

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

PRINTED: 04/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155245	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2023
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NAME OF PROVIDER OR SUPPLIER CASTLETON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7630 E 86TH ST INDIANAPOLIS, IN 46256
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(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
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00403417, IN00402601, IN00400232, IN00403540 IN00402037 and IN00399178.</p> <p>Complaint IN00403417 - Federal/state deficiencies related to the allegations are cited at F550 and F804.</p> <p>Complaint IN00402601- Federal/state deficiencies related to the allegations are cited at F687.</p> <p>Complaint IN00400232 - Federal/state deficiencies related to the allegations are cited at F550, F565, F656, F684, and F687.</p> <p>Complaint IN00403540 - Federal/state deficiencies related to the allegations are cited at F804 and F812.</p> <p>Complaint IN00402037- Federal/state deficiencies related to the allegations are cited at F550, F684, F804 and F812.</p> <p>Complaint IN00399178 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: March 28 and 29, 2023</p> <p>Facility number: 000149 Provider number: 155245 AIM number: 100266840</p> <p>Census Bed Type: SNF/NF: 34 Total: 34</p>	F 0000		
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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 0550 SS=D Bldg. 00	<p>Census Payor Type: Medicare: 5 Medicaid: 22 Other: 7 Total: 34</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 4, 2023</p> <p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights.</p>			

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	<p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident's dignity was maintained while a staff member was assisting a resident with eating her meal for 1 of 1 random observations in the dining room. (Resident M)</p> <p>Findings include:</p> <p>The clinical record for Resident M was reviewed on 3/8/23 at 12:00 p.m. The resident's diagnoses included, but were not limited to, multiple sclerosis and Alzheimer's Disease.</p> <p>A Quarterly MDS(Minimum Data Set) Assessment dated 2/9/23 indicated Resident M was cognitively impaired. The resident's functional status for eating was extensive assistance by 1 staff person.</p> <p>During an observation of a lunch meal in the dining room on 3/28/23 at 12:53 p.m., Certified Nursing Assistant (CNA) 10 was observed assisting Resident M with eating her lunch meal. CNA 10 was sitting next to the resident with a flat</p>	F 0550	<p>F550- Resident's rights/Exercise of Rights</p> <ol style="list-style-type: none"> The CNA involved was immediately in-serviced on the proper procedures for maintaining resident dignity during mealtimes. All Residents requiring feeding assistance at mealtimes have the potential to be affected. CNAs and other facility personnel involved in providing feeding assistance to residents have been in-serviced on the proper procedures for assisting residents with meals to ensure resident dignity is maintained during mealtimes. The Director of Nursing or designee will conduct random observations of staff during mealtimes over the next 3 months 	04/28/2023
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	<p>affect facial expression. During that time, there was no observation of any conversation between CNA 10 and the resident. CNA 10 would pick up spoons full of food and in an unfriendly tone make statements to the resident, "open your mouth."</p> <p>During a Confidential Interview 25, they indicated some of the CNAs are rude toward the residents. CNA 10 was one of them. She speaks to the residents speaking in a loud voice, and rushes the residents to eat their meals when she has to assist. They have observed CNA 10 assist Resident M with eating and has heard her make rude statements to Resident M, "come on" and "I don't have time for this."</p> <p>An interview was conducted with the Director of Nursing (DON) on 3/28/23 at 3:35 p.m. She indicated she had been conducting in-servicing training with the staff regarding customer service with the residents.</p> <p>A "Resident Rights" policy was provided by the DON on 3/28/23 at 1:17 p.m. It indicated "Employees shall treat all residents with kindness, respect, and dignity...1. Federal and state laws guarantee basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity..."</p> <p>A Quality of Life-Dignity policy was provided by the DON on 3/28/23 at 1:17 p.m. It indicated "...Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality...1. Residents shall be treated with dignity and respect at all times..."</p>		to ensure staff are promoting and maintaining resident dignity during mealtimes in accordance with our facility's policy and regulatory requirements. Observation reports will be reviewed in QAPI monthly until substantial compliance is achieved as determined by the QAPI committee.	

