

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

PRINTED: 02/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155747		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023	
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST				STREET ADDRESS, CITY, STATE, ZIP COD 1300 MERCER AVE DECATUR, IN 46733			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00399973 and Complaint IN00399813. This visit also included a State Residential Licensure Survey.</p> <p>Complaint IN00399973 Substantiated. No deficiencies related to allegations are cited.</p> <p>Complaint IN00399813 Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 30, 31, February 1, 2, and 3, 2023.</p> <p>Facility number:000556 Provider number:155747 AIM number:100290130</p> <p>Census Bed Type: SNF/NF: 91 Total: 91</p> <p>Census Payor Type: Medicare: 13 Medicaid: 40 Other: 38 Total: 91</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 6, 2023</p>			F 0000	<p>Preparation and execution of this Plan of Correction does not constitute admission or agreement by provider to the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Adams Woodcrest maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of the residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Adams Woodcrest asserts that it is in substantial compliance with regulations governing the operation of long-term care facilities, and this Plan of Correction in its entirety constitutes this provider's allegation of compliance.</p> <p>Further, we request desk review (paper compliance) for compliance, if acceptable. Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and</p>		

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

TITLE

(X6) DATE

Alma Ahmetovic

Executive Director

02/17/2023

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.

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

PRINTED: 02/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155747	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST			STREET ADDRESS, CITY, STATE, ZIP COD 1300 MERCER AVE DECATUR, IN 46733		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	
F 0684 SS=D Bldg. 00	<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 observation, interview and record review, the facility failed to ensure physician orders were followed for 2 of 8 Residents reviewed. (Resident 20, and Resident 31)</p> <p>Findings include:</p> <p>1) During an observation, on 2/1/23 at 8:47AM, QMA 3 (Qualified Medication Aide) took Resident 20's blood pressure prior to medication administration. Resident 20's blood pressure was 122/63. QMA 3 indicated to Resident 20, the medication propranolol would be held due to the blood pressure result. Resident 20 received all other medications due at 8AM. QMA 3 documented medication as held.</p>	F 0684	<p>correlate with the most recent contemplated accomplished corrective action. These do not necessarily chronologically correspond to the date that Adams Woodcrest is under the opinion that it the requirements of participation or that corrective action was necessary.</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? a) On 2/1/23 upon findings of the medication being held, the Director of Nursing (DON) instructed the QMA 3 to give Propranolol to Resident 20. It was noted that this QMA was the only person who held this medication 6 different times. The DON provided in person education regarding the blood pressure (BP) parameters to the QMA 3 immediately following the notification that medication</p>	03/01/2023	

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

PRINTED: 02/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155747		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023	
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN 46733			
(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
	<p>Resident 20's record was reviewed, on 2/1/23 at 02:08 PM, indicated an order for propranolol 80mg daily related to hypertension to be held if SBP (Systolic Blood Pressure) was below 110.</p> <p>Resident 20's blood pressure medication was documented as follows:</p> <p>On Jan 14, 2023, propranolol was given, blood pressure result was documented as 105/71 On Jan 15, 2023, propranolol was held, blood pressure result was documented as 125/81 On Jan 19, 2023, propranolol was held, blood pressure result was documented as 118/76 On Jan 23, 2023, propranolol was given; blood pressure result was documented as 104/76 On Jan 25, 2023, propranolol was held, blood pressure result was documented as 113/71 On Jan 31, 2023, propranolol was given; blood pressure result was documented as 104/62</p> <p>Resident 20's diagnosis included weakness, history of fractures, heart disease, and personal history of pulmonary embolism.</p> <p>2) Resident 31's record was reviewed on 01/31/23 2:24 PM. The record indicated she had a pharmacy recommendation dated 8/8/22 for Metoprolol tartrate 50mg twice a day to be reduced to 25mg twice per day. The Physician/Prescriber response indicated they agreed with a note to take daily blood pressure for a week and call results to the prescriber. The review was signed by nurse practitioner (prescribing provider) on 8/11/22. Resident 31's diagnosis included dementia, heart disease, and edema.</p> <p>Resident 31's medication orders indicated metoprolol was prescribed in May 2022, 50mg twice a day for hypertension and to hold if pulse</p>				<p>was held during the medication pass.</p> <p>b) The medication Metoprolol was not decreased from 50mg bid to 25mg bid for Resident 31 according to the pharmacy recommendation. The Executive Director followed up with the facility nurse practitioner (NP) on 2/1/2023 to find out if she still wanted the medication decreased as indicated on the pharmacy sheet dated 8/8/2022. The NP indicated that she agreed with the pharmacy recommendation, and she wanted it decreased. Metoprolol was decreased per order. The DON followed up with the nurse who omitted to enter the order for Metoprolol to be decreased and provided in-person education to her.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>a) Immediate education was provided to all Nurses/QMAs immediately via email. All of the orders that included the blood pressure (BP) and pulse (P) parameters were reviewed, and no issues were noted with these medications being held/given inappropriately. All of the orders that contained the "below" and "above" ("less than" or "more than")</p>		

