurements or further assessment noted for the left heel upon admission/readmission. A Braden assessment, conducted at that time, indicated Resident H was "at risk".</p> <p>A weekly skin observation tool, dated 12/17/21, did not indicate any skin impairment to the left heel.</p> <p>A weekly nursing summary, dated 12/22/21, indicated the following, "...7. Observations...Res [resident] has 7 open areas all approximately measuring 0.1cm [centimeters] x0.1cmx0.1cm [sic] on glute [gluteal] folds and on buttocks. Healing wound noted to abdomen from recent surgery/graft. No open areas noted. Heals [sic] preventative betadine applied. No other skin issues noted...." There were no further assessments or descriptions of the wounds mentioned in the weekly nursing summary.</p> <p>A progress note from the wound center, dated 12/23/21, indicated a deep tissue injury was present to the left heel but has then healed. A stage II pressure ulcer was located to the coccyx and measuring 1.3 x 0.3 x 0.1 centimeters. The coccyx/right ischium and peri wound were noted with small, scattered stage 2 pressure ulcers. Wounds were very painful and nearly 100% slough covered. A would present to the right posterior leg measuring 1.6 x 1.1 centimeters and</p>		<p><b>the potential to be affected by the same deficient practice?</b></p> <p>a. DON/Designee started head to toe skin assessments on all residents 1/31/2022 and completed on 2/4/2022.</p> <p><b>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</b></p> <p>a. DON/Designee completed education on Weekly skin assessments, documentation and treatments for nursing staff on 1/31/2022.</p> <p><b>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</b></p> <p>a. DON/Designee will review weekly skin assessments 3 times weekly x 6 weeks, then 2 times weekly x 6 weeks, then weekly x 6 weeks then monthly x 6 months.</p> <p>b. Findings will be reported monthly at the QA/Risk management meeting until such time substantial compliance has been determined.</p> <p>5. DOC: 02/09/22</p> <p><b>Facility respectfully requests a desk review for F 686</b></p>	

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	<p>wound bed consisted of 91-100% eschar (a dry, dark scab or falling away of dead skin). The dressings were to consist of Iodosorb to the sacrum and cover with a foam border and change daily. The right posterior leg was to be treated with betadine daily.</p> <p>The physicians' orders were reviewed and the treatment orders for Iodosorb to the sacrum and betadine to the right posterior leg was never initiated upon the review of the physicians' orders and the medication/treatment administration record.</p> <p>A progress note from the wound center, dated 1/7/22, indicated the wound to the coccyx/right ischium were without any open areas. The right posterior leg was increased in size and was to be treated with Iodosorb every other day.</p> <p>The physicians' orders were reviewed and the treatment orders for Iodosorb to the right posterior leg was never initiated upon record review.</p> <p>An admission/readmission assessment, dated 1/20/22, indicated an open wound was located to Resident H's right lower leg but no measurements, description, or other further assessment was noted in the clinical record. There was redness noted to the sacrum.</p> <p>There were no weekly wound assessments conducted by the facility upon review of the clinical record for Resident H.</p> <p>There were no care plans specific to Resident H's alteration in skin integrity to the coccyx, left heel, or right posterior leg.</p>			

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	<p>2. The clinical record for Resident D was reviewed on 1/25/22 at 1:55 p.m. The diagnoses included, but were not limited to, malignant neoplasm of colon, diabetes mellitus, obesity, and cirrhosis of liver. Resident D was admitted to the facility on 12/23/21.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 12/30/21, indicated Resident D required extensive assistance with 1 staff person for bed mobility, toileting and personal hygiene.</p> <p>An admission assessment, dated 12/23/21, indicated Resident D had "redness" to his sacrum.</p> <p>There were no weekly skin assessments located in Resident D's clinical record until 1/4/22.</p> <p>A weekly skin observation tool, dated 1/4/22, indicated a stage 2 pressure ulcer to the left buttock measuring 15 x 15 centimeters x 0.1 centimeters in depth. There was no further description of the wound.</p> <p>A physician order, dated 1/5/22, noted Calmoseptine Ointment application to coccyx and left buttock three times daily for wound care.</p> <p>A wound progress note, dated 1/5/22, indicated an unstageable pressure ulcer present to the sacrum measuring 5 x 7 centimeters and consisting of 67-100% of necrotic tissue. The plan to was treat with Santyl ointment daily.</p> <p>There were no treatment orders for Santyl in Resident D's clinical record. Resident D passed away on 1/8/22.</p> <p>3. The clinical record for Resident J was reviewed on 1/26/22 at 4:34 p.m. The diagnoses included,</p>			

