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| 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 04/22/2021 |
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| NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER | STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND ST INDIANAPOLIS, IN 46250 |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00349211, IN00350779, IN00350849, and IN00351184.</p> <p>Complaint IN00349211 - Substantiated. Federal/State deficiencies related to the allegations are cited at F 677.</p> <p>Complaint IN00350779- Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00350849- Substantiated. Federal/State deficiencies related to the allegations are cited at F580.</p> <p>Complaint IN00351184 - Substantiated. Federal/State deficiencies related to the allegations are cited at F554, F580 and F684.</p> <p>Survey dates: April 19, 20,21 and 22, 2021.</p> <p>Facility number: 172 Provider number: 155272 AIM number: 100267130</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 11 Medicaid: 98 Other:16 Total: 125</p> | F 0000 | The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction. | |
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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 0554 SS=D Bldg. 00 | <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 27, 2021</p> <p>483.10(c)(7) Resident Self-Admin Meds-Clinically Approp §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. Based on observation, interview, and record review, the facility failed to have their IDT (Interdisciplinary Team) determine a resident was able to self-administer his medications for 1 of 1 resident randomly observed. (Resident P)</p> <p>Findings include:</p> <p>The clinical record for Resident P was reviewed on 4/21/21 at 3:30 p.m. The diagnoses for Resident P included, but were not limited to: morbid obesity, hypertension, spasms, hypokalemia, and pain. He was admitted to the facility on 6/5/20.</p> <p>The physician's orders for Resident P indicated he was to receive a 20 mg tablet of Baclofen 4 times daily; two 20 MEQ tablets of Potassium in the morning and one tablet in the evening; 80 mg of Torseamide twice daily; and 400 mg of Neurontin (Gabapentin) 3 times a day. There was no order for self-administration of any of these medications.</p> <p>The 1/16/21 Quarterly MDS (Minimum Data Set) assessment indicated he had a BIMS (brief interview for mental status) score of 15, indicating he was cognitively intact.</p> <p>An observation of Resident P was made in his room on 4/21/21 at 2:14 p.m. He was sitting up in</p> | F 0554 | <p>F554 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident P has a self-administration assessment completed and the IDT has reviewed the findings. The plan of care for resident P has been updated to reflect an accurate plan of care.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: Any resident residing in the facility that wishes to self-administer medications has the potential to be affected. An audit will be conducted to determine if a resident wishes to self-administer medications. Residents residing in the facility that wish to self-administer medications will have a self-administration assessment completed and reviewed by IDT. A physicians</p> | 05/19/2021 |

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| | <p>his bed. He opened his backpack and pulled out a sandwich baggy of various sized white and orange pills.</p> <p>An interview was conducted with Resident P on 4/21/21 at 2:14 p.m. He indicated the facility mismanaged medications and would bring him too many pills at once. He was supposed to receive 1 potassium tablet in the evening, but they would bring him 2 in the evenings. When he informed nursing staff that he was given too many pills, they would throw away the extra pills, which resulted in him running out of medications early, so eventually he just decided to keep and store the extra medications given to him, so that when he ran out of medications, he'd have them to take. He'd kept the baggy of pills since approximately August, 2020 and would take them as needed. He indicated the pills in the baggy were Potassium, Gabapentin, Baclofen, and Torsamide, and some of the nursing staff were aware he had the extra pills. Nursing did not stay and watch him take his medications. They brought him his medications and would leave the room prior to him actually taking them.</p> <p>An interview was conducted with UM (Unit Manager) 1 on 4/21/21 at 3:05 p.m. She indicated Resident P was not able to administer his own medications, except for cough drops that he kept at bedside. He was not supposed to be storing his own medications, and nursing was not supposed to leave the medications at bedside.</p> <p>There was no IDT assessment for self-administration in Resident P's clinical record, and none of his care plans referenced self-administration of medications.</p> <p>The DON (Director of Nursing) provided a list of</p> | | <p>order will be obtained and the residents' plan of care will be updated. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Staff development coordinator (SDC)/designee will re-educate the Licensed Nurses on the following policy: Self Administration of Medication.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:The DON/designee will audit 5 residents weekly x 4 weeks, then 5 residents monthly for 2 months to ensure compliance with the self-administration policy, including monitoring of the self-administration assessment, plan of care, and physician order. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 3 months then randomly thereafter for further recommendation.</p> | | |