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F 0565 SS=E Bldg. 00	<p>This Federal Tag relates to Complaint IN00403417, IN00402037 and IN00400232.</p> <p>3.1-3(a)</p> <p>483.10(f)(5)(i)-(iv)(6)(7) Resident/Family Group and Response §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility.</p> <p>(i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.</p> <p>(ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.</p> <p>(iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.</p> <p>(iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.</p> <p>(A) The facility must be able to demonstrate their response and rationale for such response.</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p>			

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	<p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>Based on interview and record review, the facility failed to provide follow up with resolutions to grievances that were reported in resident council meetings for 9 of 34 residents that attend resident council (Residents' J, L, M, S, T, FF, MM, NN, and ZZ)</p> <p>Findings include:</p> <p>During a Confidential Interview 18, they indicated grievances are brought up in the resident council meeting all the time, but the council are not notified of resolutions to the grievances discussed. Some of the grievances that have been reported in the meetings were food concerns and unprofessional and disrespectful staff. Food was "always" served cold from the kitchen, and some Certified Nursing Assistance (CNA)s have bad attitudes and disrespectful. If they don't like the resident they will not help the resident.</p> <p>The Activities Director provided the monthly Resident Council Minutes binder on 3/28/23 at 3:28 p.m. It indicated the following months, grievances that were reported by the council and action forms indicating resolutions:</p> <p>Council Meeting dated November 8, 2022, indicated "...Nursing:...night shift passing medications at 3:30 a.m. Medications that are timed for a specific time are not given within the timelines are being missed..."</p> <p>Council Action Form dated 11/8/22 indicated</p>	F 0565	<p>F 565- Resident/Family Group and Response</p> <ol style="list-style-type: none"> The facility has organized a resident council that meets monthly. All residents are invited and encouraged to attend. Every concern the residents have presented was addressed and the residents were informed in resident council held on 04/10/2023. All residents that participate in resident council have the potential to be affected. All department heads were educated regarding the grievance process. It was discussed and agreed upon in resident council that all concerns presented in resident council will be posted in the public hallway. The meetings will be monitored by the Activities Director. Resident Council meetings have been increased to meet every other week for 3 months. The purpose is to improve communications, problem resolution, and facility awareness. The administrator or designee will 	04/28/2023

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	<p>"...Educate staff on timeliness of medications....Please return to the council by date 11/15/22...Mandatory Nursing Inservice held 11/10/22. Staff educated on 5 rights of medication administration & correlating time frames for medication administration..."</p> <p>December Council Meeting canceled, Council Meeting dated January 10, 2023 indicated "...dietary: Residents would like coffee available after meals and not thrown away. Residents would like menus available before meals. Residents want jello and liver added to menu. Resident concerns about night shift cooks and foul language." Dietary Manager present in this meeting.</p> <p>Council Action Form dated 1/10/23 indicated "...Please return to the council by date 1/16/23...Will order liver and onions for special meal. coffee at the nurse's station. Will order jello. inservice the staff about language..."</p> <p>Council Meeting dated February 14, 2023 indicated "...Nursing:...We don't know our nurses half the time. CNAs are on the phones and have earbuds so they can't hear the residents requests." The council members reported CNA staff are being "forceful" with feeding during mealtimes. They are standing over the residents and speaking in loud voices, "eat" and "open their mouth." "Resident asking to be changed and being told 'you can wait.' Residents are concerned with the smell from some of the residents' rooms and asking what can be done about the foul odor....Dietary: Residents would like menus available before meals. Residents want jello and liver added to menu. Resident concerned about night shift cooks and foul language and that female CNAs are hanging out in the kitchen with the male dietary staff instead of in the dining room</p>		<p>be audit twice monthly for 3 months, and monthly thereafter. All results will be monitored in QAPI for continuous improvement.</p>	