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	<p>but were not limited to, hemiplegia (paralysis of one side of the body), anxiety disorder, dysphagia (difficulty or discomfort in swallowing), and dependence on wheelchair.</p> <p>A care plan for pressure ulcer risk, revised 9/7/21, indicated the following, "...The resident has potential for pressure ulcer development r/t [related to] immobility...Interventions...Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate...."</p> <p>A Braden assessment, dated 1/6/22, indicated Resident J was "high risk" for pressure ulcer development.</p> <p>There were no weekly skin assessments located in Resident J's clinical record since 9/19/21.</p> <p>A weekly skin observation tool, dated 9/19/21, indicated a 1 x 1 centimeter pressure ulcer to his right toe(s).</p> <p>There was no indication Resident J had any current skin alterations per the clinical record.</p> <p>An interview conducted with the Administrator, on 1/27/22 at 4:15 p.m., indicated she was not aware of any concerns in regard to pressure ulcers. It's discussed in morning meeting with herself and led by the Director of Nursing (DON). The resident will sometimes go out to the wound center to be evaluated or be seen by an outside wound care company that comes to the facility. Those items are handled by the DON.</p> <p>4. The clinical record for Resident C was reviewed on 1/26/2022 at 11:22 a.m. The clinical diagnoses included, but were not limited to, dementia without behavioral disturbances, sacral pressure</p>			

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	<p>ulcer, and unstageable pressure ulcer of unspecified site.</p> <p>A Quarterly Minimum Data Set, dated 11/11/2021, indicated that Resident C was cognitively impaired, needed staff assistance with activities of daily living, and had one stage 4 pressure area and 2 unstageable pressure areas.</p> <p>A wound care plan, updated 10/27/2021, indicated to apply treatment per orders.</p> <p>A hospital document, dated 10/20/2021, indicated resident had pressure ulcers to the right foot.</p> <p>A nursing progress note, dated 10/20/2021 at 9:50 a.m., indicated that Emergency Medical Technicians indicated Resident C had two areas on her feet.</p> <p>A wound note for Resident C, dated 10/20/2021 at 2:00 p.m., stated, "...It was noted at the hospital that she had a wound to her right lateral proximal and distal foot." The plan for these wounds were indicated as cleanse with normal saline, pat dry, apply Betadine to wound daily.</p> <p>This order was not entered into the medication administration record.</p> <p>A nursing progress note, dated 10/21/2021 at 4:50 a.m. that was entered by LPN 2, indicated that Resident C had 2 dark pressure areas to the right foot. Area was cleansed and a Band-Aid was applied. When this notified the family, they stated they were already aware of the areas.</p> <p>Weekly Skin Observation Tool, completed on 10/21/2021, indicated two pressure areas to the right side of the foot, both with measurements of 1</p>			

