

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

PRINTED: 10/03/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155226		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/07/2022	
NAME OF PROVIDER OR SUPPLIER NORTH CAPITOL NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2010 N CAPITOL AVE INDIANAPOLIS, IN 46202			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00388926.</p> <p>Complaint IN00388926 - Substantiated. Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: September 6 and 7, 2022</p> <p>Facility number: 000131 Provider number: 155226 AIM number: 100274910</p> <p>Census Bed Type: SNF/NF: 56 Total: 56</p> <p>Census Payor Type: Medicaid: 51 Other: 5 Total: 56</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 9, 2022</p>			F 0000			
F 0656 SS=D Bldg. 00	<p>483.21(b)(1) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable</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>objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care</p>			F 0656	What corrective action(s) will be accomplished for those residents found to have been		10/01/2022

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	<p>plan with measurable objectives and timeframes to meet a resident's needs for a resident who readmitted to the facility with a urinary catheter, fecal tube, and on hospice services after a hospitalization for 1 of 4 residents whose care plans were reviewed. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 9/6/22 at 12:24 p.m. Resident B's diagnoses included, but not limited to, chronic obstructive pulmonary disease, NASH (nonalcoholic steatoph hepatitis)(liver damage and inflammation with fatty liver, type II diabetes, and schizophrenia.</p> <p>An observation of Resident B was made on 9/7/22 @ 11:52 a.m. Resident B was noted to have a urinary drainage tube, urine collection bag, as well as a fecal tube and collection bag hanging bedside.</p> <p>A nursing note dated 9/2/22 at 11:32 p.m. indicated, Resident B returned from the hospital "on Hospice" services and was a "DNR" (sic, do not resuscitate). Resident B had a urinary catheter and a fecal tube in place.</p> <p>A review of Resident B's orders was completed on 9/6/22 at 1:27 p.m. Resident B's orders did not contain an order for a urinary catheter, fecal/rectal tube, or an order for hospice services.</p> <p>A review of Resident B's most current care plan revised on 8/24/22 indicated, it did not contain a plan of care for her urinary catheter, fecal/rectal tube, nor hospice services.</p> <p>An interview with DON conducted on 9/7/22 @</p>				<p>affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident B immediately had a care plan put in place to address fecal/fecal tube, urinary catheter and hospice. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents with fecal/rectal tubes, urinary catheters and are on hospice have the potential to be affected by the alleged deficient practice An audit will be completed by the Director of Nursing/designee to ensure that any resident with fecal tubes, urinary catheters, are being addressed. Issues are being addressed as identified. Audit will be completed by Oct 1, 2022 DNS/Designee will inservice nursing staff and IDT team on developing and implementing care plans for residents with condition changes, including foley catheters, fecal tubes and hospice care by October 1, 2022. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> DNS/Designee will inservice nursing staff and IDT 		

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	<p>2:17 p.m. indicated, a chart review for Resident B was completed on 9/6/22 and they should have recognized that a care plan for the new urinary catheter, fecal/rectal tube, and hospice services had not been added to the current care plan, but stated that they "absolutely" needed to be included in the care plan. DON also indicated, the facility's MDS (minimum data set) coordinator was "out" and they usually are responsible for initiating and/or updating care plans.</p> <p>3.1-35(a)</p>				<p>team on developing and implementing care plans for residents with condition changes, including foley catheters, fecal tubes and hospice care by October 1, 2022.</p> <p>· IDT will review all new admissions/readmissions utilizing the IDT Admission/Readmission Review and Care Plan Initiation/Update tool the next business day following all admissions and readmissions.</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>· Care Plan Updating QAPI Tool will be utilized weekly x 4 weeks, and monthly x 6 months, with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If no trends identified after those 6 months, review will occur as needed.</p> <p>· If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance</p>		
F 0657 SS=D Bldg. 00	<p>483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p>						