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	<p>while residents are eating. Residents concerned with [Cook 13], evening cook, that his attention isn't in the kitchen to serve the residents as he is talking to women instead of doing his job. Residents would like more consistency with their orders. Food is cold and doesn't (sic) tastes bad."</p> <p>Council Action Form dated 2/14/23, indicated "Dietary:...Please return to the council by 2/21/23...Ordered Jello, liver and spoke with nursing 'but' also noted we have to interact with nursing to provide quality service..."</p> <p>Council Action Form dated 2/14/23, indicated "Nursing:...Recommendations/solutions: Educate staff on Resident Rights! Please return to the council by date 2/21/23...Staff education for customer service: including phone usage, volume in hallways & nurse stations introducing themselves when providing care. Dignity & Respect to be educated about intermittent odors due to different types of residents receive extensive/dependent care. Odors are intermittent trash to be removed @ the end of each shift.</p> <p>Council Meeting dated March 14, 2023 indicated "...Nursing:...Some CNAs don't like certain residents and won't help them. One CNA caught going through residents' personal belongings in his dresser drawers...Housekeeping and Laundry:...Resident noticed another resident wearing her clothes...Dietary: Residents concerned with notice on the door that says only kitchen staff allowed in kitchen, yet, all staff enter kitchen and have loud inappropriate conversations. Residents do not like the food on the menus. Food is served cold and burnt. Residents concerned with food being taken out of kitchen because delivery is made on Tuesday and by Thursday the residents are being told the</p>			

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	<p>kitchen is out of said food..."</p> <p>Council Action Form dated 3/14/23 indicated "Dietary...Recommendations/Solutions: Stop staff from entering kitchen. change menu. Teach cooks to watch food while cooking. Please return to the council by date 3/15/23...Will address volume. This is a team building. we work together some of the staff will be in the kitchen. Will watch food for quality will ask nurses to pool trans footer..."</p> <p>Council Action Form dated 3/14/23 indicated "Nursing:...Recommendations/solutions: Teach CNA about Resident Rights. Respect. Please return to the council by 3/15/23...On customer service/resident rights on 2/27/23. Education attached..."</p> <p>The Council Action Forms for November 2022, January 2023, February 2023 and March 2023 does not indicate resident council was provided resolutions to the grievances reported in the resident council meetings.</p> <p>An interview was conducted with the Activities Director on 3/28/23 at 3:16 p.m. She indicated she does not go over the resolutions to the grievances reported in the council meetings with the resident council.</p> <p>An interview was conducted with the Director of Nursing on 3/28/23 at 3:35 p.m. She indicated the Activities Director should be discussing the resolutions to the grievances the resident council had reported in the meetings.</p> <p>A grievance policy was provided by the Director of Nursing on 3/29/23 at 11:04 p.m. It indicated "...All grievances and complaints filed with the facility will be investigated and corrective actions</p>			

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F 0656 SS=D Bldg. 00	<p>will be taken to resolve the grievance(s)....7. The resident, or person acting on behalf of the resident, will be informed of the findings of the investigation, as well as any corrective actions recommended, within [blank space] working days of the filing of grievance or complaint..."</p> <p>This Federal Tag relates to Complaint IN00400232.</p> <p>3.1-3(l)</p> <p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with</p>			

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	<p>the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>Based on observation, interview and record review, the facility failed to implement a resident's tracheostomy (trach) care plan for 1 of 1 residents reviewed for tracheostomy. (Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 3/8/23 at 12:00 p.m. The resident's diagnosis included, but was not limited to, tracheostomy.</p> <p>A care plan with a revision date of 2/24/23 for Resident E indicated "The resident has a tracheostomy r/t [related to] impaired breathing mechanics, bronchus disease...Goal: The resident will have clear and equal breath sounds bilaterally through the review date... Interventions: Ensure that trach ties are secured at all times...Monitor/document for restlessness,</p>	F 0656	<p>F 656- Develop/Implement Comprehensive Care Plan</p> <ol style="list-style-type: none"> Care Plans of Resident E were reviewed and updated as indicated. All residents have the potential to be affected. All interdisciplinary care plan team members responsible for writing care plans will be re-educated on the facility's policy and procedures for developing a patient center, comprehensive care plan. Care plans will be reviewed 	04/28/2023

