STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155539	A. BUILDING 00 B. WING	08/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BERTHA D GARTEN KETCHAM MEMORIAL CENTER	601 E RACE ST ODON, IN 47562

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00387815. Complaint IN00387815 - Substantiated. Federal/state deficiencies related to the allegations are cited at F580. Survey dates: August 24, 25, 2022. Facility number: 000300 Provider number: 155539 AIM number: 100287340 Census Bed Type: SNF/NF: 54 SNF: 4 Total: 58 Census Payor Type: Medicare: 8 Medicaid: 36 Other: 14 Total: 58 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on September 2, 2022.	F 0000		
F 0580 SS=D Bldg. 00	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-			

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

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	(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). (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. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §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			

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	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). Based on observation, interview, and record review, the facility failed to notify a resident representative of a change in condition in a timely manner for 1 of 3 residents reviewed for accidents. A resident representative was not notified of increased pain. (Resident B) Finding includes: On 8/24/22 at 10:30 a.m., Resident B's record was reviewed. Resident B had diagnoses that included, not limited to, nondisplaced subtrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing, unspecified nondisplaced fracture of surgical neck of of right humerus, subsequent encounter for fracture with routine healing, Alzheimer's Disease, primary osteoarthritis right shoulder, bilateral primary osteoarthritis of hip, muscle weakness. A significant change MDS (Minimum data Set) assessment, dated 6/21/22, indicated Resident B's cognition was severely impaired, bed mobility extensive assist of 2, transfer total dependence assist of 2, toileting total dependence 2 assist. Care plans were reviewed and included, not limited to, ADL (activities of daily living) deficits: I need help with grooming/dressing, locomotion on/off unit, personal hygiene, bathing, and ambulation due to current fractures to right femur and right humerus. DX of Alzheimer's dementia, osteoarthritis. weakness, initiated 6/24/22. Interventions included, not limited to, I cannot propel wheelchair. I need staff to push me where I want to go, initiated 6/24/22.	F 0580	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective September 13, 2022 to the state findings of the Complaint survey conducted on August 25, 2022. F – 580 *The corrective action taken for those residents found to have been affected by the deficient practice is that* the resident identified as resident B no longer resides at this facility. *The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that* a housewide audit of all resident's has been conducted to determine if there have been any changes in their overall medical condition, their level of functioning in their activities of daily living or any changes in their pain level. Upon completion of the housewide audit, all changes have been promptly reported to their responsible party	09/13/2022

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	August 2022 physicians orders were reviewed and included, not limited to: 3 view x-ray of left knee due to increased pain d/t trauma, scheduled for 8/5/22. Norco (pain medication) tablet 5-325 mg (milligram), (Hydrocodone Acetaminophen), give 1 tablet by mouth every 4 hours as needed for pain. Do not exceed more than 3000 mg of acetaminophen a day, order date 5/29/22. The July 2022 EMAR (Electronic Medication Administration Record) was reviewed and Norco 5-325 mg was recorded as given one time on 7/28/22, one time on 7/30/22. The August 2022 EMAR was reviewed and Norco 5-325 mg was recorded as given on: 8/3 at 12:56 p.m., pain level 4 8/3 at 5: 26 p.m., pain level 7 8/3 at 10:38 p.m., pain level 4 8/4 at 11:15 a.m., pain level 4 8/4 at 7:07 p.m., pain level 5 8/6 at 9:19 a.m., pain level 7 8/6/22 at 5:00 p.m., pain level 6 On 8/25/22 at 12:25 p.m., Resident B's daughter indicated the family was not told about the incident involving Resident B's leg getting caught under her wheelchair until 8/6/22. August 2022 progress notes were reviewed and included, not limited to: 8/1/22 at 10:53 p.m., Resident is alert and oriented to person, place, confused to time, place , situation. Resident can speak sentences at times but usually in broken sentences and garbled speech d/t dx: dementia. No mental status		and physician if indicated and the notification has been documented in their respective clinical records. *The measures that have been put into place to ensure that the deficient practice does not recur is that* a mandatory in-service has been provided for all licensed nurses on the facility's notification policy to ensure their knowledge level of their responsibility of notifying the resident, the resident's representative and physician when changes in the resident's medical condition occurs. The nurses were also reminded that all notifications must be documented in the resident's clinical record. *The corrective action taken to monitor to ensure the deficient practice will not recur is that* a Quality Assurance tool has been developed and implemented to monitor the documentation of notification of any changes in the resident's overall health condition. The tool will monitor to determine if there has been any change in the resident's specific medical condition, any changes in their level of functioning related to activities of daily living, changes in the resident's appetite/eating habits, changes in pain level, any changes in the resident's mood/behaviors, etc. The tool will monitor to ensure that any incident/accident involving the resident has been reported to the	