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| F 0580 SS=D Bldg. 00 | <p>the medications contained in Resident P's baggy of pills. It listed 8 capsules of Gabapentin, 10 tablets of Potassium, and 10 tablets of Baclofen.</p> <p>The Resident Self-Administration of Medications policy was provided by the DON on 4/21/21 at 3:48 p.m. It read, "Procedure: 1. Determine if the resident desires to self-administer their own medication. a. Resident may not self-administer medication until the assessment is completed by the IDT team and determined to be safe to do so...Physician/Provider order is required for residents to self-administer medication."</p> <p>This Federal tag relates to Complaint IN00351184.</p> <p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> | | | |

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| | <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on interview and record review the facility failed to timely notify a resident's physician of changes in skin condition for 1 of 3 residents reviewed for wounds (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 4/19/21 at 2:10 p.m. The Resident's diagnosis included, but were not limited to, hemiplegia</p> | F 0580 | <p>F580</p> <p>Corrective actions accomplished for those residents found to have been affected by the deficient practice:The facility notified the physician of Resident B's skin condition.Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: The</p> | 05/19/2021 |

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| | <p>(immobility) of right side and diabetes.</p> <p>An Annual MDS (Minimum Data Set) Assessment, completed 3/17/21, indicated that she had limited range of motion to her upper and lower extremities on 1 side of her body.</p> <p>A physician's order, dated 7/8/2019, indicated she was to receive a restorative nursing program to provide active assisted ROM (Range of Motion) to her right hand and wrist daily and that a blue roll wrist splint was to be applied to her right hand for 5 hours per day as tolerated. A white palm protector was to be used in her right hand while the splint was not being used. Her skin was to be checked before and after the splint application. The nurse was to be notified of redness or open areas to right hand and wrist.</p> <p>A care plan, with a revision date of 10/6/2020, indicated she had the potential for pressure ulcer development related to decreased mobility from her hemiplegia to her right side. The goal of the care plan was for her to have intact skin, that was free of redness, blisters, or discoloration.</p> <p>A restorative note, 2/2/21, indicated Resident B was participating in the AAROM and splint restorative nursing program. When the splint was removed from her right hand a deep red area between the thumb and fore finger was noticed and reported to her nurse.</p> <p>The clinical record did not contain information that the physician or nurse practitioner had been informed of the reddened area.</p> <p>A restorative note, dated 2/9/21, indicated Resident B was participating in the AAROM and splint restorative nursing program. When the</p> | | <p>Director of Nursing and/ or designee completed a 100% audit of all residents triggering a change in skin condition to ensure the physician had been notified of the resident's skin condition. What measures will be put in place and what systemic changes will be made to ensure the deficient practice does not recur:The Director of Nursing and/or designee will educate all licensed nurses on the facility policy labeled, "Physician Notification for CIC", with emphasis on physician notification regarding any resident experiencing a change in skin condition. How the corrective actions will be monitored to ensure the deficient practice will not recur:The Director of Nursing and/or designee will audit all residents triggering for a change in skin condition weekly for 90 days or ongoing until 100% compliance achieved to ensure there is documentation indicating the physician had been notified. The results of this audit will be reviewed in our monthly QAPI meeting to ensure 100% compliance is achieved.</p> | |

