

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

PRINTED: 07/07/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155292	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023
NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP COD 2026 EAST 54TH ST INDIANAPOLIS, IN 46220		
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F 0000 Bldg. 00	<p>This visit was for the Investigations of Complaints IN00410705 and IN00409482.</p> <p>Complaint IN00409482 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00410705 - Federal/state deficiencies related to the allegations are cited at F684 and F695.</p> <p>Survey dates: June 19, 20, 2023</p> <p>Facility number: 000189 Provider number: 155292 AIM number: 100267330</p> <p>Census Bed Type: SNF/NF: 122 Total: 122</p> <p>Census Payor Type: Medicare: 7 Medicaid: 76 Other: 39 Total: 122</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 21, 2023</p>	F 0000	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 in order to respond to the allegation of noncompliance cited during a Recertification and State Licensure survey on March 28, 2023. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.		
F 0684 SS=E 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</p>				

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

TITLE

(X6) DATE

Gina Couch

Executive Director

07/03/2023

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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	<p>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 interview and record review, the facility failed to ensure residents' needs were met on night shift with toileting and incontinent care for 4 of 14 residents reviewed for care needs with Activities of Daily Living. (Residents' J, K, M, and N)</p> <p>Findings include:</p> <p>1. The clinical record for Resident J was reviewed on 6/19/22 at 10:00 a.m. The diagnosis for Resident J included, but was not limited to, cerebral infraction (stroke).</p> <p>A Significant Change Minimum Data Set (MDS) assessment dated 5/25/23 indicated Resident J was cognitively intact. The resident needed extensive assistance of 1 staff person for bed mobility, toileting and personal hygiene.</p> <p>A care plan for Resident J dated 3/27/23 indicated "Impaired mobility related to: Hemiparesis affecting right dominant side with left side spastic...Approach...Assist with incontinent care..."</p> <p>A care plan for Resident J dated 3/18/23 indicated "Resident requires assistance with toileting due to: incontinence, cva [stroke] w/ [with] hemiparesis, htn [hypertension]...muscle weakness, difficulty in walking...Approach...Assist with incontinent care as needed. Check every 2 hours for</p>			F 0684	<p>F684 QOC</p> <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"> Staff caring for Residents J, K, M and N were immediately educated on incontinent care. Skin assessments were completed on residents on hallway that residents J, K, M and N reside. Care profile sheets reviewed for residents J, K, M and N reviewed for accuracy regarding incontinence care and toileting. <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 have the potential to be affected by the alleged deficient practice. Full audit of residents requiring assistance with toileting. DNS/Designee will conduct an in-service with all nursing staff on staff on toileting and 		07/18/2023

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	<p>incontinence..."</p> <p>A care plan dated 3/18/23 indicated "Requires assistance and/or monitoring AM/PM [a.m./p.m.] care, nutrition, hydration, and elimination...Approach...Outputs: Bowel/Urine Documentation in POC [plan of care] q [every] shift..."</p> <p>A June 2023 POC bowel and bladder report indicated the following days Resident J had received incontinent/continent care on night shift:</p> <p>6/2/23 - continent, 6/7/23 - continent, 6/12/23 - continent, 6/13/23 - continent, and 6/17/23 - incontinent</p> <p>2. The clinical record for Resident K was reviewed on 6/19/22 at 10:10 a.m. The diagnoses for Resident K included, but were not limited to, urinary tract infection and dementia.</p> <p>An Admission MDS assessment dated 4/22/23 indicated the resident was moderately cognitively impaired. The resident needed extensive assistance of 1 staff person for bed mobility, toileting and personal hygiene.</p> <p>A care plan dated 4/11/23 indicated "Resident requires assistance with toileting due to: TBI [traumatic brain injury]...Approach:...Assist with incontinent care as needed. Check every 2 hours for incontinence..."</p> <p>A care plan dated 4/11/23 indicated "Requires assistance and/or monitoring AM/PM care, nutrition, hydration, and elimination...Approach...Outputs: Bowel/Urine</p>				<p>incontinent care.</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> <ul style="list-style-type: none"> DNS/Designee will conduct an in-service with all nursing on staff on toileting and incontinent care. A daily rounding tool including incontinent care to be utilized by Care Companions/Department managers. POC documentation regarding incontinence care and toileting is reviewed daily. <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"> POC QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. 		