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	<p>cm (centimeter) by 1 cm and no depth indicated.</p> <p>An electronic physician order was entered into the medical record on 10/21/2021 at 5:15 p.m. for betadine swab to right lateral foot topically two times a day for wound care.</p> <p>The first administration of treatment to the ulcers on the right foot were record on 10/21/2021 at 8 p.m.</p> <p>A weekly wound observation, documented on 10/27/2021 at 16:34, indicated right proximal lateral foot 1.2 cm by 1.2 cm with no depth. Eschar (dry, dead tissue within a wound) present and wound is unstageable (unable to determine severity of wound). Date acquired 10/20/2021.</p> <p>A weekly wound observation, documented on 10/27/2021 at 16:38, indicated right distal lateral foot pressure. 1 cm by 0.7 cm with no depth. Eschar (dry, dead tissue within a wound) present and wound is unstageable (unable to determine severity of wound). Date acquired 10/20/2021.</p> <p>An interview with Licensed Practical Nurse (LPN) 2 indicated she took care of Resident C on 10/21/2021 and discovered new wounds to the right foot. She indicated she did not know of these wounds prior and obtained order for treatment.</p> <p>A policy titled "Prevention of Pressure Injuries", revised April of 2020, was provided by the Administrator on 1/27/22 at 4:10 p.m. The policy indicated the following, "...Monitoring...Evaluate, report and document potential changes in the skin...Review the interventions and strategies for effectiveness on an ongoing basis...."</p>			



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F 0689 SS=G Bldg. 00	<p>A policy titled "Pressure Ulcers/Skin Breakdown - Clinical Protocol", Revised April of 2018, was provided by the Administrator on 1/27/22 at 3:15 p.m. The policy indicated the following, "...Treatment/Management...1. The physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.), and application of topical agents...Monitoring...1. During resident visits, the physician will evaluate and document the progress of wound healing - especially for those with complicated, extensive, or poorly-healing wounds...2. The physician will guide the care plan as appropriate, especially when wounds are not healing as anticipated or new wounds develop despite existing interventions...b. Current approaches should be reviewed for whether they remain pertinent to the resident/patient's medical conditions, are affected by factors influencing wound development or healing, and the impact of specific treatment choices made by the resident/patient or a substitute decision-maker...."</p> <p>This Federal tag relates to Complaint IN00371620.</p> <p>3.1-40(a)(2)</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p>			

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	<p>Based on interview and record review, the facility failed to determine motor ability, fully conduct neurological check assessments, and identify pain after a fall that resulted in a femur fracture for 1 of 3 residents reviewed for falls. (Resident C)</p> <p>Finding include:</p> <p>The clinical record for Resident C was reviewed on 1/26/2022 at 11:22 a.m. The clinical diagnoses included, but were not limited to, dementia without behavioral disturbances, cachexia, osteoporosis, and muscle weakness.</p> <p>A Quarterly Minimum Data Set, dated 11/11/2021, indicated that Resident C was cognitively impaired, needed staff assistance with activities of daily living, and had multiple falls without injury.</p> <p>A fall care plan for Resident C, dated 8/7/2021, included interventions of anticipating resident's needs and assuring her call light was within reach.</p> <p>A progress note, dated 1/9/2022 at 8:44 p.m., indicated that Resident C was found on the floor next to her wheelchair by Licensed Practical Nurse (LPN) 3.</p> <p>The fall assessment for the fall on 1/9/2022 was entered by the Director of Nursing (DON) on 1/10/2022 and signed by the DON on 1/14/2022. It did not indicate a level of injury or if Resident C sustained an injury from the fall.</p> <p>A progress note, entered as a late entry was completed by LPN 3 on 1/14/2022 and dated for 1/9/2022 at 8:45 p.m. The note stated, "...CNA then came over to the Rehab where residents nurse was and said resident was on the floor next</p>	F 0689	<p><b>F689 Free of Accident Hazards/Supervision/Devices</b></p> <p><b>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>a. Resident C has been discharged from the facility.</p> <p><b>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</b></p> <p>a. DON/Designee determined all residents have the potential to be affected by the alleged deficient practice.</p> <p><b>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</b></p> <p>a. DON/Designee completed education on completing neurochecks, assessing for mobility and pain for nursing staff on 1/31/2022.</p> <p><b>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</b></p> <p>a. DON/Designee will review neurocheck forms 3 times weekly x 6 weeks, then 2 times weekly x 6 weeks, then weekly x 6 weeks then monthly x 6 months.</p> <p>b. Findings will be reported monthly at the QA/Risk management meeting until such time substantial compliance has</p>	02/09/2022