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	changes noted this shift...Resident is mostly pleasant and cooperative with care. At times does become aggressive with care and yell out. Resident was aggressive with staff this PM...Resident is resting quietly in bed at this time. Vitals WNL... Late entry: 8/3/22 9:18 a.m., The aides reported this am (sic) that the resident seems tired and did not have a good appetite. She also wasn't combative with the aides when getting up and that's not normal for the resident . The residents blood pressure last night was slightly elevated, takes blood pressure meds in am. (sic) will check pressure before and after of meds. She has a history of TIA's. Reported this to managers during morning meeting they advised to recheck blood pressure after medication has a chance to work due to her history and not other symptoms. Neuros within normal limits. Can follow simple commands. 8/3/22 at 10:58 a.m., ...the resident has been lethargic this shift, vitals have been WNL...no s/s of acute distress noted...Resident is unable to voice pain; no nonverbal s/sx of pain noted at this time... Late entry: 8/3/22 12:00 p.m., The resident is more alert this afternoon. Blood pressure still high gave pain pill due to facial grimacing, resident grabbing her left knee. This resident was laid down in bed and knee assessed. No redness, warmth, or heat. Resident has full replacement in that knee, possible arthritis pain. Will continue to monitor. 30 mins after laying patient down and pain medication given BP came down. 8/4/22 at 12:44 a.m., ...Resident has been crying out with the slightest movements tonight. Pain		resident's representative. The tool will also monitor to ensure that there is documentation to support that the resident and/or their representative have been notified of any changes in the resident's plan of care. The tool will also monitor to ensure that the physician has been notified of these changes and that there is documentation to support this notification in the clinical record. This tool will be completed by the Director of Nursing and/or their designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meetings to determine if any additional action is warranted.	

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	medications given per orders... 8/4/22 at 5:00 a.m., Residents dc (sic) has increased this shift in her right hip. Currently propped up on her left side, with pillow behind her, gripping the left side rail. Pain medication given per orders. Resident guarding right side. Late entry: 8/4/22 6:28 p.m., Reported to (name of physician) NP of resident's left knee swollen an pain with movement. Therapy department concerned with joint. Resident yells out when staff touches leg to reposition it. Therapy applied ice to joint for comfort which was effective slightly. Therapy reported that the resident's leg got caught under her chair when staff was pushing her down the hallway. Resident had put down her foot and staff didn't know it and it was pulled backwards. Resident immediately yelled out and staff stopped and was able to backup and unbend her leg. Therapy has been monitoring her left knee and now they are concerned due to the swelling and increased pain. Resident not able to communicate needs/wants most of the time. Therapy applied foot rest device to wheelchair to prevent incident from happening again. Family made aware of incident. X-ray order given as ordered. 8/4/22 at 10:08 p.m., ...Resident has been crying out with the slightest movements tonight. Pain medications given per orders... 8/5/22 at 12:20 p.m., Late entry: Resident left in bed today r/t waiting on (name of company) to come & obtain x-ray of left knee to R/O possible FX-L-knee W/swelling no redness/warmth no s/s of pain call light in reach. 8/6/22 at 6:27 p.m., The resident has been			

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	complaining of pain after an incident that happened a couple of days ago. The xray company obtained the xray at 5:00 p.m. today. The xray showed that she had broken the left knee. The family was called and notified. ...The resident was complaining of pain in her leg, gave Norco before transfer... On 8/24/22 AT 11:40 a.m., the DON indicated on 8/4/22 she was working the floor, was told by PTA 1 (physical therapy assistant) to look at Resident B's knee. The DON indicated the knee was red, swollen , and had ice on it, she told PTA 1 that it did not look normal, she ordered a stat xray. The DON indicated when a stat xray is ordered it should be done by the next day. On 8/25/22 at 1:30 p.m., the Assistant Administrator indicated the incident involving Resident B happened on 8/3/22 after lunch. The video was observed of the incident and had a time stamp of 12:24 p.m. On 8/25//22 at 1:06 p.m., the DON provided the current policy on change in a resident's condition, with a revision date of May 2017. The policy included, not limited to: Our facility shall promptly notify the resident, his or her attending physician, and representative (sponsor) of changes in condition in the resident's medical/mental condition and/or status (e.g; changes in level of care, billing/payments, resident rights, etc.). Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: the resident is involved in any accident or incident that results in an injury including injuries of an unknown source; there is a significant change in the resident's physical, mental, or psychosocial status. Except in medical emergencies, notifications will be made within			

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	twenty -four hours of a change occurring in the resident's medical/mental condition or status. This Federal tag relates to Complaint IN00387815. 3.1-5(a)(20			