

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

PRINTED: 01/04/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155480		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/12/2023	
NAME OF PROVIDER OR SUPPLIER BROOKVILLE HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 11049 STATE ROAD 101 BROOKVILLE, IN 47012			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: December 6, 7, 8, 11, & 12, 2023.</p> <p>Facility number: 000550 Provider number: 155480 AIM number: 100286110</p> <p>Census Bed Type: SNF/NF: 42 Total: 42</p> <p>Census Payor Type: Medicare: 3 Medicaid: 28 Other: 11 Total: 42</p> <p>These deficiencies reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 15, 2023</p>			F 0000	<p>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. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		
F 0584 SS=D Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p>						

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

TITLE

(X6) DATE

Beverly Tackitt

Administrator

12/28/2023

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 disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on interview and observations, the facility failed to promote a clean environment for Resident 6 by having a thick layer of dusk on her over bed</p>			F 0584	F584 The facility will promote a clean environment. 1. Resident #6 room was deep cleaned immediately. Resident #6		12/29/2023

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	<p>tables, including her personal items and plants, as we well as a thin layer of dust on her window ledge for 1 of 3 resident reviewed for environmental concerns.</p> <p>Findings include:</p> <p>The clinical record for Resident 6 was reviewed on 12/7/2023 at 11:45 a.m. The medical diagnosis included chronic obstructive pulmonary disease.</p> <p>The Quarterly Minimum Data Set Assessment, dated for 11/15/2023, indicated that Resident 6 was cognitively intact.</p> <p>An observation of Resident 6's room on 12/7/2023 at 11:40 a.m. indicated a thick layer of dust on an over bed table by the back corner of the room with some personal potted plants that also had a layer of dusk on them. Another bedside table was located next to the resident's bed that contained personal items with a thick layer of dust and the window ledge in the room had a thin layer of dust.</p> <p>An interview with Resident 6 on 12/7/2023 at 11:43 a.m. indicated that the dust in her room bothers her and will make her cough. She stated she will usually get a wet washcloth every few weeks and wipe down her items. She stated that when housekeeping comes into her room, they only mop the floor, but they never dust.</p> <p>An observation of Resident 6's room on 12/8/2023 at 11:04 a.m. indicated a thick layer of dust on an over bed table by the back corner of the room with some personal potted plants that also had a layer of dusk on them. Another bedside table was located next to the resident's bed that contained personal items with a thick layer of dust.</p>				<p>uses powder multiple times day that which creates a dust coating in the room. Her room will be dusted daily.</p> <p>2. All residents have the potential to be affected. A complete round of all resident's rooms were conducted to ensure dust was not present in the room. No further concerns were noted. See below for corrective measures.</p> <p>3 The room cleaning policy and procedures were reviewed with no changes made. (See attachment A) The staff was inserviced on the above procedure.</p> <p>4 The administrator or her designee will conduct rounds daily ensuring all rooms are properly cleaned ensuring dust is not present. The administrator or her designee will utilize the monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted.</p> <p>If compliance is not obtained or maintained, the housekeeping supervisor will re-educated one on one to ensure they are knowledgeable about how to properly deep clean a room</p>		

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F 0685 SS=D Bldg. 00	<p>A policy entitled, "Room Cleaning", was provided by the Administrator on 12/11/2023 at 2:30 p.m. The policy indicated that a deep clean should be completed monthly and include a dust mop and high duster.</p> <p>3.1-19(f)</p> <p>483.25(a)(1)(2) Treatment/Devices to Maintain Hearing/Vision §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident-</p> <p>§483.25(a)(1) In making appointments, and</p> <p>§483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. Based on interview and record review the facility failed to provide routine optometry services for a resident experiencing blurred vision for 1 of 1 resident reviewed for vision (Resident 30).</p> <p>Finding include:</p> <p>During an interview with Resident 30 on at 12/07/23 at 1:32 p.m., indicated her vision had been blurry for the last 3-4 months. The resident had reported this to the facility staff and had not seen an eye doctor yet.</p>	F 0685	<p>per policy. Additional monitoring will occur if compliance not met by having the administrator complete rounds twice daily assuring rooms are clean and free of dust per policy.</p> <p>5 The above corrective measures will be completed on or before Dec. 29th, 2023.</p> <p>F685 The facility will provide routine optometry services for a resident experiencing blurred vision. 1 Resident 30 was placed on the optometry list to be seen on next visit. 2 All residents have the potential to be affected. A complete audit was conducted to ensure all residents have been seen in a timely manner by optometry services. No further</p>	12/29/2023	

