

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

PRINTED: 02/19/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155797		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2024	
NAME OF PROVIDER OR SUPPLIER  ASPEN PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 2320 N MONTGOMERY ROAD GREENSBURG, IN 47240			
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F 0000  Bldg. 00	<p>This visit was for the investigation of Complaints IN00425276, IN00426697, and IN00426895.</p> <p>Complaint IN00425276 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00426697 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00426895 - Federal/State deficiency related to the allegations is cited a F695.</p> <p>Survey date: January 31, 2024.</p> <p>Facility number: 012854 Provider number: 155797 AIM number: 201104690</p> <p>Census Bed Type: SNF: 17 SNF/NF: 32 Residential: 30 Total: 79</p> <p>Census Payor Type: Medicare: 15 Medicaid: 26 Other: 8 Total: 49</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 6, 2024.</p>			F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during complaint survey conducted on January 31st, 2024. Please accept this Plan of Correction as the provider's credible allegation of compliance as of February 14th, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0695 SS=D	483.25(i) Respiratory/Tracheostomy Care and						

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

TITLE

(X6) DATE

Kellee Couch

Executive Director

02/15/2024

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.

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Bldg. 00	<p><b>Suctioning</b> § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. 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, and 483.65 of this subpart.</p> <p>Based on observation, interview, and record review, the facility failed to follow appropriate infection control guidelines related to storage and dating of respiratory supplies for 3 of 4 residents reviewed for respiratory care. (Residents C, D, and E)</p> <p>Findings include:</p> <p>1. During an observation and interview on 01/31/24 at 11:02 A.M., Resident C was sitting up in her bed in her room. The side of her bed was pushed up flat against the wall. The opposite side of the bed had a plastic bag taped to the bed rail and was dated "10/2". The resident had oxygen tubing with a nasal cannula coiled up and tucked into the handle of her oxygen concentrator machine. The tubing was not dated. The resident indicated staff sometimes placed the tubing in the bag on the side of her bed dated "10/2" and she had recently had RSV (Respiratory Syncytial Virus).</p> <p>During an observation with the IP (Infection Preventionist) and the DON (Director of Nursing) on 1/31/24 at 12:24 P.M., Resident C was sitting in her bed in her room. The DON verified the date of "10/2" labeled on the plastic bag hanging on the side of the resident's bed. There was another bag</p>			F 0695	<p>F695</p> <p>1 1. Residents C, D, and E had no adverse side effects as a result of the alleged findings. All their respiratory equipment was replaced and dated appropriately.</p> <p>2 2.No other residents have been identified. All residents that require respiratory services have the potential to be affected. An audit on 100% of residents that require respiratory services was conducted on 2/1 /24 with no findings. (Attachment A)</p> <p>3 3.Licensed nursing personnel will be in serviced by February 14th, 2024 regarding supplying respiratory services as needed/ordered for each resident. (Attachment B)</p> <p>As a measure of ongoing compliance, the DHS and/or designee will audit to ensure Respiratory equipment is dated. Audits will be completed on 5 residents per week for 4 weeks, then 3 times per week for 4 weeks, then 1 time per week for 4 months.</p>		02/14/2024

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	<p>on the other side of the bed against the wall that was dated "1/13". The IP struggled to get access to the bag, due to the side of the bed being pressed up against the wall. The resident had oxygen tubing with a nasal cannula coiled up and tucked into the handle of her oxygen concentrator machine. The DON indicated oxygen tubing should be dated if it was not kept in a plastic bag. Tubing was changed every 30 days. Resident C had been one of their residents who had recently had RSV.</p> <p>The clinical record for Resident C was reviewed on 01/31/24 at 11:35 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 10/16/23, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, COPD (Chronic Obstructive Pulmonary Disease), anemia, hypertension, renal insufficiency, neurogenic bladder, diabetes, paraplegia, malnutrition, anxiety, depression, and respiratory failure.</p> <p>The EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) for January 2024 was provided by the Administrator on 01/31/24 at 1:53 P.M., and included, but was not limited to, the following physician's orders:</p> <ul style="list-style-type: none"> <li>- Contact/Droplet Precautions, with a start date of 01/12/24, and a discontinued date of 01/22/24.</li> <li>- Change oxygen tubing monthly once a day on the first of the month, with a start date of 06/29/23.</li> <li>- Oxygen at 2 Liters per nasal cannula at night, with a start date of 06/29/23.</li> </ul> <p>The Respiratory Surveillance Line List indicated the resident had symptoms of RSV with an onset date of 01/01/24.</p>				<p>(Attachment C)</p> <p>4 4.As a quality measure, the Executive Director (ED) or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted and will continue until 100% compliance is maintained.</p>		

