

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

PRINTED: 02/25/2025  
FORM APPROVED  
OMB NO. 0938-039

|  |  |   |  |  |  |  |                            |
|--|--|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION    |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>155761 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                     |  | X3) DATE SURVEY<br>COMPLETED<br>01/24/2025 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>BROWNSBURG MEADOWS |  |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>2 E TILDEN<br>BROWNSBURG, IN 46112 |  |  |                            |
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| F 0000<br><br>Bldg. 00                                 | <p>This visit was for the Investigation of Complaints IN00448905, IN00449240, IN00449953, and IN00451468.</p> <p>Complaint IN00448905 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00449240 - Federal/state deficiencies related to the allegations are cited at F694.</p> <p>Complaint IN00449953 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451468 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 21, 22, 23, and 24, 2025</p> <p>Facility number: 011367<br/>Provider number: 155761<br/>AIM number: 200851590</p> <p>Census Bed Type:<br/>SNF/NF: 108<br/>SNF: 26<br/>Total: 134</p> <p>Census Payor Type:<br/>Medicare: 25<br/>Medicaid: 80<br/>Other: 29<br/>Total: 134</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 31, 2025.</p> |   |  | F 0000   |  |  |                            |

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

TITLE

(X6) DATE

Jocelyn Brooks RN

Director of Nursing

02/06/2025

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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| F 0694<br>SS=D<br>Bldg. 00                             | <p>483.25(h)<br/>Parenteral/IV Fluids</p> <p>Based on observation, interview, and record review, the facility failed to manage Peripherally Inserted Central Catheter (PICC) line dressing changes for a resident receiving intravenous (IV) antibiotics to treat extradural and subdural abscesses for 1 of 2 residents reviewed for PICC line dressing changes (Resident C).</p> <p>Findings include:</p> <p>During an interview on 1/22/25 at 10:41 a.m., a resident representative indicated Resident C had been admitted to the facility from a local hospital on 10/29/24 with orders to change his PICC line dressing weekly, but the facility did not have his PICC line dressing changed until close to discharge over 3 weeks later. The resident representative indicated they had repeatedly taken their concerns to the Infection Preventionist nurse and floor nurses. They had even brought up their concerns during a care plan meeting on 11/19/24 with a picture of his dressing dated 10/28/24 from the hospital and the PICC dressing coming loose around the edges as proof, but the facility did not change the residents dressing until 11/25/24.</p> <p>Resident C's record was reviewed on 1/21/25 at 1:45 p.m. Diagnoses on Resident C's profile included, but not limited to, external and subdural abscess (pus collections located outside the body and between the outer layer and middle layer of meninges surrounding the brain), osteomyelitis of vertebra of the lumbosacral region (rare spinal infection that can cause severe back pain, fever, and bone death), and elevated white blood count (indicative of an infection).</p> |   |  | F 0694  | <p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Complaint Survey Revisit on or after.</p> <p><b>1.What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b></p> <p>Resident's PICC line dressing was changed on 11/19/2024 and again on 11/25/2024 prior to his discharge. He was assessed for s/sx infection at these times, and none were present.</p> <p><b>1.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents with IV access have the potential to be affected by the alleged deficient practice.</p> <p>All residents with IV access will be audited for expired,</p> |  | 02/10/2025                 |

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|  | <p>An admission MDS (Minimum Data Set) assessment, completed on 11/4/24, assessed Resident C as having the ability to make himself understood and to understand others. A BIMS (brief interview for mental status) score 15 out of 15 indicated he was cognitively intact. The resident had open lesions other than ulcers, rashes, or cuts, had IV access to include a PICC, and was receiving IV antibiotics.</p> <p>A local hospital PICC line insertion procedure report, dated 10/28/24 at 9:30 a.m., indicated a PICC line was inserted by RN 12 with a transparent occlusive dressing applied.</p> <p>Physician orders, dated 10/30/24, indicated</p> <p>a. The nurse was to initial every shift the PICC/midline site was free of warmth, redness, or swelling</p> <p>b. Vancomycin (anti-infective/antibacterial agent) recon solution (reconstituted with sodium chloride solution) infuse 1.5 gram piggyback IV once daily.</p> <p>A physician's order, dated 10/31/24, indicated change the PICC/Midline dressing every 7 days with transparent dressing.</p> <p>The MAR (medication administration record), dated October 2024, indicated the dressing change scheduled for 10/31/24 had no documentation the PICC/Midline dressing had been changed. On 11/1/24 LPN (Licensed Practical Nurse) 9 documented not administered, last changed on 10/28/24, will reschedule.</p> <p>The resident record lacked documentation the PICC line dressing was changed within the following 13 days, or that the physician was</p> |   |  |  | <p>undated, non-intact dressings by 2/10/2025.</p> <p>Any expired, undated, or non-intact dressings will be changed per order by 2/10/2025.</p> <p><b>1.What measures will be put into place or what systemic changes will you make to ensure that deficient practice does not recur?</b></p> <p>The clinical IDT team will be educated on the 'Peripherally Inserted Central Catheter (PICC) management nurse policy and procedure' policy by 2/10/2025.</p> <p>Nurses will be educated on the Peripherally Inserted Central Catheter (PICC) management nurse policy and procedure' policy by 2/10/2025.</p> <p>Newly hired nurses will be sent to home office eMar training on order entry and eMar use.</p> <p><b>1.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?</b></p> <p>The DNS/Designee will utilize QA tool-'F694: IV Dressings' to audit a minimum of 10 resident IV accesses for expired/undated/non-intact dressings . Complete weekly x 4 weeks, monthly x 6 months, and then quarterly until compliance is maintained.</p> <p>The DNS/Designee will provide ongoing training, oversight,</p> |  |                            |