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	<p>to her wheel chair [sic]. Nurse had not been out of the room but 15 minutes before fall was reported. Resident was assessed and had no complaint of pain and or discomfort and stated "I don't know how I fell" Neuro sheet filled out pupils were equal and round bilateral extremities were equal in length call light was within reach. Risk management was completed [sic]."</p> <p>No indication of range of motion (ROM) or transfer status noted during progress note or fall assessment.</p> <p>A physical therapy summary of the evaluation on 1/10/2022, indicated that Resident C was having 10/10 pain to the right hip with any movement that was sharp. The note indicated PT recommended x-rays and would continue evaluation, specifically gait, post results.</p> <p>An occupation therapy treatment note, dated 1/10/2022 at 4:36 p.m., indicated that Resident C was having 10/10 pain to the right hip.</p> <p>The first Neurological Assessment sheet was provided by Administrator on 1/26/2022 at 2:35 p.m. This sheet contained assessment information for Resident C from 1/9/2022 to 1/10/2022. Resident C had pain level documented as 0/10 during all assessments until 1/10/2022 on 2nd shift (2-10:30 p.m.). Extremities were not assessed on the neurological assessment until 1/10/2022 on 2nd shift (2-10:30 p.m.) During the 2nd shift assessment on 1/10/2022, Resident C showed weakness in lower extremities and an increase of pain to 9/10.</p> <p>A second Neurological Assessment sheet was provided by Administrator on 1/26/2022 at 2:35 p.m. This sheet stated on 1/10/2022 at 1:45 a.m.</p>		<p>been determined. 5. DOC: 02/09/22 <b>Facility respectfully requests a desk review for F 689</b></p>	

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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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	<p>and continued until 3rd shift on 1/10/2022. Pain was noted as 0/10 on all assessment on this sheet. Extremities were not assessed until 1/10/2022 at times of "1st, 2nd, and 3rd" shift. At those times, Resident C was noted to have strong lower extremities. The 3rd shift had information marked out and "HOSP HOSP" written over the data.</p> <p>The medication administration record for Resident C indicated she had received as needed morphine two times on 1/10/2022 during the second shift for pain of 9/10 and 10/10.</p> <p>An x-ray result for Resident C, dated 1/10/2022 at 9:46 p.m., indicated a possible right femur fracture.</p> <p>A progress note, dated 1/10/2022 at 10:31 p.m., indicated that Resident C was transferred to the hospital for evaluation and treatment.</p> <p>An emergency room note from 1/10/2022, indicated that Resident C was seen for post fall evaluation. Resident C was complaining of a painful right hip that appeared to be shortened, an x-ray was obtained that disclosed a closed fracture at the neck of the right femur.</p> <p>An interview with Therapy Staff 9 on 1/26/2022 at 3:30 p.m., indicated she and a Physical Therapist (PT) 10 had attempted treatment with Resident C around 2:00 p.m., on 1/10/2022. PT 10 was there to evaluate Resident C for physical therapy but could not entirely complete the evaluation due to Resident C complaining of pain to her right hip. PT 10 then informed Registered Nurse (RN) 11 of the complaints of pain and weakness.</p> <p>An interview with RN 11 on 1/26/2022 at 3:35 p.m., indicated he had taken care of Resident C on 1/10/2022. PT 10 had come to RN 11 to report</p>			

