

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

PRINTED: 12/21/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP COD 1001 N GRANT ST LEBANON, IN 46052			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00386641, IN00388152, IN00392747, and IN00393043. This visit resulted in an Extended Survey -Substandard Quality of Care -Immediate Jeopardy.</p> <p>Complaint IN00386641 - Substantiated. Federal/State deficiencies related to the allegations are cited at F690.</p> <p>Complaint IN00388152 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00392747 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00393043 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: October 31, November 1, 2, 3, 4, 7, 8, 9, and 10, 2022.</p> <p>Facility number: 000468 Provider number: 155378 AIM number: 100290270</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 4 Medicaid: 57 Other: 9 Total: 70</p>			F 0000	<p>Preparation and/or execution of this plan of correction in general, does not constitute an admission of an agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility's date of alleged compliance is 12/7/2022.</p>		

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

TITLE

(X6) DATE

Kathryn Bailey

RN VPCO

12/08/2022

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 0641 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 22, 2022.</p> <p>483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>Based on observation, record review, and interview, the facility failed to ensure that medications were coded accurately on their Minimum Data Set (MDS) assessment for 2 of 5 residents reviewed for medications (Resident 31 and 53).</p> <p>Findings include:</p> <p>1. On 11/3/22 at 11:46 a.m., a record review was completed for Resident 31. Her diagnoses included, but were not limited to, unspecified dementia (a group of symptoms affecting memory, thinking and social abilities), cognitive communication deficit (an impairment in organization, thought, organization, sequencing, attention and memory), major depression (a mental disorder characterized by a persistently depressed mood and long-term loss of pleasure or interest in life, often with other symptoms such as disturbed sleep, feeling of guilt or inadequacy and suicidal thoughts), essential hypertension (high blood pressure), type 2 diabetes mellitus (an impairment in the way the body regulates and uses sugar as a fuel), and diabetic retinopathy (caused by damage to the blood vessels at the back of the eye).</p> <p>Resident 31 was prescribed Ozempic (a once-weekly medicine for adults with type 2 diabetes used to improved blood sugar that</p>			F 0641	<p>1. For Residents #31 and # 53, their MDS Assessments listed in the 2567, had a Modification completed by the Minimum Data Set Coordinator (MDSC).</p> <p>2. A one-time audit of MDS Assessments for the current resident population was completed on 11/21/2022 for insulin medications to validate that the coding on these medications was correct, to include review and/or revision of the care plan as determined necessary for insulin medications. No concerns were identified.</p> <p>3. The Clinical Reimbursement Specialist, who is the regional oversight for the facility MDS team, completed re-education to the MDS team on coding medications correctly, including Trulicity and Ozempic, and including Section (N) medications from the RAI manual on 11/21/2022. The Clinical Reimbursement Specialist will review 5 residents' MDS assessments weekly for 3 months - for accurate medication coding in</p>		12/07/2022