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	<p>agitation, confusion, increased heart rate...Monitor/document respiratory rate, depth and quality. Check and document q [every] shift/as ordered...Provide adequate oral/trach care daily and PRN [as needed]...Provide means of communication and procedural information...Reassure that help is available immediately."</p> <p>A physician order dated 12/20/22 indicated "Provide trach care every shift and PRN. "Check oxygen saturation, change inner cannula or cleanse inner cannula with sterile technique. Monitor skin around tracheostomy for breakdown. Assure tracheostomy tie is present, tracheostomy ties are secure, and clean. If soiled replace tracheostomy ties. every 8 hours as needed related to tracheostomy status..."</p> <p>The March 2023 Medication/Treatment Administration Record (MAR/TAR) did not indicate Resident E's respiratory rate was taken every shift per the plan of care except on day shifts' 3/9/23, 3/16/23, and 3/23/23 that were included in the weekly assessments.</p> <p>The vitals record did not indicate Resident E's respiratory rate was taken every shift on the following days and shifts per the plan of care: 3/1/23 - day, evening and night shift, 3/2/23 - day shift, 3/3/23 - day, evening and night shift, 3/4/23 - day and evening shift, 3/5/23 - day and night shift, 3/6/23 - day, evening and night shift, 3/7/23 - day, evening and night shift, 3/8/23 - evening and night shift, 3/9/23 - evening and night shift, 3/10/23 - evening and night shift, 3/11/23 - day, evening and night shift,</p>		<p>weekly in accordance with the care plan review schedule by the MDS coordinator. All care plans will be updated as indicated. The director of nursing or designee will complete random weekly audits of care plans for 6 consecutive weeks. Random audits will be completed to ensure that comprehensive care plans are developed for residents. Audit records will be reviewed in QAPI monthly until such a time consistent substantial compliance has been achieved.</p>	

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	<p>3/12/23 - day, evening and night shift, 3/13/23 - day, evening and night shift, 3/14/23 - day, evening and night shift, 3/15/23 - day, evening and night shift, 3/16/23 - evening and night shift, 3/17/23 - day, evening and night shift, 3/18/23 - day and evening shift, 3/19/23 - day, evening and night shift, 3/20/23 - evening and night shift, 3/21/23 - day, evening and night shift, 3/22/23 - day, evening and night shift, 3/23/23 - evening shift, 3/24/23 - day, evening and night shift, 3/25/23 - day, evening and night shift, 3/26/23 - day, evening and night shift, 3/27/23 - day, evening and night shift, and 3/28/23 - day, evening and night shift,</p> <p>The residents clinical record did not include documentation of Resident E's trach care procedure that included condition of site, and the resident's response to the procedure per the trach care policy.</p> <p>An interview was conducted with License Practical Nurse (LPN) 6 on 3/28/23 at 2:41 p.m. She indicated she was Resident E's nurse and had already provided trach care to the resident during morning medication administration that day. LPN 6 indicated she signs off trach care that she completed on the trach care completed forms that were located in the resident's room, and she documents on the MAR/TAR after completion of the resident's trach care.</p> <p>An observation was made of Resident E's trach care that included replacement of the inner cannula with LPN 7 on 3/29/23 at 11:45 a.m. After the procedure, LPN 7 indicated she signs off on the trach care completed forms that were located</p>			

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F 0684 SS=D Bldg. 00	<p>in the resident's room, and she initials the resident's MAR/TAR. Some nurses do put a nurses note in the resident's clinical record as well, but she does not. She believed that it was excessive charting.</p> <p>A tracheostomy care policy was provided by the Director of Nursing on 3/28/23 at 1:17 p.m. It indicated "...Purpose. The purpose of this procedure is to guide tracheostomy care and the cleaning of reusable tracheostomy cannulas....Site and Stoma Care:...11. Document the procedure, condition of the site, and the resident's response..."</p> <p>This Federal Tag relates to Complaint IN00400232.</p> <p>3.1-35(a)(b)(1)(g)(2)</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 interview and record review, the facility failed to notify a resident's physician of elevated blood glucose readings as per physician's order for 1 of 3 residents reviewed for medication availability. (Resident J)</p> <p>Findings include:</p> <p>The clinical record for Resident J was reviewed on</p>	F 0684	F 684- Quality of Care 1. The MD/NP and family were notified of all residents with blood sugars out of range. 2. All residents that receive finger stick glucose checks have the potential to be affected.	04/28/2023