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

PRINTED: 02/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155747		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023	
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST				STREET ADDRESS, CITY, STATE, ZIP COD 1300 MERCER AVE DECATUR, IN 46733			
(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
	<p>was below 60. The medication was not changed according to the pharmacy recommendation.</p> <p>In the month of August 2022, Metoprolol was documented as held on:</p> <p>8/3 am dose 8/4 am dose 8/5 am dose 8/6 am dose 8/7 am dose 8/8 pm dose 8/9 am dose 8/10 am and pm dose 8/11 pm dose 8/12 pm dose 8/13 am dose given with pulse of 49, pm dose held 8/17 am dose 8/18 am dose 8/19 am and pm dose 8/22 am dose 8/23 pm dose 8/26 am dose 8/28 am dose 8/29 am dose</p> <p>The month of September 2022, Metoprolol was documented as held on:</p> <p>9/2 pm dose 9/7 am dose 9/10 am dose 9/11 am dose 9/14 am and pm dose 9/16 am dose 9/17 am dose 9/19 am dose 9/21 am dose 9/22 am dose 9/24 pm dose 9/26 pm dose 9/27 am dose</p>				<p>parameters for blood pressure and pulse were reviewed and the wording for "<" or ">" was changed to below or above.</p> <p>b) Several other random pharmacy recommendations from the past 6 months were reviewed and no issues were noted with any of these recommendations.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>a) The Care Coordinators (Unit Managers) will run a report monthly to check all orders with BP and P parameters for the month prior. They will review these orders to find out if any medications have been held or given inappropriately. They will then discuss their findings during the monthly QAPI meetings (see Form 1). The facility NP attends monthly QAPI meetings, so she will be made aware if any medications have been held multiple times throughout the month. The policy "Administration of Medication Policy" was reviewed and updated to include BP/P parameters (see Form 2). Education will be provided via PowerPoint presentation to Nurses/QMAs. Following the PowerPoint presentation, the Nurses/QMAs will take a quiz</p>		

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

PRINTED: 02/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155747		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023	
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN 46733			
(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
	<p>9/29 am dose 9/30 am dose</p> <p>The month of October 2022, Metoprolol was documented as held on:</p> <p>10/3 am dose 10/4 am dose 10/5 am dose 10/6 am dose 10/8 pm dose 10/25 pm dose 10/30 am dose 10/31 am dose documented as given with pulse of 56</p> <p>In the month of November 2022, Metoprolol was documented as held on the following:</p> <p>11/2 am dose 11/3 am dose 11/6 am dose 11/8 am dose 11/9 am dose 11/10 am dose 11/11 am dose 11/12 am dose 11/13 am dose was documented as given with pulse of 52 11/14 pm dose 11/16 am and pm doses 11/18 am dose 11/19 am dose 11/20 am dose 11/21 am dose 11/23 am dose 11/25 am dose 11/26 am dose 11/27 am dose 11/28 pm dose 11/29 pm dose 11/30 pm dose</p>				<p>which includes several examples of when medication should be given and when medication should be held based on the Blood Pressure and Pulse parameters (see Form 3).</p> <p>b) The facility NP marked "agreed" on the pharmacy recommendation and added the order "BP for 1 week and call the results to the provider." The order was unclear regarding the recommendations as typically the provider rewrites the order in the note section. The ED spoke with the NP following the concern and she indicated that she will start writing out the entire order even when she agrees to it, so that the nurse inputting the order will have clear directions.</p> <p>The nurse who enters the pharmacy recommendation orders will be required to sign and date the sheet and place it in the basket on the unit. The Care Coordinator on the unit will then pick up the recommendations from the basket and will check the orders to ensure that appropriate changes have been made. The Care Coordinator will also sign and date the form and will then turn it in to be scanned. The DON will review all completed pharmacy recommendations monthly to ensure they were all transcribed correctly and implemented (see</p>		

