

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

PRINTED: 04/24/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155740		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/14/2024	
NAME OF PROVIDER OR SUPPLIER  TIMBERCREST CHURCH OF THE BRETHREN HOME				STREET ADDRESS, CITY, STATE, ZIP COD 2201 EAST ST NORTH MANCHESTER, IN 46962			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00424450.</p> <p>Complaint IN00424450 - Federal/state deficiencies related to the allegations are cited at F684 and F689.</p> <p>Survey dates: March 13 and 14, 2024</p> <p>Facility number: 000448 Provider number: 155740 AIM number: 100275140</p> <p>Census Bed Type: SNF/NF: 61 Residential:77 Total: 138</p> <p>Census Payor Type: Medicare: 3 Medicaid: 23 Other: 35 Total: 61</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 22, 2024.</p>			F 0000			
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</p>						

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 disclosable 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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	<p>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 follow physician orders to call the physician for low blood pressure readings for 1 of 3 residents reviewed at risk for falls. (Resident B)</p> <p>Findings include:</p> <p>Resident B's clinical record was reviewed on 3/13/24 at 10:35 a.m. Diagnoses included hypertension, amnesia (memory loss), unsteadiness on feet, muscle weakness, and other lack of coordination.</p> <p>Current physician orders included calling the physician when the resident's blood pressure was below 80/50 and with signs/symptoms of hypotension (low blood pressure).</p> <p>A progress note, dated 2/18/24 at 5:50 p.m., indicated the resident had a low blood pressure of 71/53 with symptoms including shortness of breath and lethargy (lack of energy/ motivation). He was reclined to 30 degrees in his recliner. The resident representative was notified and was to be called if he experienced further symptoms. A note was sent to the physician.</p> <p>A progress note, dated 2/24/24 at 10:33 a.m., indicated the resident had a low blood pressure of 77/47 with symptoms of shortness of breath. He was encouraged to drink fluids to help increase his blood pressure. A note was sent to the physician.</p> <p>During an interview, on 3/14/24 at 11:45 a.m., LPN 5 indicated resident had parameters if his blood</p>			F 0684	<p><b>Plan of Correction for F684</b></p> <p><b>Quality of Care</b></p> <p><b>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. <u>Timbercrest respectfully requests an Informal Dispute Resolution review for further evaluation with goal to delete this cited deficiency/tag.</u> If this is not granted, Timbercrest respectfully requests desk review for substantial compliance for this Plan of Correction. Thank you</b></p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>Resident B's order was clarified and changed to "Contact MD if BP&lt;80/50 and symptomatic not responding to fluids." No</p>		04/10/2024

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	<p>pressure was 80/50 or below to notify the physician. She didn't think she called the physician regarding his last low blood pressure reading.</p> <p>During an interview, on 3/14/24 at 11:51 a.m., RN 4 indicated there was a physician order to notify the physician if his blood pressure was below 80/50. If his symptoms don't improve with interventions, she would call the physician. If he improved without showing signs of symptoms, she would send a note to the physician through inner office mail.</p> <p>During an interview, on 3/14/24 at 2:07 p.m., the ADON indicated she would expect the nurses to call the physician regarding a low blood pressure unless the physician has said not to call them. Some physicians are notified Monday through Friday through inner office mail.</p> <p>During an interview, on 3/14/24 at 2:56 p.m., the DON indicated that pushing fluids and elevating feet were a nursing intervention for low blood pressure. Since resident B's blood pressure improved with interventions, it wasn't emergent to call the physician.</p> <p>Review of a current policy, dated 5/14/19, provided by the ADON on 3/14/24 at 2:09 p.m., titled "Guidelines for Physician Notification," indicated the following: "...Purpose: To ensure the resident's physician is aware of all diagnostic testing results or change in condition in a timely manner to evaluate condition for the need of provision of appropriate intervention for care...."</p> <p>This citation relates to complaint IN00424450.</p> <p>3.1-37(a)</p>				<p>additional vitals were of concern according to MD notification orders per review 3-1-24 to current.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</b> The DON or designee will audit all residents in Healthcare and Crestwood for out-of-range vitals (BP, HR, O2 sats, Temp, and Resp) and if properly reported to MD per orders. Any discrepancy of expectations will be addressed.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</b> DON or designee will provide re-education of the current policy "Notification of Changes" implemented 7-12-2022. Will also provide education on use of the Vitals Alerts - Out of Range widget on the Matrix Dashboard. Review and understanding will be monitored on Relias. Use of this widget will allow nurses to monitor vitals out of range live, during their shift.</p> <p><b>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put</b></p>		