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	<p>Documentation in POC q shift..."</p> <p>A June 2023 POC bowel and bladder report indicated the following days Resident K had received incontinent/continent care on night shift:</p> <p>6/2/23 - continent, 6/12/23 - incontinent, and 6/13/23 - continent</p> <p>A nursing progress note dated 6/19/23 at 4:39 a.m., indicated Resident K had fallen taking himself to bathroom without assistance.</p> <p>3. The clinical record for Resident M was reviewed on 6/19/22 at 10:30 a.m. The diagnoses for Resident M included, but were not limited to, multiple sclerosis and muscle weakness.</p> <p>A nursing note dated 6/9/23 indicated Resident M was a new admission. She was alert and oriented and incontinent of bladder and bowel.</p> <p>A care plan dated 6/11/23 indicated "Resident requires assistance with toileting due to: Multiple sclerosis...Approach: Assist with incontinence care as needed. Check every 2 hours for incontinence..."</p> <p>A care plan dated 6/11/23 indicated "Resident requires assistance with ADL's including bed mobility, transfers, eating and toileting related to multiple sclerosis..."Assist with toileting and/or incontinent care as needed, check and change..."</p> <p>A care plan dated 6/9/23 indicated "Requires assistance and/or monitoring AM/PM care, nutrition, hydration, and elimination...Approach...Outputs: Bowel/Urine Documentation in POC q shift..."</p>						

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	<p>A June 2023 POC bowel and bladder report indicated the following days Resident M had received incontinent/continent care on night shift:</p> <p>6/12/23 - incontinent and 6/13/23 - incontinent</p> <p>4. The clinical record for Resident N was reviewed on 6/19/22 at 10:35 a.m. The diagnoses for Resident N included, but were not limited to, dementia and physical debility and difficulty walking.</p> <p>An Admission MDS assessment dated 5/4/23 indicated the resident needed extensive assistance of 2 staff persons for bed mobility, toileting and personal hygiene.</p> <p>A care plan dated 5/4/23 indicated "Resident requires assistance with toileting due to:...right femoral neck fx [fracture]....Approach: "Assist with incontinence care as needed. Check every 2 hours for incontinence..."</p> <p>A care plan dated 4/28/23 indicated "Requires assistance and/or monitoring AM/PM care, nutrition, hydration, and elimination...Approach...Outputs: Bowel/Urine Documentation in POC q shift..."</p> <p>A June 2023 POC bowel and bladder report indicated the following days Resident N had received incontinent/continent care on night shift:</p> <p>6/13/23 - incontinent</p> <p>An interview was conducted with Resident J on 6/19/23 at 10:46 a.m. He indicated care provided on night shift was not good. "There is enough of</p>						

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	<p>them, but they don't want to do anything. I just want my urinal emptied at times." The staff come into the room, turn the call light off and then go right back out of the room without providing assistance. He has observed Resident K (his roommate) needing assistance as well and has been ignored. Resident K has turned on his call light, because he has had an "accident" and needed to be changed. The staff person came in turned his call light off, and left the room. He had to wait along time, before anyone came back in to change him. This happens frequently. He reported the nightly care concerns that day to License Practical Nurse (LPN) 1.</p> <p>An interview was conducted with LPN 1 on 6/19/23 at 10:50 a.m. She indicated Resident J had reported to her that morning, about care concerns he has had with night shift staff. She would be reporting it to the Director of Nursing. She had not been made aware of care concerns with the night shift staff until that morning.</p> <p>An interview was conducted with Certified Nursing Assistance (CNA) 2 on 6/19/23 at 10:52 a.m. She indicated she was late getting in that morning, but was notified by CNA 3 that Resident N was observed that morning "saturated from head to toe" of urine incontinence. She had not witnessed it, but has started her shift and observed Resident N "saturated from head to toe" on other days. It doesn't happened all the time, but it does happen often. If Resident N was changed prior to the morning shift; the resident might be wet, but not saturated from head to toe.</p> <p>An interview was conducted with CNA 3 on 6/19/23 at 10:56 a.m. She indicated she had come in that morning and was not provided with report by the night shift CNA. The nurse was present,</p>						

