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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155659	A. BUILDING 00 B. WING	12/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SELLERSBURG HEALTHCARE CENTER	7823 OLD HWY # 60 SELLERSBURG, IN 47172

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00395000 and IN00396135. Complaint IN00395000 - Unsubstantiated due to lack of sufficient evidence Complaint IN00396135 - .Substantiated. Federal/State deficiency related to the allegations is cited at F684. Survey dates: December 12 and 13, 2022 Facility number: 010613 Provider number: 155659 AIM number: 200221040 Census Bed Type: SNF/NF: 98 Total: 98 Census Payor Type: Medicare: 9 Medicaid: 73 Other: 16 Total: 98 This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1. Quality review completed on December 19, 2022.	F 0000	**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 December 13, 2022Please accept this plan of correction as the provider's credible allegation of compliance.The facility would like to respectfully request a desk review.Monica Dirbas, HFA**	
F 0684 SS=D Bldg. 00	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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Monica Dirbas	Executive Director	12/29/2022

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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	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. Based on interview and record review, the facility failed to ensure IV (intravenous) antibiotics were available in a timely manner for a resident (Resident C), failed to ensure PICC (peripherally inserted central catheter) line orders were in place (Resident D) and failed to ensure a resident's (Resident E) medication administration record accurately reflected the administration of an IV antibiotic for 3 of 4 residents reviewed for IV antibiotic therapy. Findings include: 1. The clinical record for Resident C was reviewed on 12/12/22 at 11:50 a.m. The diagnoses included, but were not limited to, right humerus fracture, diverticulitis and peritoneal abscess. The Admission Initial Evaluation, dated 12/1/22 at 7:30 p.m., indicated the reason for admission was direct nursing care for IV medications. The care plan, dated 12/2/22, indicated the resident was on IV antibiotics for an abscess with diverticulitis and to provide medications as ordered by the medical provider. The admission order, dated 12/1/22, indicated the resident was to receive Piperacillin Sodium-Tazobactam Sodium (antibiotic), 4.5 grams intravenously every 8 hours at 1:00 a.m., 9:00 a.m. and 5:00 p.m. The December 2022 medication administration	F 0684	F684- Quality of Care **Corrective action for resident found to have been affected by the deficient practice**: Resident C was identified as being affected by the deficient practice and was not harmed. Resident D was identified as being affected by the deficient practice and was not harmed. Resident E was identified as being affected by the deficient practice and was not harmed. **Corrective action taken for those residents having the potential to be affected by the same deficient practice.** Residents having any IV antibiotic medication and PICC (Peripherally inserted central catheter) have the potential to be affected by the deficient practice . A 100% audit of current residents that are receiving IV antibiotics has been completed to ensure PICC line orders are in place and medication of antibiotics are being administered as ordered. Any identified concerns immediately addressed. **Measure /systemic changes put into place to ensure the deficient practice does not recur**	01/03/2023

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	record indicated the resident received the antibiotic medication at 9:00 a.m. and 5:00 p.m. During a confidential interview on 12/12/22 at 12:33 p.m., Resident C's family member indicated the resident arrived at the facility on 12/1/22 around 7:30 p.m. They transferred the resident to another facility at around 3:45 p.m. on 12/2/22. The resident did not receive any of the IV antibiotic medication during the 18 hours that she was at the facility. The family was told by the hospital staff that they had spoken with the facility and was assured the resident would have her IV antibiotic therapy. During an interview on 12/13/22 at 2:34 p.m., the RDCO (Regional Director of Clinical Operations) indicated Resident C's IV antibiotic medication did not arrive to the facility until after 10:00 p.m. on 12/2/22 and the medication was not retrieved from the EDK (emergency drug kit). The nurse who signed that the antibiotic was given could not have given the medication. She may have not understood what to do when a medication was not available. 2. The clinical record for Resident D was reviewed on 12/12/22 at 11:34 a.m. The diagnosis included, but was not limited to, infection and inflammatory reaction due to internal left knee prosthesis. The Admission Initial Evaluation, dated 11/24/22 at 12:19 p.m., indicated the resident was to receive direct nursing care for IV medication and had a PICC line to the right upper arm. The care plan, dated 11/25/22, indicated the resident was on IV antibiotic therapy and to inspect the PICC line site for signs and symptoms of infection every shift.		The Administrator/Director of Nursing/Designees held an in-service with licensed nursing staff to provide education and expectations as it relates to “Medication Administration” and “IV access line maintenance protocol” policies related to IV antibiotic administrations, accurate documentation of medication administration, and PICC line orders being in place. **Corrective action to be monitored to ensure the deficient practice will no recur:** The Director of Nursing / Unit Manager/ Designee will audit 5 resident per week x 4 weeks, then 3 residents x 4, then 2 resident per week x 4 weeks to ensure medication administration regarding IV antibiotics is completed as ordered and accurately documented and PICC line orders are in place and are being followed. This will occur for no less than 3 months The Director of Nursing will present results of these audits monthly to QAPI committed 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.	

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The clinical record lacked documentation for the monitoring of the PICC line, flush orders, or measuring of the external catheter.

During an interview on 12/13/22 at 2:15 a.m., LPN 2 indicated if a resident had a PICC line, she would expect to see physician orders for saline and heparin flushes, monitoring the PICC site for signs/symptoms of infection, and measure the external length of the catheter.

3. The clinical record for Resident E was reviewed on 12/13/22 at 10:54 a.m. The diagnosis included, but was not limited to, osteomylitis (bone infection).

The progress note, dated 11/11/22 at 4:35 p.m., indicated the wound clinic informed the facility of Resident E's positive results for osteomylitis of the sacral wound and to administer Rocephin (antibiotic) 1 gram intravenously in the morning for 6 weeks.

The care plan, dated 11/11/22, indicated the resident had a wound infection and to administer the antibiotic as ordered.

The physician's order, dated 11/11/22, indicated the resident was to receive Rocephin, 1 gram intravenously in the morning for 6 weeks.

Review of the November 2022 medication administration record indicated the antibiotic was not administered on 11/14/22 or 11/21/22.

During an interview on 12/13/22 at 2:15 p.m., LPN 2 indicated when a medication was administered, it should be signed out on the medication administration record when administered.

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	On 12/13/22 at 2:34 p.m., the RDCO provided a current copy of the document titled "Medication Administration" dated 8/3/2010. It included, but was not limited to, "MAR: Medication Administration Record - the legal documentation for medication administration...Policy...It is the policy of this facility to provide resident centered care...Medications will be charted when given...Documentation...Documentation of medication will be current for medication administration...Documentation of medications will follow accepted standards of nursing practice...." On 12/13/22 at 2:34 p.m., the RDCO provided a current copy of the document titled "Infusion Intravenous (IV) Access Line Maintenance Protocol" dated February 2020. It included, but was not limited to, "Nurses must...Assess IV access patency...Flush Protocols...Site Maintenance...Measure upper arm circumference and exterior catheter length...." This Federal tag relates to Complaint IN00396135 3.1-37			