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F 0687 SS=D Bldg. 00	<p>3/28/23 at 2:05 p.m. Resident J's diagnoses included, but not limited to, diabetes type II.</p> <p>A Physician's order dated 9/14/22 indicated, to check Resident J's blood glucose two times a day and call the physician if the blood glucose was greater than 400 mg/dL (milligrams per deciliter).</p> <p>A review of Resident J's March 2023 MAR (medication administration record) conducted on 3/28/23 indicated, her blood glucose was greater than 400 mg/dL on the following dates and times: - 3/21/23 at 5 p.m.; blood glucose reading was 440 - 3/24/23 at 5 p.m.; blood glucose reading was 411 - 3/26/23 p.m. shift; blood glucose reading was 405 The March 2023 MAR did not indicate if the physician was notified.</p> <p>Resident J's progress notes for March 2023 did not contain information regarding the notification of the physician for the above mentioned blood glucose readings.</p> <p>An interview with DON (Director of Nursing) conducted on 3/29/23 at 11:04 a.m. indicated, she was unable to identify when/if Resident J's physician was notified of the elevated blood glucose levels on the dates and times listed above but indicated, the physician should have been notified.</p> <p>This Federal tag relates to complaints IN00402037 and IN00400232.</p> <p>3.1-37</p> <p>483.25(b)(2)(i)(ii) Foot Care §483.25(b)(2) Foot care. To ensure that residents receive proper</p>		<p>3. An in-service was held with all direct care staff that take finger stick glucometer checks regarding notification of MD and Family for all out-of-range blood sugars.</p> <p>4. The DON or designee will conduct daily Monday through Friday audits during clinical meetings, indefinitely for MD/NP/Family notification for out-of-range blood sugars. The plan of correction will be monitored at the monthly QAPI meeting until such a time consistent substantial compliance has been met.</p>	

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	<p>treatment and care to maintain mobility and good foot health, the facility must:</p> <p>(i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and</p> <p>(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments.</p> <p>Based on observation, interview, and record review, the facility failed to follow a podiatry treatment order for 1 of 7 residents reviewed for ADLs (activities of daily living.) (Resident F)</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed on 3/28/23 at 12:39 p.m. His diagnoses included, but were not limited to: hemiplegia, hemiparesis, heart failure, hypertension, atrial fibrillation, and contractures. He was admitted to the facility on 12/17/21.</p> <p>The ADL care plan, last revised 12/28/22, indicated he required total assistance with his ADLs. The goal was for him to present a neat, clean, odor free appearance daily. Interventions indicated he required total assistance with personal hygiene and extensive to total assistance with dressing.</p> <p>An interview was conducted with Family Member 5 on 3/28/23 at 1:57 p.m. He indicated he visited Resident F twice a week. He was currently receiving hospice services and was unsure if he was receiving podiatry services in the facility. A month ago at the end of February, 2022, Resident F's feet were "despicable" when he saw them. It</p>	F 0687	<p>F 687- Foot Care</p> <ol style="list-style-type: none"> All residents who receive podiatry services were audited for proper podiatry order transcription. All residents who receive podiatry services have the potential to be affected. All nurses in-serviced on checking in with ancillary physicians and assuring that ancillary orders are reviewed with MD prior to leaving facility and are placed accurately in the EMR. The Director of Nursing or Designee will monitor order input daily Monday through Friday indefinitely in clinical meetings to assure accuracy of order transcription. Audit results will be reviewed in QAPI monthly until substantial compliance has been achieved. 	04/28/2023

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	<p>looked like his feet hadn't been taken care of in a while, as dry skin was falling out of his sock, when he took it off. He saw Resident F's feet earlier today, and they were still dry, but better than a month earlier.</p> <p>An interview was conducted with Resident F on 3/28/23 at 1:01 p.m. He indicated he was seen by podiatry and they cut his toenails. Prior to being seen by podiatry, his toenails were hurting him.</p> <p>The Assessment/Plan section of the 12/16/22 podiatry note read, "1. Assessment Nail dystrophy...Patient Plan...All dystrophic nails were debrided in length and thickness as needed to prevent pain and other symptoms. 2. Assessment Tinea unguium...Patient Plan...All of the mycotic nails described were debrided in both length and thickness as needed. 3. Assessment Corns and callosities...Patient Plan All of the calluses were debrided/pared to prevent further tissue breakdown and pain. 4. Assessment Peripheral vascular disease, unspecified...Patient Plan...I will follow up in 2-3 months for continued at risk foot care. 5. Assessment Xerosis cutis [dry skin]...Patient Plan...Ammonium lactate cream to feet and legs twice daily for two weeks....Follow Up: At Risk Footcare established patient exam in 2-3 months."</p> <p>The facility physician's orders indicated for the ammonium lactate cream to be applied to Resident F's feet "two times a day every 14 day(s)," starting 12/16/22 until 12/30/22, rather than twice a day for 14 days as per the 12/16/22 podiatry note.</p> <p>The December, 2022 MAR (medication administration record) indicated the ammonium lactate cream was applied twice on 12/16/22 and</p>			