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	<p>but the CNA had already left. She was unsure if that was the process in the facility, but it happens all the time. She had found Resident N "saturated from head to toe of urine. It had a stench like she had been sitting in it over night." She had come in other times and found the resident in the same condition. It does not happen all the time, but it happens frequently.</p> <p>An interview was conducted with Resident M on 6/19/23 at 10:59 a.m. She indicated night shift was the "worst" about getting any assistance. She has had long wait times for any care to be provided. One incident was over 2 hours for incontinence care. The excuse she was given when the CNA later returned to change her was she was on break. It happens all the time.</p> <p>An interview was conducted with the Director of Nursing on 6/19/23 at 3:35 p.m. She indicated she was unaware of the care concerns on night shift. LPN 1 had not reported any concerns residents have had with care on night shift that day. CNA 2 nor CNA 3 had also not reported any concerns with night shift staff. The staff at times does leave early, but it was not the process for staff to leave prior to giving report to the next shift.</p> <p>A "Bowel and Bladder Program" policy was provided by the Executive Director on 6/21/23 at 11:00 a.m. It indicated "...Urinary Incontinence...If a resident totally incontinent and unable to be placed on a toilet or bedpan, resident should be checked and changed every two hours..."</p> <p>This Federal tag relates to complaint IN00410705.</p> <p>3.1-38(a)(2)(C)</p>						

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F 0695 SS=D Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 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 ensure a resident utilizing oxygen therapy had physician orders for oxygen for 1 of 3 residents reviewed for oxygen. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 6/19/23 at 9:30 a.m. The diagnoses for Resident B included, but were not limited to, sepsis and Obstructive Sleep Disorder (OSA). The resident's admission date was 4/26/23.</p> <p>A care plan dated 5/3/23 indicated "Resident [B] has potential for impaired gas exchange related to: OSA, morbid obesity...Approach "...administered oxygen as ordered..."</p> <p>Observations were made of Resident B on 6/19/23 at 9:53 a.m., and 3:30 p.m. The resident was observed with a nasal cannula in her nares with 2 liters of oxygen running through it.</p> <p>The May 2023 and June 2023 vials report for oxygen saturations recordings indicated Resident B on the following days was documented as</p>			F 0695	<p>F695 Respiratory/Tracheostomy Care and Suctioning</p> <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 no longer resides in the facility. <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 have the potential to be affected by the alleged deficient practice. Full audit of resident's using oxygen to be completed by DNS/Designee. DNS/Designee will conduct an in-service with all licensed nurses and QMAs on utilization of oxygen. 		07/18/2023

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	<p>utilizing oxygen: 5/19/23, 5/20/23, 5/22/23, 5/24/23, 5/26/23, 5/28/23, 5/29/23, 5/31/23, 6/2/23, 6/3/23, 6/4/23, 6/6/23, 6/7/23, 6/11/23, 6/13/23, 6/14/23, 6/16/23, 6/18/23, and 6/20/23.</p> <p>Resident B did not have physician orders for oxygen therapy.</p> <p>An interview was conducted with Director of Nursing on 6/19/23 at 3:16 p.m. The resident did not have order for oxygen as she should.</p> <p>This Federal tag relates to complaint IN00410705.</p> <p>3.1-47(a)(6)</p>				<p>· DNS/Designee will conduct an in-service with all nursing staff on physician orders.</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>· A daily rounding tool including residents using oxygen to be utilized by Care Companions/Department managers.</p> <p>· New oxygen orders reviewed daily by DNS/Designee</p> <p>· DNS/Designee will conduct an in-service with all licensed nurses and QMAs on oxygen utilization.</p> <p>· DNS/Designee will conduct an in-service with all nursing staff on physician orders.</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>· POC QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director</p> <p>· If a threshold of 95% is not achieved, an action plan will be</p>		

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