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

PRINTED: 05/24/2021
FORM APPROVED
OMB NO. 0938-039

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| | <p>splint was removed a deep red spot was noted between the thumb and fore finger.</p> <p>The clinical record did not contain information that the physician or nurse PR actioner had been informed of the reddened area.</p> <p>A restorative note, dated 3/2/21, indicated that upon the removal of the right hand splint a deep red area between the thumb and fore finger was noted and reported to Resident B's nurse.</p> <p>The clinical record did not contain information that the physician or nurse practitioner had been informed of the reddened area.</p> <p>A restorative note, dated 3/21/21, indicated that while assisting with range of motion to her right hand, an open sore and redness was noted between the thumb and fore finger and reported to her nurse.</p> <p>A progress noted, 3/22/21, indicated her right hand assessed and no open area noted. A callused area was noted to the web of the thumb. The Nurse Practitioner was made aware and a new order for a foam dressing under splint on the right hand was to be used as prevention.</p> <p>A restorative note, dated 3/24/21, indicated an open area was noted on the right hand by the restorative aides. Resident B's splint was placed on hold and therapy was made aware.</p> <p>The clinical record did not contain information that the physician or nurse practitioner had been made aware of the open area or that the splint was placed on hold.</p> | | | |

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| F 0677 SS=D Bldg. 00 | <p>During an interview on 4/21/21 at 3:08 p.m., NP (Nurse Practitioner) 9 indicated that she had examined Resident B on 2/2/21 and she there was not redness or chaffing between her right thumb and index finger at that time. She did not any other time that she was informed of redness to her right hand and that she would have wanted to know if there were dark red areas or open areas for a patient who wore splints or palm protectors.</p> <p>On 4/21/21 at 3:48 p.m., the DON provided the Skin Care & Wound Management Overview Policy and Procedure, effective 7/1/2016, which read "...Policy: The staff strives to prevent resident / patient skin impairment and to promote the healing of existing wounds. The interdisciplinary team works with the resident/ patient and /or family/ responsible party to identify and implement interventions to prevent and treat potential skin integrity issues. The interdisciplinary team evaluates, and documents identified skin impairments and pre-existing signs to determine the type of impairment, underlying condition(s) contributing to it and description of impairments to determine appropriate treatment... Skin care and wound management program includes, but is not limited to... Implementation of prevention strategies to decrease the potential for developing pressure ulcers..."</p> <p>This Federal Tag relates to complaint IN00350849 and IN00351184.</p> <p>3.1-5(a)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to</p> | | | | |

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| | <p>carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview, and record review, the facility failed to provide a resident showers and failed to provide nail care for 2 of 3 residents reviewed for activities of daily living. (Resident E and Resident B)</p> <p>Finding include:</p> <p>1. The clinical record for Resident E was reviewed on 4/20/21 at 2:41 p.m. The diagnoses for Resident E included, but were not limited to, blindness.</p> <p>The 2/5/21 Annual MDS (Minimum Data Set) assessment indicated he had a BIMS (brief interview for mental status) score of 13, indicating he was cognitively intact. His vision was severely impaired and he was independent with bathing. The 12/28/20 Quarterly MDS assessment indicated he was totally dependent on staff for bathing.</p> <p>The activities of daily living care plan, revised 3/1/21, indicated he had a self care performance deficit and required staff participation of 1 with bathing. None of his care plans indicated his preference for preferred time of day or type of bathing.</p> <p>The shower schedule, located at the nurse's desk of Resident E's unit, indicated his shower days were Wednesdays and Saturdays and day shift.</p> <p>An interview was conducted with Resident E on 4/21/21 at 10:00 a.m. He indicated the staff was not providing him with showers and in order for</p> | F 0677 | <p>F677</p> <p>Corrective actions accomplished for those residents found to have been affected by the deficient practice:Resident E had his care plan updated to reflect his preference for a shower in the evening and resident B had her nails trimmed and the dark debris removed from below her finger nails. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: The Director of Nursing/designee will complete an audit of all residents to identify their preferences in regards to showers/bathing and ensure their preferences are updated on the plan of care accurately. An audit was conducted to ensure all residents nails were trimmed and cleaned per resident preference. What measures will be put in place and what systemic changes will be made to ensure the deficient practice does not recur:The Staff Development Coordinator/designee will educate staff on the facility policy labeled, "Residents' Rights", "Nail and Hair Hygiene", and "Personal Care for Shower and Bathing" with</p> | 05/19/2021 |

