| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155286 | A. BUILDING 00<br>B. WING | 02/07/2023 |

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| AVALON VILLAGE | 200 KINGSTON CIR<br>LIGONIER, IN 46767 |

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| F 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaint IN00400600.<br><br>Complaint IN00400600 - Substantiated. Federal/state deficiencies related to the allegations are cited at F686.<br><br>Survey dates: February 6 and 7, 2023<br><br>Facility number: 000184<br>Provider number: 155286<br>AIM number: 100267210<br><br>Census Bed Type:<br>SNF/NF: 50<br>Total: 50<br><br>Census Payor Type:<br>Medicare: 5<br>Medicaid: 42<br>Other: 3<br>Total: 50<br><br>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality review completed February 8, 2023. | F 0000 | Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance<br><br>Requesting Desk Review | |
| F 0686<br>SS=D<br>Bldg. 00 | 483.25(b)(1)(i)(ii)<br>Treatment/Svcs to Prevent/Heal Pressure Ulcer<br>§483.25(b) Skin Integrity<br>§483.25(b)(1) Pressure ulcers.<br>Based on the comprehensive assessment of a resident, the facility must ensure that-<br>(i) A resident receives care, consistent with professional standards of practice, to prevent | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Jessica Slone | Executive Director | 02/24/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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| | pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and<br>(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.<br>Based on interview and record review, the facility failed to implement interventions to prevent pressure ulcers for 1 of 3 residents reviewed (Resident S).<br><br>Findings include:<br><br>On 2/6/23 at 11:28 A.M., Resident S's record was reviewed. Diagnoses included diabetes, history of stroke, major depressive disorder, and history of pressure ulcers to the right foot 4th and 5th toes. The resident had a decline in her appetite, developed multiple pressure ulcers, was admitted to hospice services and passed away.<br><br>A quarterly MDS (Minimum Data Set) assessment, dated 12/13/22, indicated a BIMS (Brief Interview Mental Status) of 8-moderately impaired cognition. She had moods, mild depression and no behaviors or rejection of care. She required extensive assistance from 2 staff members for bed mobility and was dependent on 2 staff for transfers using a mechanical hoyer lift. She required extensive assistance from 1 staff member for eating, was always incontinent of bowel and bladder, had no pressure ulcers, and current weight was 174 pounds. Her admission weight was 172 pounds.<br><br>Care plans indicated the following: | F 0686 | **REQUESTING DESK REVIEW**<br>**F 686 Prevent/heal pressure ulcers**<br>It is the practice of this facility to ensure residents receive care consistent with professional standards of practice to prevent pressure ulcers.<br>**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:**<br>Resident S no longer resides in the facility.<br>**How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:**<br>All residents have the potential to be affected by this deficient practice. An audit of residents who have had changes in condition including poor meal intakes will be completed and preventative measures will be obtained and implemented as needed. MD and POA will be notified and care plans will be updated. Skin sweep of all residents will be completed. | 02/24/2023 |

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| | -Initiated 6/5/22-Resident was at risk for unintentional weight changes. Interventions included monitor weight, food and fluid intakes, and notify physician and family of significant weight changes.<br><br>-Initiated 6/5/22-Resident was at risk for skin breakdown due to very moist skin, being chair fast, had very limited mobility and problems with friction/shear. Interventions included: pressure reducing boots at all times, check and change every 2 hours, heels up in bed, turn and reposition at least every 2 hours, appetite stimulant as ordered, protein supplement and multi-vitamin for wound healing.<br><br>-Initiated 8/4/22-Resident had a history of poor appetite, poor nutrition, was prescribed medication that stimulated her appetite and treated depression. Interventions included: Notify the physician of sudden changes in appetite and when resident refused meals, explore reasoning with the resident.<br><br>A Braden Scale for Predicting Pressure Sore Risk, dated 12/12/22 at 3:24 p.m., indicated Resident S was at moderate risk for pressure ulcer development due to slightly limited sensory perception, very moist skin, being chair fast and non-ambulatory, very limited ability to independently make changes in her body or extremity position, adequate nutrition, and problems with friction and shearing due to moderate to maximum assistance needed in moving.<br><br>A quarterly Follow-Up Nutrition Review, dated 12/17/22 at 5:18 p.m., indicated the resident was on a regular diet with thin liquids. Her average meal intakes were breakfast-46%, lunch-63%, and | | **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:**<br>Nursing will be re-educated related to pressure ulcer prevention. IDT will assess residents on admission, quarterly, and with changes in condition to determine need for interventions to prevent skin impairment. DNS/designee will review changes in condition via Facility Activity Report daily, discuss in clinical meeting if indicated. MD and family will be notified of these changes. Orders will be obtained and implemented. Care plans will be updated.<br><br>**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:**<br>Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The DNS/designee will be responsible for completing the QAPI Audit tool “wounds and skin management” weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters. If threshold of 90% is not met, an action plan will be developed. Findings will be | |