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	<p>A Hospital Emergency Department Note, dated 01/12/24, indicated, under the Discharge Assessment, the resident had RSV.</p> <p>2. During an observation on 01/31/24 at 11:58 A.M., Resident D was sitting in her room in a recliner wearing oxygen per a nasal cannula. The tubing was attached to a water reservoir on the oxygen concentrator machine. The tubing and the water reservoir were not dated. The resident indicated she did not know if the staff changed the tubing or not. Several inches of tubing were lying on the floor. No plastic bags for the tubing were in the room. The resident indicated she did not have a mask for breathing treatments, she just used inhalers.</p> <p>During an observation with the IP and the DON on 01/31/24 at 12:28 P.M., Resident D was observed sitting in her room in her chair wearing her oxygen. Several inches of her oxygen tubing were lying on the floor between the oxygen concentrator and the resident's chair. The IP could not find a date on the tubing or the water reservoir and indicated they should have both been dated.</p> <p>An Admission MDS assessment, dated 01/17/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, pneumonia, COPD, and acute respiratory failure.</p> <p>The EMAR/ETAR for January 2024 included, but was not limited to, the following current physician's order:</p> <p>- Oxygen at 2 Liters per nasal cannula continuous, with a start date of 01/11/24.</p> <p>The record lacked an order to change the tubing and any indication as to when then current</p>						

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	<p>oxygen tubing was put into service.</p> <p>3. During an observation on 01/31/24 at 12:08 P.M., Resident E was sitting in his room in his recliner, he was wearing oxygen per a nasal cannula. He had a breathing treatment mask laying on his bedside table that was not in a plastic bag. The tubing was not dated, nor was the mask. His oxygen was running at 2.5 liters per minute.</p> <p>During an observation with the IP and the DON on 01/31/24 at 12:20 P.M., Resident E was sitting in his room in his chair wearing oxygen tubing with a nasal cannula. His respiratory treatment mask was lying on the nightstand. The IP indicated she assumed the tape on his oxygen mask must have fallen off because she did not see any dates on the mask or the tubing. The DON indicated the masks were usually kept in a plastic bag, not lying on the nightstand. No plastic bags were observed in the immediate area.</p> <p>A Quarterly MDS assessment, dated 11/03/23, indicated the resident was moderately cognitively impaired. The diagnoses included, but were not limited to, aphasia, hypertension, dementia, and COPD.</p> <p>The EMAR/ETAR for January 2024 included, but was not limited to, the following current physician's orders:</p> <ul style="list-style-type: none"> <li>- Change oxygen tubing monthly once a day on the first of the month, with a start date of 06/17/22.</li> <li>- Oxygen at 2-3 Liters per nasal cannula, continuous, with a start date of 05/22/23.</li> </ul> <p>The current "Administration of Oxygen" policy, with a reviewed date of 12/31/23, was provided by</p>						

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	Clinical Support on 01/31/24 at 2:11 P.M. policy indicated, "...Guideline to properly Administering Oxygen and any Respiratory procedure...Date the tubing for the date it was initiated...Tubing should be changed monthly and PRN (as needed)..."  This citation relates to Complaint IN00426895.  3.1-47(a)(6)						