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	<p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>Based on observation, interview, and record review, the facility failed to timely revise a resident's care plan based the needs of the resident and in response to current interventions for a resident who had skin breakdown related to MASD (moisture associated skin damage) for 1 of 3 residents reviewed for skin issues. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 9/6/22 at 12:24 p.m. Resident B's diagnoses included, but not limited to, chronic obstructive pulmonary disease, NASH (nonalcoholic steatoph hepatitis)(liver damage and inflammation with fatty liver, type II diabetes, and</p>			F 0657	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident B's care plan related to recurrence of MASD was reinstated and updated per residents current plan of care. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents with impaired skin integrity have the potential to 		10/01/2022

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	<p>schizophrenia.</p> <p>Resident B's quarterly MDS (minimum data set) dated 5/11/22 indicated, Resident B did not have MASD, required extensive assistance of two persons for bed mobility, was totally dependent on the assistance of 2 persons for transfers and bathing, and required extensive assistance of one person for personal hygiene.</p> <p>Resident B's significant change MDS dated 8/9/22 indicated, Resident B did not have MASD, but did have a surgical wound and a skin tear.</p> <p>Resident B's Braden assessment (a measurement of risks that contribute to a either a higher intensity and duration of pressure, or lower tissue tolerance for pressure) completed on 7/31/22 indicated, Resident B was "at risk".</p> <p>A Hot Charting dated 5/26/22 at 2:03 p.m. indicated, Resident B had MASD to left and right posterior thighs. It also indicated, the physician was not notified.</p> <p>A New Skin Event dated 6/23/22 at 10:37 a.m. indicated, Resident B had excoriation (erosion of the skin) to her left buttock measuring 6 cm (centimeter) in length, 1.5 cm in width, and 0.1 cm in depth. This excoriation was not present on admission.</p> <p>A New Skin Event dated 6/23/22 at 10:26 a.m. indicated, Resident B had pink, excoriation to the right posterior thigh which was not present on admission. The area measured 3.1 cm in length, 3.5 cm in width, and 0.1 cm in depth. The area had light serosanguinous (pink tinged, containing small amount of blood) drainage.</p>				<p>be affected by alleged deficient practice.</p> <ul style="list-style-type: none"> An audit was completed by DNS/Designee on all residents with areas of skin impairment to ensure the care plan timing and revision is accurate. Regional Director of Clinical Services will inservice IDT Team on timing and revisions to care plans by October 1, 2022 <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Regional Director of Clinical Services will inservice IDT Team on timing and revisions to care plans by October 1, 2022 IDT will review all area of skin impairment weekly to ensure care plans have been updated and interventions are implemented. IDT team will utilize Skin Impairment checklist tool weekly to ensure all areas are recorded and care planned accurately. <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> <ul style="list-style-type: none"> Care Plan Updating QAPI Tool will be utilized weekly x 4 weeks, and monthly x 6 months, with results reported to the Quality Assurance and Performance Improvement Committee overseen 		

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	<p>A nursing note dated 8/23/22 at 1:28 p.m. indicated, Resident B's bilateral buttocks and thighs were cleaned and treated with "calmo and collagen" (sic, a barrier cream)(sic, collagen).</p> <p>An interview with LPN (Licensed Practical Nurse) 3 was conducted on 9/7/22 at 2:58 p.m. LPN 3 indicated, Resident B was incontinent of urine and bowel and was frequently soiled or "wet" because she was given lactulose which can cause frequent, loose stools. She indicated, the urine and bowel movement sometimes leaked through to the bed. LPN 3 indicated, she had worked on 8/22/22 and Resident B was one of her residents. She indicated, Resident B's skin was very fragile and she frequently would have issues with MASD saying, "It would go through cycles of healing and then occurring again". On 8/22/22, she had observed Resident B's bilateral buttocks and bilateral posterior thighs. She indicated, both of her buttocks were red and excoriated and she had excoriation to the bilateral, posterior thighs from the buttocks down the backside of both thighs. LPN 3 was not able to indicate when the excoriation started this time.</p> <p>Resident B's hospital records for her hospitalization dated from 8/23/22 to 9/2/22 were received from the local hospital on 9/7/22 at 7:52 a.m. The hospital records contained a photo of Resident B's buttocks and bilateral, posterior thighs dated 8/24/22 and labeled as "wound description #3 buttocks, posterior thighs legs. The type listed "denuded/erosion"; onset was prior to admission; location was buttock/sacral area; descriptors were "extensive moisture/stool excoriation; and had minimum amount of serosanguinous drainage. From the documented photo, Resident B's bilateral buttocks were beefy red with patchy areas of darker red tones and</p>				<p>by the Executive Director. If no trends identified after those 6 months, review will occur as needed.</p> <p>·If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance</p>		