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	<p>belongs to a class of drugs called glucagon-like-peptide-1 receptor agonists (GLP-1 agonists)) 1 milligram (mg) per dose. Resident was to have 4 mg per 3 milliliter (ml) subcutaneously (an injection under the skin) weekly on Thursdays. The medication Ozempic was coded on Resident 31's Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 10/14/22 as an insulin. Section N0350 was checked with a "1" indicating that insulin was administered 1 time during the last 7 days.</p> <p>During an interview with the MDS Coordinator on 11/3/22 at 11:55 a.m., she indicated that she was newer to the MDS role. She would correct the coding on section N0350 to indicate that Resident 31 did not receive an insulin injection. 2. On 10/31/22 at 12:18 p.m., Resident 53's record was reviewed. His diagnoses included, but were not limited to, diabetes mellitus (blood sugar disorder), Alzheimer's disease (progressive brain disorder), and dementia (progressive brain disorder).</p> <p>His Minimum Data Set (MDS) assessment, dated 10/13/22, indicated the resident received one injection per week of insulin.</p> <p>His physician orders were reviewed. No insulin was ordered. The weekly injection, dated 9/1/22, was for Trulicity (a once-weekly medicine for adults with type 2 diabetes used to improved blood sugar that belongs to a class of drugs called glucagon-like-peptide-1 receptor agonists (GLP-1 agonists)).</p> <p>A care plan, dated 5/3/22, indicated Resident 53 had a diagnosis of diabetes and was at risk for unstable blood glucose (sugar). The facility to monitor blood glucose, observe and report the</p>				<p>Section (N) on residents' MDS assessments. Any assessments found to have erroneous coding will be corrected/modified as applicable per the RAI Manual and 1:1 re-education will be provided to the MDS Team. The results of these audits will be summarized and presented to the facility's Quality Assurance and Performance Improvement (QAPI) Team at the QAPI meetings by the DON or MDS Coordinator.</p> <p>4. An Ad Hoc QAPI meeting was held on 11/7/22, this meeting included the Medical Director by phone, and the CEO, DON, Regional Nurse, and the VPO. The Administrator or Designee will review the audits completed. The results of the audits will be forwarded to the QAPI committee weekly for 4 weeks, and then monthly for 2 months. Based on the review and evaluation of the audits, the QAPI Committee will determine if the facility needs to modify or extend these audits. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.</p>		

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F 0684 SS=G Bldg. 00	<p>facility would monitor blood glucose, observe and report signs and symptoms of hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar). Meals and medications provided as ordered.</p> <p>The October Medication Administration Record (MAR) indicated Resident 53 received injections of Trulicity on 10/6, 10/13, 10/20, and 10/27/22.</p> <p>On 11/3/22 at 10:30 a.m., the Director of Nursing provided documentation of the correction made and sent. It indicated Resident 53 received one injection per week and zero insulin injections.</p> <p>During a review of CMS's (Centers of Medicare and Medicaid) RAI (Resident Assessment Instrument) Version 3.0 User's Manual, on 6/13//18, it indicated, " ...Federal regulations ...require that (1) the assessment accurately reflects the resident's status ..."</p> <p>3.1-31(i)</p> <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 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>A. Based on observations, interview, and record reviews, the facility failed to recognize an acute change of condition in order to provide appropriate and timely nursing services for a</p>			F 0684	<p>1. Resident F is no longer a resident of this facility.</p> <p>b. Resident G was readmitted to the facility on 07/25/2022 and has</p>		12/07/2022

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	<p>resident, (Resident F) which resulted in actual harm when she was ultimately hospitalized and diagnosed with sepsis secondary to a UTI, acute kidney injury classified as pre-renal failure due to dehydration and low potassium and magnesium levels for 1 of 5 residents reviewed for urinary tract infections and urinary catheters. The facility failed to include Resident F's recent diagnoses of cholelithiasis (Gallstones) into her comprehensive plan of care in order to monitor for worsening signs and symptoms, special diet recommendations, and failed to follow up with a specialist surgeon as instructed in her hospital discharge record for 1 of 1 resident reviewed for admission orders.</p> <p>B. Based on observations, interview, and record reviews, the facility failed to recognize a resident's, (Resident G) new injuries and pain which she sustained after a fall, as an acute change of condition which also resulted in actual harm as there was a delay in treatment for what ultimately warranted emergency level II trauma care, and staff continued to reposition, move and even transferred Resident G in and out of bed while she continued in pain for 1 of 3 residents reviewed for falls. The facility failed ensure treatment was not delayed after Resident G had suffered a second hip fracture as an injury of unknown origin and she was sent to participate in therapy as she continued in pain for 1 of 3 residents reviewed for falls.</p> <p>C. Based on observations, interview, and record reviews, the facility failed to ensure neurological assessments (neuro checks) were completed after an unwitnessed fall for a resident for 1 of 3 residents reviewed for falls (Resident 65).</p> <p>Findings include:</p>				<p>had no further falls. Resident G's plan of care has been revised to include interventions to reduce the incidence of future "spontaneous fractures". Resident G is currently in the facility and has been assessed by the Physician on 11/08/2022 for any potential change in condition and or signs and symptoms of a Urinary Tract Infection.</p> <p>c. Resident #65 has had no change in neurological function.</p> <p>2. A. All current residents with an indwelling catheter and or without a catheter have the potential of being affected.</p> <p>A clinical assessment was performed on current residents to assess for signs and symptoms of a possible condition change which included signs and symptoms of a UTI on 11/08/2022. Any signs and symptoms were documented, and the physician was notified of the signs and symptoms of the condition change which would include signs and symptoms of a UTI.</p> <p>B. No other residents have sustained an injury from the facility flooring. A visual review and audit of the facility flooring was completed by the Maintenance Director and the facility Administrator on 12/1/2022. Any areas requiring repair have been completed. No other issues were identified. A one-time clinical</p>		

