

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

PRINTED: 03/25/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155139		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/06/2025	
NAME OF PROVIDER OR SUPPLIER NORTH WOODS VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 2233 W JEFFERSON ST KOKOMO, IN 46901			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 IN00454048, IN00453627, IN00452024, IN00450207, IN00448915, and IN00447791.</p> <p>Complaint IN00454048 - No deficiencies related to the allegations are cited. Complaint IN00453627 - No deficiencies related to the allegations are cited. Complaint IN00452024 - No deficiencies related to the allegations are cited. Complaint IN00450207 - No deficiencies related to the allegations are cited. Complaint IN00448915 - No deficiencies related to the allegations are cited. Complaint IN00447791 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 2, 3, 4, 5, and 6, 2025</p> <p>Facility number: 000064 Provider number: 155139 AIM number: 100288770</p> <p>Census Bed Type: SNF/NF: 96 SNF: 17 Total: 113</p> <p>Census Payor Type: Medicare: 6 Medicaid: 79 Private: 15 Other: 13 Total: 113</p>			F 0000			

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

TITLE

(X6) DATE

Stephanie N. Head

Administrator

03/21/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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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F 0684 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on March 11, 2025.</p> <p>483.25 Quality of Care</p> <p>Based on interview and record review, the facility failed to ensure a medication for blood pressure was held according to the physician's ordered parameters for 1 of 1 resident reviewed for quality of care. (Resident 100)</p> <p>Findings include:</p> <p>The clinical record for Resident 100 was reviewed on 3/4/25 at 10:41 a.m. The diagnoses included, but were not limited to, paraplegia, neuromuscular dysfunction of the bladder, familial dysautonomia, and chronic systolic congestive heart failure.</p> <p>An Emergency Department After Visit Summary, dated 1/11/25, indicated the resident was seen for a headache and his blood pressure was higher than the normal range during the visit.</p> <p>A physician's order, dated 1/13/25, indicated to give midodrine (a medication used to increase blood pressure) 10 milligrams (mg) three times per day with special instructions to hold the medication if the systolic blood pressure was greater than 120.</p> <p>The Medication Administration Record (MAR), dated January 1 through 31, 2025, indicated a midodrine dose was not held: a. On 1/14/25 at 1:00 p.m., with a systolic blood pressure of 128 and 8:00 p.m., with a systolic blood pressure of 126.</p>			F 0684	<p>This provider respectfully requests a desk review in lieu of a postsurvey review on or after 3/21/25. Please feel free to contact Stephanie Head, Executive Director, if you need any additional information to support the desk review at 765-457-9175. Thank you for your consideration</p> <p><u>F 684 Quality of Care</u> 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. Based on interview and record review, the facility failed to ensure a medication for blood pressure was held according to the physician's ordered parameters for 1 of 1 resident reviewed for quality of care. What corrective action(s) will</p>		03/21/2025

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	<p>b. On 1/16/25 at 1:00 p.m., with a systolic blood pressure of 122.</p> <p>c. On 1/18/25 at 8:00 p.m., with a systolic blood pressure of 136.</p> <p>d. On 1/21/25 at 8:00 p.m., with a systolic blood pressure of 126.</p> <p>e. On 1/31/25 at 1:00 a.m., with a systolic blood pressure of 126.</p> <p>The MAR, dated February 1 through 28, 2025, indicated a midodrine dose was not held:</p> <p>a. On 2/4/25 at 1:00 a.m., with a systolic blood pressure of 126.</p> <p>b. On 2/6/25 at 8:00 p.m., with a systolic blood pressure of 125.</p> <p>c. On 2/8/25 at 1:00 a.m., with a systolic blood pressure of 128 and 1:00 p.m., with a systolic blood pressure of 122.</p> <p>d. On 2/10/25 at 1:00 p.m., with a systolic blood pressure of 127.</p> <p>e. On 2/12/25 at 8:00 p.m., with a systolic blood pressure of 125.</p> <p>f. On 2/14/25 at 8:00 p.m., with a systolic blood pressure of 129.</p> <p>g. On 2/16/25 at 1:00 a.m., with a systolic blood pressure of 122.</p> <p>h. On 2/18/25 at 1:00 a.m., with a systolic blood pressure of 122.</p> <p>i. On 2/19/25 at 1:00 a.m., with a systolic blood pressure of 126 and 1:00 p.m., with a systolic blood pressure of 122.</p> <p>j. On 2/20/25 at 1:00 p.m., with a systolic blood pressure of 132.</p> <p>k. On 2/21/25 at 8:00 p.m., with a systolic blood pressure of 139.</p> <p>l. On 2/22/25 at 1:00 a.m., with a systolic blood pressure of 126 and 1:00 p.m., with a systolic blood pressure of 132.</p> <p>m. On 2/24/25 at 8:00 p.m., with a systolic blood pressure of 124.</p>		<p>be accomplished for those residents found to have been affected by the deficient practice: Resident 100 has a medication review by the physician. 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: All residents have the potential to be affected. DNS/designee will complete audit of all residents that receive medications with set parameters to ensure medication has been administered as ordered by 3/21/25.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: DNS/designee will in-service nurses on hold parameters by 3/21/25.</p> <p>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: Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The DNS/designee will be</p>		