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					<p><b>into place.</b></p> <p>The DON or designee will monitor all residents with vitals out of range for appropriate response per md order. This audit will be conducted weekly x 4, twice a month x2, and monthly x2. The results of the audit will be presented at the next QAPI team for review and submitted to the QAA Committee until it is determined that substantial compliance has been met.</p> <p><b>By what date the systemic changes for each deficiency will be completed.</b> April 10, 2024</p> <p><b>IDR Request for F684 Quality of Care</b></p> <p>The facility is requesting desk/paper review to delete the tag given for F684 Quality of Care during the 3-14-24 Compliance Survey. Resident B has had a history of symptomatic hypotension that was advised by his physician to treat by pushing fluids. This tag is being cited for "facility failed to follow physician orders to call the physician for low blood pressure readings." Physician order was to Call MD for BP reading of 80/50 and with s/sx of hypotension." Progress Notes (Exhibit A) from 9/19/23 and 9/26/23 indicated that MD's response was to have fluids</p>		

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			<p>increased with symptomatic hypotension below 80/50. In the CMS 2567 it was identified that "A progress note, dated 2/18/24 at 5:50pm indicated the resident had a low blood pressure of 71/53 with symptoms including shortness of breath and lethargy." As noted on the blood pressure report from Matrixcare vitals (Exhibit B), the BP was retaken at 5:53pm and was 100/66mmHg. Vital signs are taken by a vitals machine that automatically records vitals on the EMR. It is nursing best practice to recheck an out-of-range BP prior to MD notification.</p> <p>="" p=""&gt;</p> <p>During the survey process, the incorrect version of our MD notification policy was provided to the survey team. The policy given was "Guidelines for Physician Notification" which was last revised on 5/14/2019. This policy was updated and replaced by "Notification of Changes" policy implemented 7/12/22. (Exhibit C) Upon review of the findings with the resident's MD, also our Medical Director, she clarified that it was ok to push fluids first prior to notification of BP &lt;80/50 and symptomatic. Agreed that this is the treatment of choice for resident. Order clarification documented.</p> <p>483.25 Quality of Care states, "Quality of care is a fundamental principle that applies to all</p>		

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F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review the facility failed to provide supervision and implement personalized interventions to prevent falls for 1 of 3 residents reviewed for falls (Resident C).</p> <p>Findings include:</p>	F 0689	<p>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." We believe that Resident B did indeed receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Thank you for your time and reconsideration.</p> <p><b>Plan of Correction F689 Free of Accident Hazards/Supervision/Devices Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not</b></p>	04/05/2024	

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	<p>During an observation, on 3/13/24 at 3:07 p.m., Resident C sat in a recliner in her room. She wore stockings, with her shoes laying beside her feet.</p> <p>During an observation, on 3/14/24 at 11:41 a.m., the resident was assisted out of her room in a wheelchair.</p> <p>The resident's clinical record was reviewed on 3/13/24 at 11:30 a.m. Diagnoses included heart failure, hypertension (high blood pressure), repeated falls, pain, disorientation, syncope (fainting) and collapse, difficulty in walking, generalized muscle weakness, history of falling, unsteadiness on feet, and fatigue.</p> <p>Current physician orders included diltiazem (for blood pressure) 240 mg extended release daily started 9/28/23, tramadol (opiate for pain) 50 mg three times a day started 12/29/23, and oxygen at 2-5 liters per minute per nasal cannula for dyspnea (difficulty breathing) started 11/27/23.</p> <p>A significant change Minimum Data Set (MDS) assessment on 12/6/23 indicated the resident was moderately cognitively impaired. She required substantial to maximal assistance with putting on and taking off footwear. She required partial to moderate assistance with walking.</p> <p>A quarterly MDS assessment on 3/6/24 indicated the resident was severely cognitively impaired. She required partial to moderate assistance with putting on and taking off footwear and walking.</p> <p>An activities of daily living (ADLs) functional status/rehabilitation potential care plan, initiated on 8/18/22 and last revised on 2/25/24, indicated the resident was limited in ability to doing her own ADLs related to left sided weakness. Her goal was</p>				<p><b>to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. Timbercrest respectfully requests desk review for substantial compliance for this Plan of Correction. Thank you</b></p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</b> Reviewed the falls care plan history to determine any care plans that had auto ended prematurely. Added the interventions that were still appropriate.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</b> Audit completed, 3-31-24, on all Healthcare and Crestwood resident fall care plans. Care plans with auto ended interventions were identified and the appropriate interventions were added to the active fall care plan.</p>		