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F 0684 SS=D	<p>areas of sloughing skin. The reddened area was continuous from the top of both buttocks down to the gluteal folds and proceeded onto both posterior thighs and stopped midway down the length of both thighs. On the left posterior thigh lateral(towards the side) to the intergluteal cleft (where buttocks meet), was an area maroon in color with sloughing skin. The entire area appears as a red, irritated, rash.</p> <p>Resident B's care plan dated 12/19/17 indicated, she was a risk for skin breakdown due to, but not limited to: being occasionally moist, chair fast, very limited ability to change body positions, a history of skin breakdown and MASD. The interventions included, but not limited to, assess and document skin condition weekly and as needed and to notify the physician of abnormal findings.</p> <p>Resident B's care plan was not updated/revised to include a care plan related to Resident B having impaired skin integrity related to MASD despite having excoriation noted on 5/26/22 and 6/23/22. The current care plan dated 8/24/22 indicated for incontinence checks and perineal care with house barrier cream as preventative measure for pressure ulcer due to history of MASD on right and left posterior thighs.</p> <p>A Skin Management Program policy was received on 9/6/22 at 11:54 from DON. It indicated, "A plan of care will be initiated to include resident specific risk factors and contributing factors with appropriate interventions implemented."</p> <p>3.1-35(d)</p> <p>483.25 Quality of Care</p>						

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Bldg. 00	<p>§ 483.25 Quality of care</p> <p>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 a resident with a urinary catheter, fecal/rectal tube, and receiving hospice services had physician's orders indicating such and failed to implement the facility's Skin Management Program for a resident with skin issues for 1 of 4 residents reviewed for physician's orders and 1 of 3 residents reviewed for wounds. (Resident B)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 9/6/22 at 12:24 p.m. Resident B's diagnoses included, but not limited to, chronic obstructive pulmonary disease, NASH (nonalcoholic steatohepatitis)(liver damage and inflammation with fatty liver, type II diabetes, and schizophrenia.</p> <p>An observation of Resident B was made on 9/7/22 @ 11:52 a.m. Resident B was noted to have a urinary drainage tube, urine collection bag, as well as a fecal tube and fecal collection bag hanging bedside.</p> <p>A nursing note dated 9/2/22 at 11:32 p.m. indicated, Resident B returned from the hospital "on Hospice" services and was a "DNR" (sic, do not resuscitate). Resident B had a urinary</p>			F 0684	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident B's orders for foley catheter, fecal/rectal tube, and hospice services were immediately entered. Resident B's wound management and care plan immediately updated to reflect resident's areas of skin impairment. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents with catheters, fecal/rectal tubes, hospice, and impaired skin integrity have the potential to be affected by alleged deficient practice. An audit was completed by DNS/Designee on all residents with catheters, fecal/rectal tubes, hospice to ensure the orders are in place as applicable. 		10/01/2022