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	<p>During an interview with the Social Service Director (S.S.D.) on 12/08/23 at 2:06 p.m., indicated she was unable to find where Resident 30 had seen an eye doctor or refused to see an eye doctor. The S.S.D. indicated she would go talk with the resident at this time and make an appointment for the resident to see the eye doctor.</p> <p>During an interview with Resident 30 on 12/11/23 at 1:33 p.m., indicated she had not wore glasses for years except reading glasses. The resident indicated she had not seen an eye doctor or was offered by the facility to see an eye doctor since her admission in September 2022. The resident indicated she did have an appointment now.</p> <p>Review of the record of Resident 30 on 12/11/23 at 2:08 p.m., indicated the resident's diagnoses included, but were not limited to, anemia, muscle weakness, diabetes, major depressive disorder, anxiety, osteoarthritis, mild protein calorie malnutrition, peripheral vascular disease and chronic pain syndrome.</p> <p>The consent for services for Resident 30, dated 9/26/22, indicated the resident signed consent to have optometry services.</p> <p>The Significant Change Minimum Data (MDS) assessment for Resident 30, dated 10/1/23, indicated the resident was cognitively intact with daily decision making.</p> <p>The physician Recapitulation (recap) for Resident 30, dated December 2023, (original date 12/12/22) indicated the resident was to be seen by optometrist.</p>		<p>concerns were noted. See below for corrective measures.</p> <p>3 The social service director was inserviced on providing optometry services to residents in a timely manner who signed consent to be treated or those experiencing issues with their vision.</p> <p>4 The administrator or her designee will conduct audits to ensure all new admits are placed on the optometrist schedule to be seen if consent signed. The administrator will also ensure all residents are seen by optometry services in a timely manner if issues arise. The administrator or her designee will utilize the monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted. If compliance is not obtained or maintained, the social service consultant will re-educate the social service director one on one to ensure they are knowledgeable about how to properly review the consent and ensure a resident is seen by the optometrist if consent</p>		

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F 0791 SS=D Bldg. 00	<p>3.1-39(a)(1)</p> <p>483.55(b)(1)-(5) Routine/Emergency Dental Srvcs in NFs §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>§483.55(b) Nursing Facilities. The facility-</p> <p>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services;</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide</p>		<p>signed or having current issues. Additional monitoring will occur if compliance not met by having the social service consultant conduct audits weekly to ensure all residents are seen by optometry services if consents signed and/or issues arise.</p> <p>5 The above corrective measures will be completed on or before Dec. 29th, 2023.</p>		

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	<p>documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.</p> <p>Based on observation, interview and record review the facility failed to provide routine dental services for a resident with missing teeth and a chipped tooth for 1 of 2 residents reviewed for dental services (Resident 30).</p> <p>Finding include:</p> <p>During an observation and interview with Resident 30 on 12/07/23 at 1:31 p.m., the resident's front tooth was chipped off and she was missing several teeth. The resident indicated she had not seen a dentist and had report to the facility staff she needed to see a dentist.</p> <p>During an interview with the Social Service Director (S.S.D.) on 12/08/23 at 2:06 p.m., indicated she was unable to find where Resident 30 had been seen by a dentist or refused to see the dentist. The S.S.D. indicated she would go talk with the resident at this time and make an</p>			F 0791	<p>F791 The facility will provide routine dental services.</p> <p>1 Resident 30 was placed on the dental list to be seen on next visit.</p> <p>2 All residents have the potential to be affected. A complete audit was conducted to ensure all residents have been seen in a timely manner by dental services. No further concerns were noted. See below for corrective measures.</p> <p>3 The social service director was inserviced on providing dental services to residents in a timely manner who signed consent to be treated or is currently having an issue.</p> <p>4 The administrator or her designee will conduct audits to</p>		12/29/2023

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	<p>appointment for the resident to see a dentist.</p> <p>During an interview with Resident 30 on 12/11/23 at 1:33 p.m., indicated she had not seen a dentist or was offered by the facility to a dentist since her admission in September 2022. The resident indicated she did have an appointment now.</p> <p>Review of the record of Resident 30 on 12/11/23 at 2:08 p.m., indicated the resident's diagnoses included, but were not limited to, anemia, muscle weakness, diabetes, major depressive disorder, anxiety, osteoarthritis, mild protein calorie malnutrition, peripheral vascular disease and chronic pain syndrome.</p> <p>The consent for services for Resident 30, dated 9/26/22, indicated the resident signed up for dental services.</p> <p>The Significant Change Minimum Data (MDS) assessment for Resident 30, dated 10/1/23, indicated the resident was cognitively intact with daily decision making. The resident had obvious or likely cavity or broken teeth.</p> <p>The physician Recapitulation (recap) for Resident 30, dated December 2023, (original date 12/12/22) indicated the resident was to be seen by a dentist.</p> <p>3.1-24(a)(1) 3.1-24(b)</p>				<p>ensure all new admits are placed on the dentist schedule to be seen if consent signed. The administrator will also ensure all residents are seen by dental services in a timely manner if issues arise. The administrator or her designee will utilize the monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted. If compliance is not obtained or maintained, the social service consultant will re-educated the social service director one on one to ensure they are knowledgeable about how to properly review the consent and ensure a resident is seen by the dentist if consent signed. Additional monitoring will occur if compliance not met by having the social service consultant conduct audits weekly to ensure all residents are seen by dental services if consents signed and/or issues arise.</p> <p>5 The above corrective measures will be completed on or before Dec. 29th, 2023.</p>		

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