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	<p>to be able to do her own ADLs with set up assistance through the next review on 3/30/24. Current interventions included walking: walks with walker, gait belt, and one assist but is noncompliant (5/18/23).</p> <p>A current fall care plan, initiated on 8/5/22 and last revised on 3/6/24, for falls indicated the resident was at risk for falling. Her goal was to remain free from injury through the next review (3/30/24). Current interventions included purposeful routine rounding 4P's - 1. Pain 2. Personal needs (bathroom) 3. Personal items (everything within easy reach - call light, water, phone, tissue, remote) (8/5/22), keep personal items and frequently used items within reach (11/1/22), frequent checks (12/6/23), leave door open to see resident, she may not be compliant with this as she likes the door to be closed (12/25/23), place excess oxygen tubing in oxygen tubing bag to void a trip hazard (1/10/24), encourage resident to be in supervised area with meaningful activities if without companion between 12 noon and 8 p.m. or whenever awake and restless (2/7/24), reeducate staff to make sure that frequently used items like TV remote control are within reach (2/14/24), clean and keep resident's dentures and its storage within her reach (2/20/24), and gait belt with one assist during transfers and ambulation (walking) (2/22/24).</p> <p>Fall risk assessments completed on 12/6/23 and 3/6/24 indicated the resident was a high risk for falls</p> <p>A progress note, dated 12/4/23 at 10:38 p.m., indicated the resident was found on the floor. She was lying on her back with her head supported by a QMA on duty. The resident indicated she was trying to get clothes from her dresser to change.</p>		<p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</b></p> <p>Worked with MatrixCare support on 3-14-24 and turned off the Healthcare Facility option to customize care plan end dates. After turning off this capability, it was later identified that the auto end dates on care plans was still occasionally occurring under the "Care Plan" option. The "Care Plan" is the newer version of the MatrixCare EMR. Upon a second conversation with Matrixcare support on 3-29-24 Matrixcare reported that there is a flaw in the "Care Plan" version continuing to produce auto end dates on care plans even when turned off and not selected. This flaw is scheduled to be repaired in the May updates. Matrixcare support representative explained that the original access to Matrixcare care plans under the "Care Planning" tab has not been affected. Educated to return to using the "Care Planning" access to care plans to prevent this end date flaw until the correction has been released. Education occurred on 3-29-24 for all nurses on the plan to stop using the "Care Plan" and only use the "Care Planning" access for fall care plans.</p> <p><b>How the corrective actions will</b></p>		



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	<p>A falls care plan intervention, started 12/4/23, indicated the resident was to be provided with assistance with clothing change between 8 p.m. and 9 p.m. The intervention was discontinued on 12/5/23.</p> <p>A progress note, dated 1/2/24 at 9:55 a.m., indicated the resident was found on the floor in her room near her recliner.</p> <p>The falls care plan lacked a new intervention for the 1/2/24 fall.</p> <p>A progress note, dated 1/3/24 at 12:27 p.m., indicated the resident was found sitting on her bottom in her room calling for help. The resident indicated her legs felt weak, and she collapsed to the floor.</p> <p>A falls care plan intervention, started 1/3/24, indicated make sure TV remote turns on both TV and mediacom box so that resident does not have to get up and push ok on mediacom box. The intervention was discontinued on 1/4/24.</p> <p>A progress note, dated 1/8/24 at 1:50 p.m., indicated the resident was found lying on her back alongside her bed in her room. Resident indicated she had gotten her crackers and cream-filled sponge cakes out of her closet, walked back to her recliner, lost her balance on the way, and fell.</p> <p>A fall care plan intervention, started 1/8/24, indicated keep resident's snack supply up within easy reach of the resident. The intervention was discontinued on 1/9/24.</p> <p>A progress note, dated 1/15/24 at 10:26 p.m.,</p>				<p><b>be monitored to ensure the deficient practice will not recure, i.e., what quality assurance program will be put into place.</b></p> <p>The DON or designee will audit the fall care plan for residents who had falls in the Healthcare Facility (HC and CW). Care Plan history will be reviewed to identify if any interventions have been unintentionally auto ended. Audit will be weekly x4 weeks, every other week x2, monthly x2. The results of the audit will be presented at the next QAPI team for review and submitted to the QAA Committee until it is determined that substantial compliance has been met.</p> <p><b>By what date the systemic changes for each deficiency will be completed.</b></p> <p>April 5, 2024 -</p>		