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	<p>Resident C's increased pain and weakness. RN 11 went down to assess Resident C and then reported concerns to the physician. Resident C was then ordered morphine for pain control and an x-ray to rule out fracture. Towards the end of his shift, Resident C was noted to have a fracture to her femur and sent to the hospital for evaluation and treatment. Stated he only documented one set of neurological checks on her that shift but had been checking on her often due to her pain. RN 11 verified his signature as that on the first Neurological Assessment provided which indicated weakness and pain.</p> <p>An interview with Certified Nursing Assistant (CNA) 5 on 1/26/2022 at 4:15 p.m., indicated they had assisted LPN 3 and CNA 6 with getting Resident C off the floor after her fall on 1/9/2022. When transferring the resident from the floor, Resident C was complaining of pain to her hip. CNA 5 did not have any further interaction with Resident C that evening.</p> <p>An interview with CNA 7 on 1/27/2022 at 6:32 p.m., indicated CNA 7 provided care for Resident C on 1/10/2022 in the morning. Resident C was having pain and weakness to her legs, especially when transferring. Resident C also had complications with her feeding tube that day and the nurse was in to see Resident C a couple of times. CNA 7 indicated the nurse stated Resident C was probably just sore from her fall when she reported Resident C's pain.</p> <p>A policy entitled, "Falls-Clinical Protocol", was provided by the Administrator on 1/27/2022 at 10:35 a.m. The policy indicated, "...the nurse shall assess and document/report the following: ...Musculoskeletal function, observing for change in normal range of motion, weight bearing, etc ..."</p>			

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F 0757 SS=D Bldg. 00	<p>A policy entitled, "Neurological Assessment", was provided by the Administrator on 1/27/2022 at 10:25 a.m. The policy indicated neurological assessments should be completed following an unwitnessed fall and part of the neurological assessment is to " ...Determine motor ability".</p> <p>This Federal tag related to complaint IN00371620.</p> <p>3.1-45(a)(2)</p> <p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on interview and record review, the facility</p>	F 0757	<b>F757 Drug Regimen is Free from Unnecessary Drugs</b>	02/09/2022
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	<p>failed to administer antibiotics as ordered by a physician resulting in excessive doses for 1 of 4 residents reviewed for pressure areas.</p> <p>Findings include:</p> <p>The clinical record was reviewed for Resident C on 1/26/2022 at 11:22 a.m. The clinical diagnoses included, but were not limited to, dementia without behavioral disturbances, moderate protein-calorie malnutrition, pressure ulcer of other sites unstageable.</p> <p>A Quarterly Minimum Data Set, dated 11/11/2021, indicated that Resident C was cognitively impaired, needed staff assistance with activities of daily living, and had one stage 4 pressure area and two unstageable pressure areas.</p> <p>A hospital visit, dated 10/20/21, indicated that Resident C had ulcers to her right foot as well as a new order for cephalexin (antibiotic) 250mg(milligrams)/5ml(milliliters) to administer 10 ml three times a day until finished with a distribution quantity of 210 ml with no refills.</p> <p>This would be 10 milliliters three times a day for a total of 21 doses (or 7 days) for wound infection.</p> <p>A physician order, dated 10/22/2021, indicated to add a stop date of 10/29/2021 to the Resident C's cephalexin order.</p> <p>The medication administration for Resident C indicated she had received a total of 26 doses of cephalexin with 3 of the doses being administered on 10/30/2021.</p> <p>A policy entitled, "Antibiotic Stewardship", was provided by the Administrator on 1/27/2022 at</p>		<p><b>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</b> a. Resident C has been discharged from the facility.</p> <p><b>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</b> a. DON/Designee determined all residents have the potential to be affected by the alleged deficient practice.</p> <p><b>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</b> a. DON/Designee completed education on administering medications per MD/NP orders for nursing staff on 1/31/2022.</p> <p><b>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</b> a. DON/Designee will review new antibiotic orders 3 times weekly x 6 weeks, then 2 times weekly x 6 weeks, then weekly x 6 weeks then monthly x 6 months. b. Findings will be reported monthly at the QA/Risk management meeting until such time substantial compliance has been determined.</p> <p>5. DOC: 02/09/22 <b>Facility respectfully requests a</b></p>	

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

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FORM APPROVED  
OMB NO. 0938-039

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	<p>2:10 p.m. The policy indicated the purpose of the antibiotic stewardship program is to monitor the use of antibiotics. The policy indicated that antibiotics orders should be complete, including the duration of treatment with a start and stop date or number of days of therapy.</p> <p>This Federal tag related to complaint IN00371620.</p> <p>3.1-48(a)(2)</p>		<b>desk review for F 757</b>		