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| | <p>him to take a shower, he needed led to the shower room, due to his blindness, and assistance with bathing his back.</p> <p>An interview was conducted with CNA (Certified Nursing Assistant) 3, Resident E's assigned CNA, on 4/20/21 at 10:10 a.m. She indicated Resident E bathed himself in the sink in his room, and she'd never assisted him with a shower before, and he would often refuse showers. She'd worked at the facility since October, 2020 and normally worked the day shift.</p> <p>An interview was conducted with QMA (Qualified Medication Aide) 4 on 4/20/21 at 10:10 a.m. She indicated Resident E usually showered in the evenings.</p> <p>The February, March, and April bathing logs and shower sheets were provided by the DON (Director of Nursing) on 4/21/21 at 11:43 a.m. They indicated he received a total of 2 showers (3/20/21 and 3/26/21) and a total of 55 bed baths (almost daily.)</p> <p>An interview was conducted with Resident E on 4/21/21 at 2:00 p.m. in his room. He was exiting his restroom with wet hair. He indicated he just finished washing his hair in the sink. No one had offered him a shower, and they were not providing him bed baths either. He would only refuse a shower, if they offered at an odd time, like after he just woke up or late at night. He would prefer showers in the evening time.</p> <p>An interview was conducted with UM (Unit Manager) 1 on 4/22/21 at 11:22 a.m. She indicated she was unaware Resident E preferred evening showers, and the shower schedule could be changed to accommodate him.</p> | | <p>emphasis on providing appropriate nail care and bathing per residents preference. How the corrective actions will be monitored to ensure the deficient practice will not recur:The Director of Nursing and/or designee will complete 5 resident observations weekly M-F for 90 days or ongoing until 100% threshold achieved and report findings in our monthly QAPI meeting.</p> | |

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| | <p>2. The clinical record for Resident B was reviewed on 4/19/21 at 2:10 p.m. The Resident's diagnosis included, but were not limited to, hemiplegia (immobility) of right side and diabetes.</p> <p>An Annual MDS (Minimum Data Set) Assessment, completed 3/17/21, indicated that she needed extensive assist of 1 staff member for personal hygiene and total assist of 1 staff member for bathing and showers.</p> <p>A care plan, revised on 10/6/2020, indicated she had a self care deficit due to her hemiplegia, with a goal that she would maintain her current level of function. A care plan intervention, revised on 10/6/2020, indicated to check nail length and trim and clean on bath days and as necessary.</p> <p>On 4/20/21 at 9:25 a.m., she was observed laying in her bed with her breakfast tray in front of her. The thumb nail on her right hand was long, extending over the end of her finger, and nails on her left hand were also long, with dark debris under them.</p> <p>On 4/21/21 at 1:55 p.m., she was observed laying in her bed with hospital gown on. The nails on her right and left hands were long, extending past the ends of her fingers, and had a dark substance under them</p> <p>During an interview on 4/21/21, CNA (Certified Nursing Assistant) 10 indicated she had given Resident B a shower on 4/20/21 and that she had refuses her to have her nails trimmed because she did not like having it done.</p> <p>On 4/22/21 at 11:30 a.m., the DON (Director of Nursing) provided the April 2021 shower records</p> | | | |