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F 0695 SS=D Bldg. 00	<p>n. On 2/25/25 at 8:00 p.m., with a systolic blood pressure of 129.</p> <p>o. On 2/26/25 at 8:00 p.m., with a systolic blood pressure of 127.</p> <p>p. On 2/27/25 at 1:00 p.m., with a systolic blood pressure of 126.</p> <p>The MAR, dated March 1 through 6, 2025, indicated a midodrine dose was not held:</p> <p>a. On 3/1/25 at 8:00 p.m., with a systolic blood pressure of 128.</p> <p>b. On 3/3/25 at 1:00 p.m., with a systolic blood pressure of 122 and 8:00 p.m., with a systolic blood pressure of 125.</p> <p>c. On 3/4/25 at 8:00 p.m., with a systolic blood pressure of 127.</p> <p>During an interview, on 3/6/25 at 10:05 a.m., LPN 8 indicated the vital signs, and the medication orders should be reviewed before giving medication. If the systolic blood pressure was above the hold parameter, then the medicine should not be given and charted it was not given. The staff initials would then be in parenthesis on the MAR and there would be a note to indicate why the medication was not given.</p> <p>A current facility policy, titled "General Dose Preparation and Medication Administration," dated 11/15/24 and received from the Executive Director on 3/5/25 at 8:40 a.m., indicated "... Prior to administration of medication...if necessary, obtain vital signs...."</p> <p>3.1 -37(a)</p> <p>483.25(i)</p> <p>Respiratory/Tracheostomy Care and Suctioning</p> <p>Based on observation, interview, and record</p>			F 0695	<p>responsible for completing the QAPI Audit tool "Notification of Changes" weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters with a threshold of 90%. If the threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up.</p> <p>By what date the systemic changes will be completed: Compliance date 3/21/25.</p> <p><u>F695 Respiratory/Tracheostomy</u></p>		03/21/2025

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	<p>review, the facility failed to ensure a portable oxygen tank was turned on to administer the correct flow rate for 1 of 1 resident reviewed for respiratory care. (Resident 4)</p> <p>Findings include:</p> <p>During an observation, on 3/2/25 at 10:25 a.m., Resident 4 was in the hallway in her wheelchair at the nurse's medication cart with QMA 2 receiving her medications. The resident had a nasal cannula in her nose with a portable oxygen tank hanging on the back of her wheelchair. The flow rate on the portable tank was set at zero (0) liters/minute. QMA 2 administered medications to Resident 4 and signed the medication administration record (MAR). QMA 2 did not look at the portable oxygen tank to verify the amount of oxygen the resident was receiving.</p> <p>During an observation, on 3/2/25 at 12:15 p.m., the resident wheeled herself past 2 nurses and a certified nursing assistant (CNA) and greeted them as she entered the dining room for lunch. The nasal cannula was in her nose, and the portable oxygen tank on the back of her wheelchair was still set at zero (0) liters/minute.</p> <p>The clinical record for Resident 4 was reviewed on 3/4/25 at 9:59 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia, and asthma.</p> <p>A physician's order, dated 10/15/24, indicated to give continuous oxygen at 4 liters per nasal cannula.</p> <p>A Nurse Practitioner (NP) progress note, dated 2/27/25 at 9:51 a.m., indicated to continue</p>		<p><u>Care and Suctioning</u> The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences. Based on observation, interview, and record review, the facility failed to ensure a portable oxygen tank was turned on to administer correct flow rate for 1 of 1 resident reviewed for respiratory care. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident 4 has been assessed and oxygen is being administered at the correct flow rate.</p> <p>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: All residents that require a respiratory care have the potential to be affected. A facility audit will be completed by DNS/designee for all residents requiring oxygen to ensure flow rate is at the correct setting per physician order by 3/21/25.</p>		

