STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155383	A. BUILDING 00 B. WING	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WASHINGTON HEALTHCARE CENTER	8201 W WASHINGTON ST INDIANAPOLIS, IN 46231

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00456604, IN00458167, and IN00458589. Complaint IN00456604 - Federal/state deficiencies related to the allegations are cited at F684. Complaint IN00458167 - No deficiencies related to the allegations are cited. Complaint IN00458589 - No deficiencies related to the allegations are cited. Survey dates: May 22, 23, and 27, 2025 Facility number: 000393 Provider number: 155383 AIM number: 100289340 Census Bed Type: SNF/NF: 54 Total: 54 Census Payor Type: Medicare: 3 Medicaid: 36 Other: 15 Total: 54 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on June 5, 2025.	F 0000		
F 0684 SS=D Bldg. 00	483.25 Quality of Care Based on interview and record review, the facility	F 0684	The creation and submission of	05/29/2025

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

Keira Gilmore | Executive Director | 06/13/2025

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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	failed to complete a physician's order to change a peripherally inserted central catheter (PICC) line for 1 of 3 residents reviewed for neglect. (Resident D) Findings include: The clinical record for Resident D was reviewed on 5/23/25 at 11:25 a.m. Diagnoses included colostomy infection, osteomyelitis, diabetes mellitus type II, and necrotizing fascititis. The resident admitted to the facility from an acute care hospital on 3/20/25. An admission Minimum Data Set (MDS) assessment, dated 3/27/25, indicated the resident had moderate cognitive impairment, had no behaviors or rejection of care, had an indwelling catheter and an ostomy, had an unstageable pressure ulcer, and received intravenous medications. A physician's order, received 3/20/25, indicated to change the peripherally inserted central catheter (PICC) dressing every seven days with a transparent dressing. The nurse needed to measure (in centimeters) the PICC catheter length (from insertion site to catheter hub) AND the nurse needed to measure upper arm circumference (10 cm above antecubital fossa). The resident's electronic treatment administration report (eTAR) for March, lacked documentation the resident's PICC line dressing had been changed and measurements completed per physician's order. During a telephone interview on 5/27/25 at 2:25 p.m., the social worker from the acute care hospital the resident was transferred to on 3/28/25,		this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Complaint Survey Revisit on or after 5/29/2025. 1. What Corrective action(s) will be taken for those residents found to have been affected by the deficient practice? · Resident D discharged on, 3/28/2025 2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents with Central Vascular Access lines have the potential to be affected by the alleged deficient practice. · All newly admitted residents with Central Vascular Access lines will be reviewed to ensure the change is completed every 7 days. 5/28/2025 · All newly admitted residents with Central Vascular Access lines will be reviewed to verify the date of the last dressing change. 5/28/2025 · All newly admitted residents with Central Vascular Access lines admitted without a dated dressing	

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	indicated the resident's PICC line inserted in the resident's upper right arm, had a dressing over it, dated 3/19/25. The dressing had not been changed at the skilled care facility. During an interview on 5/24/25 at 1:48 p.m., the DON indicated she was not aware the PICC dressing was not changed on the 3/27/25 per physician's order. The order was to be completed sometime between 11:00 p.m. on 3/27/25 and 6:00 a.m. on 3/28/25. The resident's clinical record included multiple notes documenting the dressing was clean, dry, and intact, but no indication of the dressing being changed. The PICC dressings were to be changed every seven days. A current facility policy, revised 1/15/2004, titled, "Central Vascular Access Device (CVAD) Dressing Change," provided by the DON on 5/27/25 at 11:56 a.m., indicated the following: "...Considerations... Central vascular access devices (CVADs) include: 1.1 Peripherally inserted central catheter (PICC)...Guidance. 1. Perform sterile dressing changes... Upon admission...If transparent dressing is dated, clean, dry, and intact, the admission dressing change may be omitted and scheduled for 7 days from the date on the dressing label... Upper arm circumference with PICC, and external catheter length measurements must still be completed as part of the initial assessment....9. Length of external catheter is obtained...Upon admission....10. For PICCs, upper arm circumference (10 cm above antecubital fossa) is obtained....Upon admission if no insertion measurement available, then weekly...." This citation relates to Complaint IN00456604. 3.1-37(a)		change will be changed upon admission. 5/28/2025 3. What measures will be put in place or what systemic changes will you make to ensure that deficient practice does not recur? · All nurses will be educated on Central Vascular Access Device Dressing Change policy. 5/29/2025 · The IDT team will be educated to ensure all residents with central lines be identified on the clinical whiteboard and reviewed daily. 5/29/2025 · The DNS/Designee will update the clinical whiteboard to include the date of the last central line dressing change and will be reviewed daily. 5/29/2025 · All nurses will be educated on running the EMAR compliance report at the end of their shift to ensure no omissions. 5/29/2025 · The DNS/Designee will run the EMAR compliance report the next business day to ensure there are no omissions. 5/29/2025 4. 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? · The DNS/Designee will utilize QA tool 'F684 Quality of Care' to review residents weekly to ensure central line dressing orders are followed. Complete weekly x 4 weeks, monthly x 6 months then quarterly until compliance is	

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			maintained. · If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. · The facility will review, update, and make changes to the POC as needed with input and oversight from the Regional Consultant for sustaining substantial compliance for no less than 6 months.	