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

PRINTED: 02/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155747	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN 46733		
(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	
	<p>In the month of December 2022, Metoprolol was documented as held on the following:</p> <p>12/1 both am and pm doses 12/5 pm dose 12/6 am dose held; pm dose given with pulse of 52 12/7 pm dose 12/8 pm dose 12/9 am dose 12/13 am dose 12/15 am dose 12/16 am dose 12/17 am dose 12/18 pm dose 12/20 am dose 12/21 am dose held; pm dose documented as given with pulse 51 12/22 am dose 12/23 am dose 12/27 pm dose 12/29 am dose 12/30 am dose 12/31 am and pm doses</p> <p>In the month of January 2023, Metoprolol was documented as held on the following:</p> <p>1/4/23 am dose 1/5 am dose 1/7 pm dose 1/8 pm dose 1/9 am dose 1/10 am dose documented as given with pulse 58 1/11 am dose 1/12 am dose documented as given with pulse 53 1/13 am dose 1/16 am dose 1/19 am and pm doses 1/20 am dose 1/24 pm dose 1/25 am and pm doses</p>		<p>Form 4). Education regarding this new process for pharmacy recommendations will be provided to the Nurses/QMAs via PowerPoint presentation. The policy "Consultant Pharmacist Services Policy" has been updated to reflect this change (see Form 5).</p> <p>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?</p> <p>a) The Performance Improvement Plan (PIP) has been initiated for this deficient practice. The QAPI committee will provide oversight of this new process and provide ongoing monitoring to ensure this deficient practice does not recur. The Care Coordinators will monitor the orders with parameters and will report the findings monthly during the QAPI meeting. The QAPI program will review this monitoring monthly for at least 1 year, or longer if deemed necessary. The compliance expected goal is 100% from the first month and on.</p> <p>b) The Performance Improvement Plan (PIP) has been initiated for this deficient practice. The QAPI committee will provide oversight of this new process and provide ongoing monitoring to ensure this deficient practice does not recur. The Care Coordinators</p>		

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

PRINTED: 02/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155747		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023	
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN 46733			
(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
F 0812 SS=E Bldg. 00	<p>1/29 pm dose 1/30 am dose 1/31 am dose</p> <p>In an interview on 2/1/23 at 10:04 AM, the ED (Executive Director) indicated the nurse putting the order in did not properly read the pharmacist recommendations and only put in an alert to send the prescriber blood pressures for one week. The ED indicated the prescriber generally writes out the order in the note section of pharmacy reviews and the directions were unclear. The ED indicated she asked the provider who agreed with the pharmacy recommendations to clarify her order from August of 2022. The provider indicated she agreed with the pharmacy recommendations and the medication was reduced as intended.</p> <p>No current policy was provided by time of exit conference.</p> <p>3.1-37</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</p>				<p>and the DON will monitor this new process with the pharmacy recommendations and will report the findings monthly during the QAPI meeting. The QAPI program will review this monitoring monthly for at least 1 year, or longer if deemed necessary. The compliance expected goal is 100% from the first month and on.</p>		