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	<p>catheter and a fecal tube in place.</p> <p>A review of Resident B's orders was completed on 9/6/22 at 1:27 p.m. Resident B's orders did not contain an order for a urinary catheter, fecal/rectal tube, or an order for hospice services.</p> <p>An interview with DON conducted on 9/7/22 @ 2:17 p.m. indicated, a chart review for Resident B was completed on 9/6/22 and they should have recognized that there were no orders for a urinary catheter, a fecal/rectal tube or hospice services. She indicated, the orders may have been missed since the resident had come back to the facility from the hospital on a holiday weekend.</p> <p>2. Resident B's quarterly MDS (minimum data set) dated 5/11/22 indicated, Resident B did not have MASD, required extensive assistance of two persons for bed mobility, was totally dependent on the assistance of 2 persons for transfers and bathing, and required extensive assistance of one person for personal hygiene.</p> <p>Resident B's significant change MDS dated 8/9/22 indicated, Resident B did not have MASD, but did have a surgical wound and a skin tear.</p> <p>Resident B's Braden assessment (a measurement of risks that contribute to a either a higher intensity and duration of pressure, or lower tissue tolerance for pressure) completed on 7/31/22 indicated, Resident B was "at risk".</p> <p>A nursing note dated 8/23/22 at 1:28 p.m. indicated, Resident B's bilateral buttocks and thighs were cleaned and treated with "calmo and collagen" (sic, a barrier cream)(sic, collagen).</p> <p>An interview with LPN (Licensed Practical Nurse)</p>				<p>An audit was completed by DNS/Designee on all residents with impaired skin integrity to ensure orders and observations are in place as applicable.</p> <p>DNS/Designee will inservice all nursing staff on implementation of orders for foley catheters, fecal/rectal tubes, and hospice by October 1, 2022</p> <p>DNS/Designee will inservice all nursing staff on facility skin management policy by October 1, 2022</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>DNS/Designee will inservice all nursing staff on implementation of orders for foley catheters, fecal/rectal tubes, and hospice by October 1, 2022</p> <p>DNS/Designee will inservice all nursing staff on facility skin management policy by October 1, 2022</p> <p>IDT team will utilize Skin Impairment checklist tool weekly to ensure all areas are recorded and care planned accurately.</p> <p>IDT will review all new admissions/readmissions utilizing the IDT Admission/Readmission Review and Care Plan Initiation/Update tool the next business day following all admissions and readmissions.</p> <p>How the corrective action (s)</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155226		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/07/2022	
NAME OF PROVIDER OR SUPPLIER NORTH CAPITOL NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2010 N CAPITOL AVE INDIANAPOLIS, IN 46202			
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	<p>3 was conducted on 9/7/22 at 2:58 p.m. LPN 3 indicated, Resident B was incontinent of urine and bowel and was frequently soiled or "wet" because she was given lactulose which can cause frequent, loose stools. She indicated, the urine and bowel movement sometimes leaked through to the bed. LPN 3 indicated, she had worked on 8/22/22 and Resident B was one of her residents. She indicated, Resident B's skin was very fragile and she frequently would have issues with MASD (moisture associated skin damage) saying, "It would go through cycles of healing and then occurring again". On 8/22/22, she had observed Resident B's bilateral buttocks and bilateral posterior thighs. She indicated, both of her buttocks were red and excoriated and she had excoriation to the bilateral, posterior thighs from the buttocks down the backside of both thighs. LPN 3 was not able to indicate when the excoriation started this time.</p> <p>A contracted wound care note dated 7/22/22 indicated, "Wound #11 status is Healed...The wound is currently classified as a Full Thickness Without Exposed Support Structures wound with an etiology of MASD and is located on the Left Gluteus...Wound #12 status is Healed...The wound is currently classified as a Partial Thickness wound with etiology of MASD and is located on the Right, Posterior Upper Leg...Wound #8R status is Healed...The wound is currently classified as a Full Thickness Without Exposed Support Structures wound with etiology of MASD and is located on the Left, Posterior Upper Leg...Other condition(s) Patient presents with Rash / Dermatitis located on the Bilateral Gluteus and thighs. The skin appearance had no abnormalities noted for: Moisture, Color. The skin appearance exhibited: Rash. Skin temperature was noted as: No Abnormality. General Notes:</p>				<p>will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>·Admission/Readmission QAPI tool will be utilized weekly x 4 weeks, and monthly x 6 months, with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If no trends identified after those 6 months, review will occur as needed.</p> <p>·If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance</p>		