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

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	<p>twice on 12/30/22 only.</p> <p>An interview was conducted with the DON (Director of Nursing) on 3/28/23 at 2:25 p.m. She reviewed Resident F's MAR and indicated nursing transcribed the ammonium lactate cream order incorrectly as twice every 14 days instead of twice daily for 14 days, so it was only applied twice on 2 days instead of twice daily for 14 days.</p> <p>There were no podiatry notes in Resident F's clinical record subsequent the 12/16/22 podiatry note that referenced 2-3 month follow up for at risk foot care.</p> <p>An interview was conducted with the DON on 3/29/23 at 10:57 a.m. She indicated she'd requested the podiatry notes from their podiatry provider's most recent visit, but hadn't yet received a response. Resident F may have been seen since his 12/16/22 visit, but it couldn't be verified right now. She expected Resident F to continue to be seen by podiatry.</p> <p>An observation of Resident F's feet was made and interview was conducted with UM (Unit Manager) 4 on 3/28/23 at 1:11 p.m. His right big toenail was very long and curved around the tip of his toe. Both feet were very dry, covered with white flakes. His feet did not appear as moisturized as his legs. UM 4 indicated she thought Resident F was seen by podiatry recently, because his left toenail was longer last week. UM 4 rubbed Resident F's legs and indicated it looked to her like the CNAs (Certified Nursing Assistants) lotioned his legs, but not his feet. UM 4 applied some lotion that was on his bedside table to both of his feet. His feet then appeared more moisturized. Some of the white flakes from his feet came off during the lotioning and fell onto the</p>			
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F 0804 SS=E Bldg. 00	<p>white bed sheet underneath his feet. UM 4 indicated the flaky debris came from his feet. She then swept the flaky debris from the bed into her hand and threw it into the trash.</p> <p>An interview was conducted with the DON (Director of Nursing) on 3/28/23 at 2:25 p.m. She indicated she expected nursing staff to apply lotion daily when providing ADL care, when getting a resident dressed for the day.</p> <p>The Foot Care policy was provided by the DON on 3/28/23 at 3:17 p.m. It read, "Residents will receive appropriate care and treatment in order to maintain mobility and foot health....1. Residents will be provided with foot care and treatment in accordance with professional standards of practice. 2. Overall foot care will include the care and treatment of medical conditions associated with foot complications."</p> <p>This Federal tag relates to Complaint IN00402601 and IN00400232.</p> <p>3.1-47(a)(7)</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p>			

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	<p>Based on observation, interview, and record review, the facility failed to serve meals at palatable temperatures for 4 of 4 reviewed for food temperatures (Residents' F, G, H, and L)</p> <p>Findings include:</p> <p>On 3/28/23 at 11: 53 a.m., the kitchen was observed with the Dietary Manager. During the observation the Dietary Manager indicated the plate warmer was not functioning correctly.</p> <p>During an interview on 3/28/23 at 11:54 a.m., Resident G indicated that they ate in their room. The food was "always" cold when it was served.</p> <p>During an interview on 3/28/23 at 12:18 p.m., Resident H indicated they ate in their room, and the food was rarely warm when it was served.</p> <p>During an interview on 3/28/23 at 1:01 p.m., Resident F indicated that they ate in their room and the food was sometimes cold. It was random as to which meals were cold.</p> <p>During an interview on 3/28/23 at 1:14 p.m., Resident L indicated the food was "always cold" when it was served.</p> <p>On 3/28/23 at 3:28 p.m., the Activities Director provided the monthly Resident Council Minutes Binder. The Resident Council minutes from February 12, 2023, indicated the food was served cold. The Resident Council meeting minutes, dated March 14, 2023, indicated that the food was served cold and burnt.</p> <p>On 3/29/23 at 12:23 p.m., a test tray was received from the hallway food cart. The test tray contained chicken, rice, and brussel sprouts. At</p>	F 0804	<p>F 804- Nutritive Value/Appear, Palatable/Prefer Temp</p> <ol style="list-style-type: none"> Meals are prepared and served that are palatable related to temperature. The plate heater has been serviced, base heaters, and dome lids have been procured. All residents have the potential to be affected. Dietary staff educated on palatable food temperatures. Dietary Manger or designee to make daily rounds Monday through Friday for 8 weeks regarding food temperatures. The maintenance director will monitor temperatures and equipment operation 3 times per week. The administrator or designee will verify the food temperatures are palatable daily Monday through Friday for 8 weeks then 2 times weekly thereafter. Conversations with the Resident Council, related to food satisfaction, are on-going. The Quality Assurance Committee will monitor the food service, monthly for 3 months, then quarterly. 	04/28/2023