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

PRINTED: 02/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155747		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023	
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN 46733			
(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
	<p>practices. (iii) This provision does not preclude residents 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 ensure hand hygiene was observed during food delivery. 16 of 23 residents were present in the dining room.</p> <p>On 2/1/23 beginning at 11:21 AM, meal service in the A-wing dining room was observed. Server 2 was observed removing her pen from her shirt pocket, then going from table to table taking orders for residents seated at the tables. Server 2 went back and forth to the kitchen window, passing order slips to the kitchen staff through the window. She was observed reaching into the service window placing dishes of food on trays for delivery. Server 2 was observed touching dishes, glassware, tables, silverware, occupied wheelchairs, and residents. She used hand sanitizer one time during meal service to 16 residents.</p> <p>In an interview on 2/1/23 at 11:53 AM, Server 2 indicated she did not know how frequently hand hygiene should be performed. She indicated she normally uses hand sanitizer between every few trays and after touching a resident or their belongings, but she did not during the lunch meal that day.</p> <p>During an interview on 2/2/23 at 11:10 AM, the Dietary Manager indicated hand hygiene should be performed between tasks and after touching</p>			F 0812	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 2/1/23 the dietary manager provided hand hygiene education to Server 2. Server 2 was instructed to use hand rub after touching a resident or resident belongings and between tasks and to wash hands when visibly soiled.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? The nursing staff on the same unit was observed during meal services and they were all noted to follow the hand hygiene protocol. The servers on the other units were also observed and all were noted to follow the hand hygiene protocol.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? The dietary manager will provide</p>		03/01/2023

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

PRINTED: 02/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155747	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN 46733		
(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	
	<p>residents.</p> <p>A current facility policy titled Hand Hygiene dated 4/27/1987 was reviewed. The policy indicated antiseptic hand rub should not be used during the assembly of meal trays. The policy also indicated servers should ensure their hands were always clean when holding plates or cutlery and hand hygiene should be performed after contact with residents' skin and medical equipment.</p> <p>3.1-21(a)(3)</p>		<p>the in-person education on hand hygiene to all of the servers on 2/17/2023 and 2/20/2023. Following the in-person check off, the servers will take a quiz on hand hygiene (see Form 6). This hand hygiene education will also be provided to all servers annually during the skill-checkoffs. The dietary manager will observe servers during monthly observations to ensure they practice appropriate hand hygiene during meal services. The dietary manager will complete 6 additional hand hygiene observations with servers (in addition to 10 observations she currently does) (see Form 7 and Form 8). The ED and dietary manager discussed the current workload in the dining room and added one additional server for the meal service. The policy "Hand Hygiene Policy" was reviewed and updated with more detailed instructions regarding hand hygiene practices during meal service (see Form 9).</p> <p>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 Performance Improvement Plan (PIP) has been initiated for this deficient practice. The QAPI committee will provide oversight of hand hygiene and provide ongoing monitoring to ensure this deficient</p>		

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

PRINTED: 02/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155747	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST			STREET ADDRESS, CITY, STATE, ZIP COD 1300 MERCER AVE DECATUR, IN 46733		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: January 30, 31, February 1, 2, and 3, 2023.</p> <p>Facility number: 000556</p> <p>Residential Census: 23</p> <p>Adams Woodcrest was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed February 6, 2023</p>	R 0000	<p>practice does not recur. The dietary manager will complete 6 additional observations of hand hygiene with dietary servers and will report the findings monthly during the QAPI meeting. The QAPI program will review this monitoring monthly for at least 1 year, or longer if deemed necessary. The compliance expected goal is 90% in the first 3 months, 95% the following 3 months, and 100% after that and on.</p> <p>Preparation and execution of this Plan of Correction does not constitute admission or agreement by provider to the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Adams Woodcrest maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of the residents nor are they of such character as to limit the provider's capacity to render adequate resident</p>		

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

PRINTED: 02/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155747	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023
NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST			STREET ADDRESS, CITY, STATE, ZIP COD 1300 MERCER AVE DECATUR, IN 46733		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	
			care. Furthermore, Adams Woodcrest asserts that it is in substantial compliance with regulations governing the operation of long-term care facilities, and this Plan of Correction in its entirety constitutes this provider's allegation of compliance. Further, we request desk review (paper compliance) for compliance, if acceptable. Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and correlate with the most recent contemplated accomplished corrective action. These do not necessarily chronologically correspond to the date that Adams Woodcrest is under the opinion that it the requirements of participation or that corrective action was necessary.		