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	<p>administering supplemental oxygen for the resident's respiratory diagnosis.</p> <p>During an interview, on 3/2/25 at 12:26 p.m., LPN 6 indicated Resident 4 needed 4 liters of oxygen per the physician's order, but the portable oxygen tank was turned off.</p> <p>During an interview, on 3/5/25 at 10:46 a.m., LPN 7 indicated the resident did not transfer herself. A CNA would transfer the resident into her wheelchair and the nurse would turn the portable oxygen tank on to the correct liter flow based on the order.</p> <p>During an interview, on 3/6/25 at 10:09 a.m., LPN 8 indicated the nurse was supposed to make sure the portable oxygen tank was set on the correct liter flow. If the resident had gotten herself up, then the nurse would check the oxygen flow rate as they gave the resident her medications.</p> <p>A current facility policy, titled "Oxygen Therapy," dated 4/23 and received from the Executive Director on 3/5/25 at 8:40 a.m., indicated "...The nurse will coordinate the oxygen therapy services as ordered by the resident's physician...."</p> <p>3.1-47(a)(6)</p>				<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: DNS/designee will in-service nurses on oxygen flow rate orders by 3/21/25. DNS/designee will complete rounds daily checking to ensure oxygen flow rate is at correct setting per physician order.</p> <p>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: Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The MDSC/designee will be responsible for completing the QAPI Audit tool "Respiratory/Tracheostomy Care and Suctioning" weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters with a threshold of 90%. If the threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up.</p> <p>By what date the systemic changes will be completed: Compliance Date: 3/21/25</p>		

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F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>Based on observation, interview and record review, the facility failed to ensure staff wore gloves when touching a resident's medication for 1 of 9 residents observed for medication administration. (Resident 3)</p> <p>Findings include:</p> <p>During an observation, on 3/2/25 at 10:12 a.m., QMA 2 removed the resident's medication from the medication cart. She placed the card of multivitamin 7.5 milligrams (mg) iron with 400 micrograms (mcg) of folic acid in her right hand. QMA 2 used her right hand and popped the pill from the card into her left bare hand. She took the pill with her fingers and placed the pill into the medication cup.</p> <p>During an interview, on 3/2/25 at 10:14 a.m., QMA 2 indicated she should have used gloves and not touched the pill with her bare hands.</p> <p>The clinical record for Resident 3 was reviewed on 3/2/25 at 10:12 a.m. The diagnoses included, but were not limited to, diabetes mellitus, atrial fibrillation, and anxiety disorder.</p> <p>A physician's order indicated to give a multivitamin 7.5 milligrams (mg) iron and 400 micrograms (mcg) folic acid tablet daily.</p> <p>A current facility policy, titled "General Dose Preparation and Medication Administration," dated as revised 1/3/25 and received from the Director of Nursing on 3/2/25 at 12:07 p.m., indicated "...Appropriate hand hygiene should be performed before and after direct resident contact.</p>			F 0880	<p><u>F 880 Infection Control</u> The facility must establish an infection control program (IPCP) the must include, at a minimum, a system for preventing, identifying, reporting, investigating, and controlling infections and communicable disease for a all residents, staff, volunteers, visitors and other individuals providing services under a contractual arrangement based upon the facility assessment. Based on observation, interview and record review, the facility failed to ensure staff wore gloves when touching a resident' medication for 1 of 9 residents observed for medication administration.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident 3 has been assessed and had no adverse effects. Skill validation for med pass completed for staff -QMA 2</p> <p>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: All residents have the potential to</p>		03/21/2025

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	Medications should not come in contact with any surface except for the medication cup...." 3.1-18(b)		<p>be affected. Licensed nurses and Qualified Medical Assistants will be in serviced and complete Medication Pass Skills Validation by 3/21/25.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Licensed nurses and Qualified Medical Assistants will be in serviced on Medication Administration by 3/21/25. DNS/Designee will conduct rounds to observe med pass to ensure infection control protocol is followed.</p> <p>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>Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The DNS/designee will be responsible for completing the QAPI Audit tool "Infection Control" weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters with a threshold of 90%. If the threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee</p>		

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