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	<p>improving; almost resolved."</p> <p>Resident B's clinical record did not contain a New Skin Event for the excoriation on her bilateral buttocks and bilateral posterior thighs that was present as of 8/22/22 nor did it contain any further contracted wound care notes.</p> <p>Resident B's weekly skin assessment dated 8/5/22 was received on 9/7/22 at 12:55 p.m. from DON (Director of Nursing). It indicated, her skin was warm and dry; had edema on the left lower extremity; had open skin areas on left lower extremity and bruises on left great toe and left second toe; and she was compliant with turning and repositioning care. It did not indicate a skin issue on her buttocks or posterior thighs.</p> <p>Resident B's weekly skin assessment dated 8/12/22 was received on 9/7/22 at 12:55 p.m. from DON indicated, her skin was warm and dry; edema to bilateral lower extremities, had open areas listed as left lower extremity staples to left thigh; bruises to left great toe and second toe; and she was compliant with turning and repositioning care. It did not indicate a skin issue on her buttocks or posterior thighs.</p> <p>Resident B's weekly skin assessment dated 8/19/22, received on 9/7/22 at 12:55 p.m. from DON, indicated, her skin was warm and dry; had open areas to left lower leg/staples to left hip; and was compliant with turning and repositioning care. It did not indicate a skin issue on her buttocks or posterior thighs.</p> <p>Resident B's hospital records for her hospitalization dated from 8/23/22 to 9/2/22 were received from the local hospital on 9/7/22 at 7:52 a.m. The hospital records contained a photo of</p>						

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	<p>Resident B's buttocks and bilateral, posterior thighs dated 8/24/22 and labeled as "wound description #3 buttocks, posterior thighs legs. The type listed "denuded/erosion"; onset was prior to admission; location was buttock/sacral area; descriptors were "extensive moisture/stool excoriation; and had minimum amount of serosanguinous drainage. From the documented photo, Resident B's bilateral buttocks were beefy red with patchy areas of darker red tones and areas of sloughing skin. The reddened area was continuous from the top of both buttocks down to the gluteal folds and proceeded onto both posterior thighs and stopped midway down the length of both thighs. On the left posterior thigh lateral(towards the side) to the intergluteal cleft (where buttocks meet), was an area maroon in color with sloughing skin. The entire area appears as a red, irritated, rash.</p> <p>A Skin Management Program policy was received on 9/6/22 at 11:54 from DON. It indicated, "Procedure for wound prevention...3...Minimize exposure to moisture and keep skin clean, especially for residents requiring incontinence care. Utilize barrier cream for incontinence care...6. Any skin alterations noted by direct care givers during daily care and/or shower days must be reported to the licensed nurse for further assessment, to include but not limited to(sic) bruises, open areas, redness, skin tears, blisters, and rashes. The licensed nurse is responsible for assessing all skin alteration by the direct caregivers on the shift reported. 7. Facility skin sweeps (head-to-toe assessment) are conducted monthly to assess all residents' current skin conditions and to ensure appropriate preventative measures are in place...All newly identified areas after admission will be documented on the New Skin Event. 5. The wound nurse/designee will be</p>						

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	<p>notified of alterations in skin integrity...b. The wound nurse/designee will complete further evaluation of the wounds identified and complete the appropriate skin evaluation of the wounds identified and complete the appropriate skin evaluation on the next business day...Wound management entries will be completed for non-ulcers (bruises, skin tear, abrasion, rashes)...A plan of care will be initiated to include resident specific risk factors and contributing factors with appropriate interventions implemented."</p> <p>This Federal tag relates to complaint #IN00388926.</p> <p>3.1-37</p>						