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| | <p>for Resident B, which indicated she had received a shower or bed bath on 4/1/21, 4/6/21, 4/8/21, 4/13/21, 4/15/21, and 4/20/21.</p> <p>On 4/22/21 at 3:15 p.m., she was observed laying in bed with a hospital gown on. The fingernails on her right and left hand were trimmed to just below the tips of her finger and free of dark debris under them.</p> <p>During an interview on 4/22/21 at 3:27 p.m., LPN (Licensed Practical Nurse) 7 indicated that if staff redirected and asked her to do her nails, she would usually let them.</p> <p>The Personal Bathing and Shower policy was provided by the DON on 4/21/21 at 3:33 p.m. It read, "Bathing preferences should be care planned including type and schedule....The facility will support and accommodate the resident/representative preferences to the extent possible to reach their goals....In the event a resident refuses a bath because he or she prefers a shower or a different bathing method, such as in-bed bathing, prefers to bathe at a different time of day or on a different day, does not feel well that day, is uneasy about the aide assigned to help or is worried about falling, the resident's preferences must be accommodated....Preferences: a. Determine resident preference for shower or bathing at bedside; b. Determine resident preference for AM or PM personal bathing care; ...d. Care plan resident preference and communicate to staff providing personal care; e. Review preferences during care planning meeting....Contact the IDT (Interdisciplinary Team) team to discuss continued refusal of hygienic care.".</p> <p>On 4/22/21 at 11:30 a.m., the DON provided the</p> | | | |

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| F 0684 SS=D Bldg. 00 | <p>Nail and Hair Hygiene Services Policy, revised 4/14/2017, which read "... Policy...This facility will provide routine care for the residents for hygienic purposes...Routine care also includes nail hygiene services including routine trimming, cleaning and filing...Procedure: I. Routine Nail Hygiene a. Residents will have routine nail hygiene and hair hygiene as part of the bath or shower...d. Daily hand washing will be completed with nail care to include cleaning and trimming or filing of sharp edges to prevent infection and damage to skin from scratching..."</p> <p>This Federal Tag relates to complaint IN00349211 and IN00350779.</p> <p>3.1-38(a)(1)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview, and record review the facility failed to timely address a resident's skin condition for 1 of 3 residents reviewed for wounds (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 4/19/21 at 2:10 p.m. The Resident's diagnosis</p> | F 0684 | <p>F684 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident B had a skin assessment completed to ensure there was not any redness related to the palm protector. The care plan was revised to include the</p> | 05/19/2021 |

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| | <p>included, but were not limited to, hemiplegia (immobility) of right side and diabetes.</p> <p>An Annual MDS (Minimum Data Set) Assessment, completed 3/17/21, indicated that she had limited range of motion to her upper and lower extremities on 1 side of her body.</p> <p>On 4/19/21 at 2:35 p.m., Resident B was observed in her bed. She was resting with her eyes closed. She had a geri (skin protecting) sleeve on her right hand and arm with a white palm protector in her curled right hand.</p> <p>A physician's order, dated 7/8/2019, indicated she was to receive a restorative nursing program to provide active assisted ROM (Range of Motion) to her right hand and wrist daily and that a blue roll wrist splint was to be applied to her right hand for 5 hours per day as tolerated. A white palm protector was to be used in her right hand while the splint was not being used. Her skin was to be checked before and after the splint application. The nurse was to be notified of redness or open areas to right hand and wrist.</p> <p>A care plan, with a revision date of 10/6/2020, indicated she had the potential for pressure ulcer development related to decreased mobility from her hemiplegia to her right side. The goal of the care plan was for her to have intact skin, that was free of redness, blisters, or discoloration.</p> <p>A care plan, with a revision date of 10/6/2020, indicated she required AAROM (Active Assisted Range of Motion) to her right hand, with a goal that she would remain free from skin breakdown.</p> <p>A restorative note, 2/2/21, indicated Resident B was participating in the AAROM and splint</p> | | <p>palm protector usage.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: Director of Nursing Services or designee will complete the following audits:1). Review all residents utilizing any splinting device to ensure that there is an order for its use, a care plan addressing the use of the splinting device, and that the resident is free from any skin impairment where the splint is placed.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Director of Nursing Services or designee will educate the nursing staff on the following facility policy labeled, "Skin Care & Wound Management Overview"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 weekly for 90 days or until 100% compliance is achieved. Monitoring / auditing of this plan of correction will occur on all shifts: 1). Audit all residents utilizing any splinting device to insure that it is not negatively affecting the resident's skin</p> | |