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|  | <p>notified of the missed order.</p> <p>A physician's order dated 11/13/24, indicated change the PICC/Midline dressing every 7 days with transparent dressing. The dressing changes were scheduled for 11/13/24 and 11/20/24.</p> <p>A MAR, dated November 2024, indicated,</p> <p>a. On 11/13/24 LPN 10 documented as having changed the PICC dressing.</p> <p>b. On 11/20/24 LPN 11 documented as not having changed the PICC dressing as it was changed earlier that day. The resident record lacked documentation the dressing had been changed earlier that day.</p> <p>A nursing progress note, dated 10/29/24 at 10:54 p.m., indicated Resident C was admitted to the facility after having been treated for a complicated abscess related to an epidural.</p> <p>A care plan dated 10/30/24, indicated Resident C had a PICC line and was at risk for infection and complications. The goal was for the resident to be free from complications associated with the IV access. Approaches dated 11/19/24 included changing the dressing as ordered, and keeping the site clean and dry.</p> <p>During an interview with the Infection Preventionist nurse, on 1/22/25 at 12:05 p.m., she indicated Resident C was admitted to the facility on 10/29/24 with orders to change his PICC line dressing weekly. Upon review of the resident record, she indicated the PICC line dressing was first documented as having been changed on 11/13/24 and again on 11/19/24, there was no documentation the dressing was changed within the first 2 weeks of admission. On 11/1/24 LPN 9 documented the dressing had been changed in</p> |  |  |  | <p>resources, and competencies as needed upon identifying on-going areas of concern or areas not meeting threshold.</p> <p>If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p> <p>The facility will review, update, and make changes to the POC as needed with input and oversight from the Regional Consultant for sustaining substantial compliance for no less than 6 months. After six months the QAPI committee will re-evaluate the continued need for the audit.</p> <p><b>Date of Compliance: 2.10.2025</b></p> |  |                            |

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|  | <p>the hospital before discharge therefore she had not changed the dressing as ordered on 10/30/24 and she would write new orders. LPN 9 wrote a new order for the PICC line dressing change but wrote the order wrong with the start date as 11/13/24. The Infection Preventionist nurse indicated, on 11/19/24, the resident representative texted her at home voicing concerns about the resident's dressing having peeled back on the edge and thought it needed changed. The Infection Preventionist nurse contacted the charge nurse at the facility and the dressing was changed. She was not sure if the PICC line dressing had been changed again before the resident was discharged to home.</p> <p>During an interview on 1/24/25 the ADNS (Assistant Director of Nursing Services) indicated the night shift nurses were responsible for changing IV/PICC line dressings. In the situation with Resident C, the nurse just forgot to re-write the order when the resident was admitted.</p> <p>On 1/22/25 at 12:05 p.m., the Infection Preventionist provided a Peripherally Inserted Central Catheter (PICC) management nurse policy and procedure-skills validation form, dated 9/2012, and indicated the form was the one currently being used by the facility. The nurse policy and procedure - validation form indicated, "All PICCs are maintained by nursing associates trained in the care and management ...Dressing and securement device is to be changed every 7 days or PRN [pro re nata -as the situation arises] using sterile technique ...PICC insertion site should be assessed every eight hours for signs of redness, edema, pain, drainage or venous cord [red or hard outline of vein tracing upward on upper arm] ..."</p> <p>This citation relates to Complaint IN00449240.</p> |   |  |  |  |  |                            |

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|  | 3.1-47(a)   |   |  |  |  |  |                            |