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| | dinner-50%. She was not on supplements nor extra food items provided to help maintain/improve nutrition. Her current weight was 174 pounds.<br><br>Review of physician orders dated December 2022, indicated Resident S was prescribed a vitamin D supplement daily but was not prescribed a protein supplement or multi-vitamin.<br><br>Physician progress notes indicated the following:<br>-12/16/22: The resident was seen for a routine visit. She had no complaints or issues and the plan was to continue with supportive care.<br>-12/29/22: The resident had complaints of foot pain with a normal exam. She had a scaly rash to her feet which would be treated with topical emollients.<br>There was no indication of skin concerns.<br><br>Weekly Skin and Vital Sign Assessments were:<br>-12/27/22-No open areas or skin integrity alteration; her heels were off-loaded and she continued to be turned and repositioned per plan of care.<br>-1/3/23-No open areas or skin integrity alteration; her heels were off-loaded and she continued to be turned and repositioned per plan of care.<br>-1/6/23-Weight was 172 pounds.<br><br>Review of food and fluid intakes between January 1/1 to 1/10/23, indicated the resident had refused 13 meals and ate only 1-25% of 9 meals. There was no documentation of the physician being notified or documentation of meal refusal reasoning with the resident per care planned interventions.<br><br>A New Skin Event form, dated 1/10/23 at 3:18 p.m., documented by the facility in-house wound nurse, indicated the resident had an open area on her | | submitted to the QAPI Committee for review and follow up.<br>**By what date the systemic changes will be completed: 2/24/23** | |

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| | coccyx, with measurements 5 cm by 3 cm, the area was black/brown/dark with no drainage and moderate odor. The resident hada pressure relieving mattress in place, would be turned and repositioned every 2 hours.<br><br>A Resident Progress note, dated 1/10/23 at 3:30 p.m., indicated the resident had a stage III (Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss) pressure ulcer to the coccyx. The wound was measured as 5cm x 3 cm x 0.1 cm, had slough present with purple/red surrounding tissue. No measurements were available for the coccyx area.<br><br>A Resident Progress note, dated 1/12/23 at 7:33 p.m., indicated hospice was in to evaluate the resident to be started on their services.<br><br>A Physician Progress note, dated 1/16/23, indicated the resident was seen for worsening condition. She was getting weaker, losing weight, and refusing to eat. Nursing had changed her bed (low air loss mattress), were being much more aggressive with her skin treatment and trying to get her to eat. The plan was for hospice and supportive care. Staff were to work with trying to increase her feedings, hopefully the new mattress would help with her wounds and she would start eating better.<br><br>On 2/6/23 at 3:14 P.M., RN 2 (Registered Nurse) was interviewed. She indicated the resident would not get out of bed often. She required use of a mechanical hoyer lift. The residnet hadn't liked the lift and preferred to stay in bed. The resident had no pattern or frequency of refusing care. | | | |

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| | A current copy of the facility policy, titled "Skin Management Program" and provided by the Director of Nursing Services on 2/7/23 at 12:07 P.M., stated the following: "It is the policy of American Senior Communities to ensure that each 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...Avoidable Pressure Ulcer/Injury means that the resident developed a pressure ulcer/injury and that the facility did not do one or more of the following: evaluate the resident's clinical condition and risk factors: define and implement interventions that are consistent with resident needs, resident goals, and professional standards of practice, monitor and evaluate the impact of the interventions; or revise the interventions as appropriate...4. Residents identified at risk for pressure ulcer/injury and those with pressure ulcer/injury will have an individualized care plan developed with specific risk factors and contributing factors including preventative measures. Direct care givers will be notified of the resident specific prevention interventions...."<br><br>This Federal tag relates to Complaint IN00400600.<br><br>3.1-40 | | | |