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| | <p>restorative nursing program. When the splint was removed from her right hand a deep red area between the thumb and fore finger was noticed and reported to her nurse.</p> <p>A restorative note, dated 2/9/21, indicated Resident B was participating in the AAROM and splint restorative nursing program. When the splint was removed a deep red spot was noted between the thumb and fore finger.</p> <p>A restorative note, dated 3/2/21, indicated that upon the removal of the right hand splint a deep red area between the thumb and fore finger was noted and reported to Resident B's nurse.</p> <p>A restorative note, dated 3/21/21, indicated that while assisting with range of motion to her right hand, an open sore and redness was noted between the thumb and fore finger and reported to her nurse.</p> <p>A physician's order, dated 3/22/21, indicated that foam was to be used under the right hand splint for prevention.</p> <p>A progress noted, 3/22/21, indicated her right hand assessed and no open area noted. A callused area was noted to the web of the thumb. The Nurse Practitioner was made aware and a new order for a foam dressing under splint on the right hand was to be used as prevention.</p> <p>A restorative note, dated 3/24/21, indicated an open area was noted on the right hand by the restorative aides. Resident B's splint was placed on hold and therapy was made aware.</p> <p>A physician's order, 4/8/21, indicated that she was to receive skilled occupational therapy, effective</p> | | <p>integrity. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee to ensure ongoing compliance.</p> | |

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| | <p>3/31/21. The therapy was to include therapeutic exercises and orthotic management.</p> <p>During an interview on 4/21/21 at 9:00 a.m., RNA (Restorative Nursing Aide) 11 indicated she was a former employee of the facility and had provided the restorative nursing program for Resident B. She had noted redness between her right thumb and fore finger on many occasions. She had the informed Resident B's nurse of the redness several times. She had not been instructed by the licensed nurses to change the restorative program or place the program on hold. Due to the redness, she had decided, on her own, to stop using the splint to try to help the area heal. She had made Resident B's licensed nurse aware of the open area when she found it and that the last time, she had seen the area was on 3/21/21 and it was starting to scab.</p> <p>On 4/20/21 at 9:25 a.m., Resident B was observed laying in her bed with her breakfast tray in front of her. She had a geri sleeve and a white palm protector present in her curled right hand. The thumb nail on R hand long, extending past the tip of her finger and nails on left hand were also long with dark debris under them.</p> <p>On 4/20/21 at 9:50 a.m., the RM (Rehab Manager) provided the Occupational Therapy Evaluation and Plan of Treatment, dated 3/31/21, which indicated the reason for the referral to occupational therapy was due to skin breakdown. The restorative nursing program had been keeping the hand roll splint off and only using the palm protector so that the skin breakdown would heal. The clinical impression was that she presented with new skin breakdown on right hand from palm protector and splint use with the restorative nursing program. She also had</p> | | | |

