

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

PRINTED: 10/10/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155265		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/18/2023	
NAME OF PROVIDER OR SUPPLIER WEDGEWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 101 POTTERS LN CLARKSVILLE, IN 47129			
(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 Complaints IN00415529, IN00416556, IN00416898 and IN00416995.</p> <p>Complaint IN00415529 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416556 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416898 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416995- Federal/State deficiency related to the allegations is cited at F625.</p> <p>Survey dates: September 15, 17, and 18, 2023</p> <p>Facility number: 000166 Provider number: 155265 AIM number: 100267080</p> <p>Census Bed Type: SNF/NF: 107 Total: 107</p> <p>Census Payor Type: Medicare: 6 Medicaid: 81 Other: 20 Total: 107</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 19, 2023.</p>			F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the State of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the complaint survey conducted on September 15, 17, and 18, 2023. Please accept this plan of correction as the provider's credible allegation of compliance. The facility would like to respectfully request a desk review.</p> <p>Jay Nowlin HFA</p>		

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

TITLE

(X6) DATE

Jay Nowlin

Executive Director

10/03/2023

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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F 0625 SS=D Bldg. 00	<p>483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e) (1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. Based on interview and record review, the facility failed to ensure a resident's (Resident B) representative was provided a bed hold notification information, in a timely manner, for 1 of 3 residents reviewed for transfer/discharge.</p> <p>Findings include:</p>			F 0625	<p>Corrective action for the residents found to have been affected by the deficient practice:</p> <p>/p></p> <p>Corrective action taken for</p>		09/19/2023

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	<p>The clinical record for Resident B was reviewed on 9/15/23 at 10:25 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, adjustment disorder, post traumatic stress disorder, schizoaffective disorder and bipolar disorder.</p> <p>The progress note, dated 8/16/23 at 9:16 a.m., indicated the resident was sent to a psychiatric hospital related to behaviors towards staff.</p> <p>Review of the bed hold authorization form indicated Resident B's representative was not informed related to the bed hold policy until 9/6/23 which was three weeks after his discharge to the hospital.</p> <p>During an interview on 9/15/23 at 10:51 a.m., the complainant indicated she was notified of the bed hold authorization on 9/6/23.</p> <p>During an interview on 9/15/23 at 12:41 p.m., the Admissions Coordinator indicated the bed hold authorization got missed.</p> <p>On 9/15/23 at 1:09 p.m., the Regional Director of Clinical Operations provided a current copy of the document titled "Bed Hold Policy" dated 2/17/17. It included, but was not limited to, "Policy...It is the policy of this facility to provide resident centered care...It is the intent of this facility to obtain the proper authorization...The bed hold authorization form may be signed prior to the patient leaving the building, or within 24 hours of the resident leaving the facility or the following business day if the resident leaves on the weekend or a holiday...."</p> <p>This Federal tag relates to Complaint IN00416995.</p>				<p>those residents having the potential to be affected by the same deficient practice:</p> <p>All residents who have discharged from the facility could have been affected. A look back of all currently discharged residents reviewed to ensure resident representatives was provided a bed hold notification information, in a timely manner. Any identified concerns were immediately addressed.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>RDCO provided 1:1 education with Business Office Manager, Admission Director, and Administrator concerning the Bed Hold Policy and education as it relates to "Bed Hold Policy" to include information regarding timely completion process and uploading policy in the patient chart.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The Administrator/Designee will review all residents discharged from facility for no less than 3 months for compliance to ensure timely completion of the Bed Hold</p>		

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	3.1-12(a)(25)(A)				Policy. The Administrator/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.		