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F 0812 SS=E Bldg. 00	<p>the time the tray was served the Registered Dietician took the temperatures of the food. The rice temperature was 121.9 and the brussel sprout temperature was 132.</p> <p>During an interview with the Dietary Manager on 3/29/23 at 12:23 p.m., food temperatures, at serving, should be at least 135 degrees.</p> <p>On 3/29/23 at 11:04 a.m., the Director of Nursing provided the current Food Preparation and Service policy, which read "...Food and nutrition service employees shall prepare and serve food in a manner that complies with safe food handling practices..."</p> <p>This Federal tag relates to complaints IN00402037, IN00403540 and IN00403417.</p> <p>3.1-21(a)(2)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents</p>			

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	<p>from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety by not utilizing hair restraints properly, having a personal item on a food prep table, not utilizing disinfection/sanitation solutions for kitchen rags, storage of an ice scoop in a cooler of ice, lack of hand hygiene with glove use, storing food at improper temperature in a reach-in cooler, and lack of general cleanliness of kitchen surfaces and floors for 33 of 34 residents who consume food served from the kitchen.</p> <p>Findings include:</p> <p>1. A kitchen tour was conducted on 3/28/23 at 11:53 a.m. with DM (Dietary Manager). During the kitchen tour the following was observed:</p> <ul style="list-style-type: none"> - The DM's mustache, which was longer than a 1/4 inch, was not covered with a hair restraint. - KS (kitchen staff) 2 was observed with his beard restraint not covering the majority of his beard. - A personal cell phone was located sitting on top of a food prep table near food being prepared. - On a food prep table, was a bucket containing several kitchen rags. KS (kitchen staff) 2 removed one of the rags from the bucket then wiped down the sink area located behind the prep table. When he was asked to test the bucket for the sanitation solution level, he indicated, there wasn't any sanitation solution in the bucket and that it was just water. DM indicated, they don't use a sanitation solution any more and were instructed 	F 0812	<p>F812- Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>1. The Dietary area was inspected immediately. The alleged areas pointed out by the surveyor were corrected, any equipment needing repair was taken out of service. All dietary employees were immediately in-serviced in the areas of hair restraints, including proper use of chemicals for cleaning, and the proper use of gloves and providing hand hygiene. The plate heater has been serviced, base heaters and dome lids have been acquired to assure food is kept at a palatable temperature when they are delivered to the rooms. The reach in cooler has been serviced and maintains 36 degrees. An ice scoop container has been provided. The area has been deep cleaned.</p> <p>2. All residents have the potential to be affected.</p> <p>3. Training and in-servicing will be ongoing, as provided by the Registered Dietician. The dietary manager or designee will make daily rounds Monday through Friday including the preparation,</p>	04/28/2023