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

PRINTED: 05/24/2021

FORM APPROVED

OMB NO. 0938-039

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| | <p>increased flexor tone (tightness), which increased the risk for skin breakdown and discomfort with range of motion.</p> <p>During an interview on 4/20/21 at 9:50 a.m., RM and OT (Occupational Therapist) 8 indicated that when Resident B was evaluated, she had a small, scabbed, and healing area on her right hand, between her thumb and first finger which was why she was referred for therapy. Upon being informed of the problem, therapy had gotten a physician's order to evaluate her. They had not been made aware of any skin issues prior to that time. She had used a hand splint for a long time and tolerated it well. The skin breakdown was a new problem. The palm protector was causing the skin issue, not the splint. She had adapted the palm protector with some tannish colored foam and was using a geri sleeve on her right hand and arm for protection of the skin. Resident B was tolerating the palm protector well, with no further skin issues.</p> <p>During an interview on 4/21/21 at 12:33 p.m., MDSC (Minimum Data Set Coordinator) 12 indicated she was a former employee of the facility and had run the restorative nursing program. She had been made aware that Resident B had an open area between her right thumb and fore finger on March 24, 2021 and had documented on the area and informed the therapy department. On 3/26/21, she had observed the area and it presented with a partial scab with pink tissue to part of the area. She had been unable to document on it that day.</p> <p>On 4/21/21 at 1:55 p.m., Resident B was observed laying in her bed. She had a white palm protector in her curled right hand a piece of pink foam gauze between her right thumb and fore finger. The nails on her right hand were long and extending</p> | | | |

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| | <p>over the end of her fingertips. A geri sleeve was laying on her bedside table.</p> <p>During an interview on 4/21/21 at 2:00 p.m., LPN (Licensed Practical Nurse) 7 and CNA (Certified Nursing Assistant) 10 indicated they had been assisting her with care that day. They were unsure if the geri sleeve should be used on her. LPN 7 communicated that the pink foam was being used for protection of her skin due to her splint use.</p> <p>During an interview on 4/21/21 at 3:08 p.m., NP (Nurse Practitioner) 9 indicated that she had examined Resident B on 2/2/21 and she there was not redness or chaffing between her right thumb and index finger at that time. She did not any other time that she was informed of redness to her right hand and that she would have wanted to know if there were dark red areas or open areas for a patient who wore splints or palm protectors.</p> <p>During an interview on 4/22/21 at 3:27 p.m., LPN 7 indicated she had never been made aware of any red area to her hand by any of the staff. She had been informed that she had a calloused area.</p> <p>On 4/21/21 at 12:10 p.m., the DON (Director of Nursing) provided the Restorative Program Policy, revised 7/26/2018, which read "...Policy: It is the policy of this facility to provide resident centered care that meets the psychosocial, physical, and emotional needs and concerns of the residents. Safety is the primary concern for our residents, staff, and visitors. The purpose of this policy is to provide direction and guidance to the clinical team to assess and implement a plan of action for resident- specify care to maintain or improve mobility...Procedure...VI. Documentation...c. Address complications including but not limited</p> | | | |

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| F 0693 SS=D Bldg. 00 | <p>to: i. Pain ii. skin integrity...v. Contractures..."</p> <p>On 4/21/21 at 3:48 p.m., the DON provided the Skin Care & Wound Management Overview Policy and Procedure, effective 7/1/2016, which read "...Policy: The staff strives to prevent resident / patient skin impairment and to promote the healing of existing wounds. The interdisciplinary team works with the resident/ patient and /or family/ responsible party to identify and implement interventions to prevent and treat potential skin integrity issues. The interdisciplinary team evaluates, and documents identified skin impairments and pre-existing signs to determine the type of impairment, underlying condition(s) contributing to it and description of impairments to determine appropriate treatment... Skin care and wound management program includes, but is not limited to... Implementation of prevention strategies to decrease the potential for developing pressure ulcers..."</p> <p>This Federal Tag relates to complaint IN00351184.</p> <p>3.1-37</p> <p>483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral</p> | | | |