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	<p>A. On 10/31/22 at 11:30 a.m., Resident F was observed as she sat in a wheelchair (WC) at the end of her bed. The lights were off in her room. The T.V. was off. There was no music, and the blinds to her window were shut. She wore only a hospital gown and held a thin sheet over her lap and draped across one shoulder. At that time, Resident F appeared tired and indicated she did not feel very good, and her stomach hurt. She was able to hold her head up and made eye contact but appeared fatigued and did not elaborate into conversation.</p> <p>On 10/31/22 at 2:05 p.m., Resident F was observed for follow up and appeared to have declined in mental status. While she remained in her WC at the end of her bed with the lights and T.V. off, she appeared fatigued, and was unable to answer questions appropriately. Her speech was nonsensical. Although she was alert to verbal stimuli, she made brief eye contact but gazed off throughout the room. She appeared more confused than earlier that morning and did not elaborate into conversation.</p> <p>On 10/31/22 at 2:10 p.m. a brief record review revealed Resident F had a pending UA (urinalysis) at that time, which had been collected 4 days earlier on 10/27/22. This was a second sample after an initial sample, collected on 10/23/22 was determined to have been contaminated. The UAs were ordered due to Resident F's exhibited symptoms of a UTI by some periods of confusion and had dark yellow urine that had a foul smell that began on 10/23/22. The UA results were received on 10/30/22 and were positive for proteus mirabilis (a bacterial infection often caused by person-to-person transmission, particularly in healthcare settings).</p>				<p>record review of the current resident population with falls for the past 30 days has been completed to ensure the implementation of interventions for fall prevention, including an audit of resident care plans to ensure care plans have been updated with appropriate interventions. All residents with a fall in the past 30 days have been assessed for any change in condition related to the fall for evaluation by the nurse practitioner or physician and follow-up completed timely related to any change in condition.</p> <p>c. An audit was completed on all current residents who had an unwitnessed fall or that hit their head to validate neurological checks were completed and any abnormal findings or change in condition communicated to the provider. No concerns were identified.</p> <p>3. a. Education has been provided to the Administrative Licensed Nurses (SDC, DON, Medical records, and Unit manager), by the Regional Support Registered Nurse – Signature Care Consultant (SCC), on the requirements of physician notification with conditions changes; signs and symptoms of UTI; following up on ordered labs to ensure they were collected - transported - and sent to the lab; and lab results have</p>		