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	<p>to use food code compliant wipes which were single use instead of kitchen rags. DM also indicated, they used kitchen rags to wipe down the clean side of the ware washing area.</p> <p>- KS 2 was observed donning gloves to open a package of rolls. After opening the package of rolls, he went to the walk-in fridge, touched the door handle and door with the gloves still on; grabbed serving spoons and placed them on the service line for lunch; and then pulled apart the rolls with the same gloves. KS 2 had not performed hand hygiene prior to donning or after doffing the gloves.</p> <p>- The reach-in cooler temperature was noted to be 44 degrees Fahrenheit during the entirety of the tour. It contained a tray full of mixed fruit cups (which were not labeled or dated), a yogurt, and several pre-made salads.</p> <p>- The kitchen floors appeared dirty with food crumbs, lids from drinks, and straws in corners, along walls, and under prep tables.</p> <p>- The shelves under prep tables had crumbs and dust present.</p> <p>- In the walk- in fridge, under the shelving on the right side was a large dried, red substance spilled on the floor.</p> <p>- Inside the plate heater were crumbs and debris near clean dishes and the top insulated base had crumbs on it. The dishes were stored face up in the warmer leaving them exposed to dust and debris. DM indicated, the plate warmer was not functioning.</p> <p>A Refrigerators and Freezers policy was received on 3/29/23 at 11:04 a.m. from DON (Director of Nursing). The policy indicated, the acceptable temperature ranges are 35 degrees Fahrenheit to 40 degrees Fahrenheit for refrigerators, monthly tracking sheets will include time, temperature, initials, and action taken. The last column will be</p>		<p>storage, sanitation of food, food temperatures, food storage temperature logs. The Maintenance Director or designee will monitor temperatures and equipment operation 3 times per week, ongoing.</p> <p>4. The Administrator or designee will verify that the food is stored, prepared, and served sanitary daily rounds Monday through Friday for 8 weeks then 2 times weekly thereafter. Conversations with the Resident Council, related to food satisfaction, ongoing. The Administrator or designee will monitor the kitchen sanitation daily Monday through Friday for 8 weeks and 2 times weekly thereafter. The Quality Assurance Committee will monitor the food service, including sanitation monthly for 3 months, then quarterly ongoing.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155245	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2023
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NAME OF PROVIDER OR SUPPLIER CASTLETON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7630 E 86TH ST INDIANAPOLIS, IN 46256
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	<p>completed only if temperatures are not acceptable. The supervisor will take immediate action if temperatures are out of range. All food shall be appropriately dated to ensure proper rotation by expiration dates. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Refrigerators and freezers will be kept clean, free of debris, and mopped with sanitizing solution on a scheduled basis and more often as necessary.</p> <p>A Sanitization policy was received on 3/29/23 at 11:04 a.m. from DON. The policy indicated, the food service area shall be maintained in a clean and sanitary manner. All kitchens, kitchen areas shall be kept clean, free from litter, and rubbish. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils and sanitized using hot water and/or chemical sanitizing solutions. Sanitizing of environmental surfaces must be performed with one of the following solutions:</p> <ol style="list-style-type: none"> 50-100 ppm (parts per million) chlorine solution; 150-200 ppm quaternary ammonium compound; or 12.5 ppm iodine solution. <p>Between uses, cloths and towels used to wipe kitchen surfaces will be soaked in containers filled with approved sanitizing solution. Bare hand contact with food is prohibited. Gloves must be worn when handling food directly. However, gloves can become contaminated and/or soiled and must be changed between tasks. Disposable gloves are single use item and shall be discarded after each use. Food and nutrition services staff shall wear hair restraints "(hair net, hat, beard restraint, etc.)" so that hair does not contact food.2. During a dining observation on 3/28/23 at</p>			

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	<p>12:53 p.m., an observation was made of a cooler full of ice by the kitchen door in the dining room. Receptionist 14 was observed opening the lid to the cooler and placing her bare hands inside and grabbing an ice scoop that was sitting on top of the ice. She then scooped up a scoop full of ice and filled her cup. After, she placed the ice scoop back inside the cooler and left the dining room.</p> <p>An observation was made of the cooler of ice in the dining room with the Registered Dietitian (RD) on 3/28/23 at 2:22 p.m. The ice scoop was observed sitting on top of the ice in the cooler. The RD indicated the ice scoop should be stored outside of the cooler not in the ice.</p> <p>An "Ice Machine and Ice Storage Chest" policy was provided by the Director of Nursing on 3/29/23 at 11:04 a.m. It indicated "Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice...2. To help prevent contamination of ice machines, ice storage chests/containers or ice, staff shall follow these precautions:...e. Keep the ice scoop/bin in a covered container not in use..."</p> <p>This Federal Tag relates to Complaint IN00403540 and IN00402037.</p> <p>3.1-21(i)(3)</p>			