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| | <p>feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.</p> <p>Based on observation, interview, and record review, the facility replaced a resident's G/J (gastrojejunostomy) tube without a physician's order to do so for 1 of 3 residents reviewed for tube feeding. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 4/20/21 at 9:40 a.m. The diagnoses included, but were not limited to, dementia. She was admitted to the facility on 2/25/21 with a G/J tube in place.</p> <p>The physician's orders indicated to check the placement of her feeding tube before initiation of formula, medication administration, and flushing at least every 8 hours. They did not include an order to replace her G/J tube.</p> <p>The 3/4/21, 10:41 a.m. social services note read, "Care plan meeting held and discussed with [name of Resident D and Family Member 11]...discussed mom gtube was clogged and will be sending her out to [name of hospital] per family request and [relationship of Family Member 11] is calling [name of physician] at hospital to get gube [sic] replaced."</p> | F 0693 | <p>F693</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident D returned from the hospital with the GJ tube replaced and no new orders. Unit Manager 1 was educated on the facility policy labeled, "Physician Notification of CIC", "Physician Orders", and "Care of the Enteral Site" with emphasis on obtaining physician orders prior to replacing any enteral tube. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents with enteral tubes have been audited to ensure that all physician orders are being followed. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: The Staff development coordinator or designee will educate all licensed staff on the facility policy labeled,</p> | 05/19/2021 |

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| | <p>The 3/4/21, 4:45 p.m. nurse's note, written by the DON (Director of Nursing,) read, "G/J tube displaced, sent to [name of hospital] for replacement, G/J replaced and patient returned with no new orders."</p> <p>An interview was conducted with Family Member 11 on 4/20/21 at 2:22 p.m. She indicated UM (Unit Manager) 1 inappropriately replaced Resident D's G/J tube at the facility on 3/4/21 with a G-tube prior to sending her to the hospital for tube replacement. She informed UM 1 the tube needed replaced surgically at the hospital and would like for her to be sent out.</p> <p>An interview was conducted with UM 1 on 4/20/21 at 11:06 a.m. She indicated Resident D's tube was clogged on 3/4/21, so she turned the feeding off and looked to see what kind of tube she had. She then contacted the family and got an order to send her out for replacement. She did not replace Resident D's G/J tube in house. The facility was able to replace G-tubes in house, but not G/J tubes.</p> <p>The hospital notes for Resident D read, "....Pre-existing tube: 18 French gastrostomy tube. Gastrojejunostomy tube placed: 18 French, 45 cm long MIC gastrojejunostomy tube....History of Present Illness/Subjective: ...long-standing gastrojejunostomy tube placed 5/30/2019 presented to the emergency room today with reports that her extended care facility removed the gastrojejunostomy tube after being found to be clogged, and replaced it with a gastrostomy tube. Speaking with patient's daughter, uncertain whether the tube was used since replacement. The last replacement was performed on 7/18/2020 with an 18 French 45 cm MIC gastrojejunostomy tube and patient returned 7/27/2020 for unclogging</p> | | <p>"Physician Notification of CIC", "Physician Orders", and "Care of the Enteral Site" with emphasis on obtaining physician orders prior to replacing any enteral tube. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: All residents with enteral tubes that need to be replaced will be will be audited for the appropriate orders 2 times per week for 90 days or ongoing until 100% compliance is achieved. The audits will be conducted by the Director of Nursing or designee. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee to ensure ongoing compliance.</p> | | |

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

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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 04/22/2021 |
|--|---|---|---|----------------------|---|
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| | <p>which was successful."</p> <p>An interview was conducted with Physician 12 on 4/28/21 at 10:20 a.m. He indicated he did not work at the facility in March, 2021 and suggested speaking with Physician 13, who was the facility's medical director on 3/4/21.</p> <p>An interview was conducted with Physician 13 on 4/28/21 at 10:24 a.m. He indicated a resident's G/J tube should not be replaced by nursing at the facility. It needed to be done by a specialist, typically the one who placed it.</p> <p>The Medications via Enteral Tube policy was provided by the DON on 4/21/21 at 3:33 p.m. It did not reference enteral tube replacement in the facility.</p> <p>This Federal tag relates to Complaints IN00349211.</p> <p>3.1-44(a)(2)</p> | | | | |