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	<p>indicated the resident was found on the floor. She indicated she was trying to go to the bathroom but lost her balance.</p> <p>A fall care plan intervention, started 1/15/24, indicated the resident usually went to the toilet early in the evening. Toileting assistance was to be provided between 6 p.m. and 8 p.m. The intervention was discontinued on 1/16/24.</p> <p>A progress note, dated 2/2/24 at 3:40 p.m., indicated the resident was found lying on her back on the floor in her room. The resident indicated she had walked to the restroom, lost her balance, and fell backward.</p> <p>A fall care plan intervention, started 2/2/24, indicated the resident should be offered assistance to the restroom between 3 p.m. and 4 p.m. The intervention was discontinued 2/3/24.</p> <p>A progress note, dated 2/19/24 at 6:31 p.m., indicated the resident was walking down the hall at 4:55 p.m. accompanied by a certified nurse aide (CNA). She started to reach something on her right side and fell over. She fell on her right side hitting her head on the wall.</p> <p>An ADLs care plan intervention, started on 5/18/23, indicated the resident walked with walker, gait belt, and one assist but was noncompliant.</p> <p>A fall care plan intervention, started on 2/22/24, indicated the resident required a gait belt and assistance of one staff member for ambulation and transfers.</p> <p>A progress note, dated 3/6/24 at 2:30 p.m., indicated the resident was found on the floor in a sitting position shouting for help. Her feet were</p>						

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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
	<p>bare. An abrasion was found to her upper left back and measured 1 cm by 1.5 cm. She indicated she had to use the restroom and did not have time to use her call button.</p> <p>A fall care plan intervention, started on 3/7/24, indicated the resident usually ambulated all the way to the bathroom by herself when unattended. A bedside commode was to be provided and offered to the resident for toileting use to minimize fall risk from long distance ambulation. The intervention was discontinued on 3/8/24</p> <p>Review of the progress notes indicated the resident fell 17 times from 12/4/23 through 3/6/24.</p> <p>During an interview, on 3/13/24 at 11:06 a.m., CNA 7 indicated the facility had a quick reference guide for fall preventions for all residents by the charting kiosk. Fall interventions could also be found on the electronic medical record.</p> <p>During an interview, on 3/14/24 at 12:26 p.m., RN 8 indicated when devising interventions for the residents, they would look at what was causing the falls. Resident C, specifically, would require long term goals and interventions due to her multiple falls.</p> <p>During an interview, on 3/14/24 at 2:08 p.m., the ADON indicated the nurse on shift for the fall would put in place a new intervention a fall. The intervention was generally long term, or a new one would be put in its place if it was discontinued. She was uncertain why interventions were being discontinued after one day. The nurse would have had to put in an end date.</p> <p>During an interview, on 3/14/24 at 2:23 p.m., CNA 9 indicated she utilized the care plan with the</p>						

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

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	<p>interventions for fall prevention on the computer software.</p> <p>During an interview, on 3/14/24 at 2:30 p.m., QMA 10 indicated he utilized the electronic medical record (EMR) to find the interventions for falls to be used for the residents.</p> <p>During an interview, on 3/14/24 at 2:41 p.m., RN 11 indicated she had a paper which provided instructions on updating care plans after a fall. An intervention was added with a fall and stayed active until the condition or problem resolved. The intervention should be continued as long as necessary.</p> <p>During an interview, on 3/14/24 at 3:05 p.m., the DON was uncertain why Resident C's interventions for falls would have been discontinued after one day.</p> <p>During an interview, on 3/14/24 at 3:07 p.m., the ADON indicated fall care plan interventions should not have been discontinued unless the problem was resolved.</p> <p>Review of a current, undated facility policy, titled "Falls, Prevention and Follow up," provided by the DON on 3/13/24 at 2:47 p.m., indicated " ...It is the goal of the nursing staff to prevent as many falls as possible ...."</p> <p>This citation relates to complaint IN00424450.</p> <p>3.1-45(a)(2)</p>						