

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

PRINTED: 10/21/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155535		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/28/2024	
NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 3550 CENTRAL AVE COLUMBUS, IN 47203			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 the Investigation of Complaint IN00438759.</p> <p>Complaint IN00438759 -Federal/State deficiency related to the allegation is cited at F690.</p> <p>Survey date: August 28, 2024</p> <p>Facility number: 000572 Provider number: 155535 AIM number: 100267710</p> <p>Census Bed Type: SNF/NF: 93 Total: 93</p> <p>Census Payor Type: Medicare: 6 Medicaid: 77 Other: 10 Total: 93</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 4, 2024.</p>			F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		
F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI</p> <p>Based on interview and record review, the facility failed to ensure a resident with a urinary tract infection received antibiotic treatment in a timely manner for 1 of 3 residents reviewed for urinary tract infections. (Resident B).</p>			F 0690	<p>="" p=""> 1. Resident A antibiotic was started on July 14, 2024 to treat an urinary tract infection. 2.All residents have the</p>		08/29/2024

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>Findings include:</p> <p>The clinical record for Resident B was reviewed on 08/28/24 at 2:00 P.M. A Quarterly MDS (Minimum Data Set) assessment, dated 08/05/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, stroke, diabetes, renal insufficiency, and neurogenic bladder. The resident was incontinent of bowel and bladder.</p> <p>A progress note, dated 07/10/24 at 9:00 A.M., indicated the resident's family member requested the resident's urine be tested for a UTI (urinary tract infection). The NP (Nurse Practitioner) was in the facility and ordered a UA (urinalysis) with a C&S (Culture and Sensitivity, an additional test used to determine the appropriate antibiotic to use if infection was present) if indicated.</p> <p>A progress note, dated 07/12/24 at 4:50 P.M., indicated the results of the C&S were still pending at that time.</p> <p>A progress note, dated 07/15/24 at 7:30 A.M., indicated the UA C&S results were called in to the NP and ceftriaxone (an antibiotic) was ordered to treat the infection.</p> <p>During an interview on 08/28/24 at 1:09 P.M., RN 2 indicated the lab (laboratory) faxed results to the facility throughout the day. If the lab values were normal, the labs were placed in a binder for the NP to review the next time they were in the facility. If the labs were abnormal, the nurse would contact the NP, inform them of the results, and then implement any new treatment orders. She received the resident's C&S results the evening of Saturday, July 13, 2024. She checked the resident's</p>			<p>potential to be affected. All labs and urinalysis were reviewed for the last 30 days ensuring that results were obtained timely and treatment started timely if warranted.</p> <p>3. The nursing staff was in-serviced on the need to follow up timely with all labs and urinalysis results to ensure treatment is started immediately if warranted.</p> <p>4. The DON or his designee will track all labs and urinalysis orders until results are in and treatment is started if warranted. The DON or his designee will utilize the nursing monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment A) The audits will be reviewed during the facility's quarterly quality assurance meeting and the plan of correction will be adjusted according if warranted. If compliance is not obtained and maintained, the nurse consultant will re-educate the nursing administration on following up with lab and U/A results in a timely manner to ensure</p>			

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	<p>profile, saw that the resident was currently receiving Macrochantin (nitrofurantoin, an antibiotic) and figured if the NP wanted to change the antibiotic they would do so on the following Monday. If the resident hadn't already been on an antibiotic she would have called and got something started. She didn't review the C&S results, so she didn't know the bacteria present in the resident's urine was resistant to the Macrochantin the resident was currently receiving.</p> <p>The resident's UA C&S results were reviewed. A urine specimen was collected on 07/10/24 and the results indicated a C&S would be required. The final results of the C&S were available on 07/13/24 and indicated the bacteria present in the resident's urine was resistant to treatment with a nitrofurantoin antibiotic (Macrochantin) the resident was currently taking.</p> <p>The current facility policy, titled "LABORATORY ORDERS/RESULT REPORTING", with a revised on date of 11/2016, was provided by the Corporate Nurse on 08/29/24 at 1:56 P.M. The policy indicated, "...To ensure laboratory tests ordered by the physician are drawn and results are received by the facility and reported to the attending physician...The facility shall then be responsible to forward the results to the applicable care provider..."</p> <p>The deficient practice was corrected on 07/16/24 after the facility reviewed all residents' lab results for timeliness, educated staff, and implemented a process to monitor labs and lab results.</p> <p>This citation relates to Complaint IN00438759.</p> <p>3.1-41(a)(2)</p>				<p>treatment is in place. The nurse consultant at this time would also review all lab and urinalysis orders ensuring results are followed up with and treatment started timely if needed.</p> <p>5. The above corrective measures will be completed on or before July15, 2024.</p>		