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	<p>At that time, on 10/30/22 Resident F received a one-time dose of Fosfomycin (an antibiotic medication).</p> <p>Resident F was observed with a continued decline in her overall condition on 11/1/22 when a continues observation was conducted from 9:11 a.m. until 9:25 a.m. The following was observed:</p> <p>Resident F was observed to be seated in a regular WC in the main dining room for the breakfast meal. A CNA (Certified Nursing Assistant) sat in a chair beside Resident F but was engaged with two other residents across the table. Resident F was positioned poorly in the WC. She was reclined back as if she had slipped down. Her head was hyperextended backwards so that she faced directly upward and stared blankly at the ceiling. Her eyes were open but not seeing, her mouth gaped open and closed as her breathing were noted to be short, shallow, and labored.</p> <p>When asked if Resident F had eaten any breakfast with her head so far back, CNA 39 indicated, Resident F had not been interested in breakfast so far and had not really taken any bites. CNA 39 rubbed Resident F's forearm and gently indicated, "hey, do you want to eat anymore?" Resident F was unable to answer and continued to stare at the ceiling. When asked a second time about Resident F's positioning and whether she was able to breath very well the CNA continued to speak softly and asked, "can you lift your head?" Resident F could not respond.</p> <p>After a third question, directed to CNA 39 about Resident F's positioning, SLP (Speech Language Pathologist) 40 approached Resident F and began to ask if she could hold her head up. Resident F could not. At this point, SLP 40 placed her hand</p>				<p>been obtained and physician notification of lab results has been done.</p> <ul style="list-style-type: none"> Education has been provided to current Licensed Nurses by the SDC, DON, Unit Manager, or SCC, on physician notification with conditions changes, signs, and symptoms of UTI, following up on ordered labs to ensure they were collected, transported/sent to the lab, and lab results have been obtained and physician notification of lab results have been done on 11/08/2022. Education was also provided on appropriate catheter care, urinary outputs completed for residents with catheters, and the monitoring of the output and reporting changes to the physician on 11/08/2022. Education has been provided to current State Registered Nurse Aides by SDC, DON, Unit Manager, and SCC, on the signs and symptoms of a UTI and the need to report these to a charge nurse with this possible change of condition from the resident's baseline. Education was also provided on appropriate catheter care, urinary outputs completed for residents with catheters, and the monitoring of the output and reporting changes to the charge nurse. Any staff not completing education will not work until training is completed and new agency staff will be trained before beginning their assigned shift. 		

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	<p>on the back of Resident F's head and lifted her head to an upright position and continued to hold her head upright as Resident F was unable to keep her head upright. After a few minutes, Resident F's eye became more focused, and she was able to answer SLP 40's questions. Resident F indicated she was tired and been sitting up too long. She did not want to finish eating and requested her food to be put in a bag for later. She requested to lay down.</p> <p>SLP 40 indicated they needed to get her in a better seated position in her WC and asked CNA 39 to assist her. As they began to adjust her Hoyer straps to pulled her up in the wheelchair, Resident F indicated they didn't need to do that because she thought she was already standing up. SLP 40 indicated, no, she was seated in her WC. After they pulled her into a more upright position, Resident F continued to struggle to hold her head up. SLP 40 had to support the weight of the resident's head with one hand and push the WC with her other hand. She rolled Resident F back to her room and alerted QMA (Qualified Medication Aid) 6 that Resident F was having a hard time staying seated in her WC.</p> <p>During an interview on 11/1/22 at 9:26 a.m., QMA 6 indicated she had not noticed Resident F in any distress earlier that morning. She had taken her medication whole and got up into her chair with no problems, "she seemed OK to me," but she would send the nurse down to get some vitals.</p> <p>On 11/1/22 at 9:34 a.m., LPN (Licensed Practical Nurse) 11 entered Resident F's room and completed a set of vital signs which were within normal limits. LPN 11 asked Resident F her name, and she was able to answer correctly. Then he asked where she was, and Resident F could not</p>				<p>· Daily in the clinical meeting, Monday through Friday, the IDT will review clinical documentation to be alert for changes in conditions, signs, and symptoms of UTI, and orders for labs have been followed, along with follow-up on lab results, and physician notification. Saturday and Sunday will be reviewed on Monday. This audit will be completed daily Monday through Friday x 4 weeks.</p> <p>· The DON, ADON, Unit Manager, MDS Nurse, Regional Nurse, or designee will perform Monday thru Friday x 4 weeks; observe residents with indwelling catheters to ensure the catheter is patent and if any signs and symptoms of a UTI are present, are documented and reported to the physician. This will then be completed 3 x weekly x 4 weeks: then weekly x 4 weeks.</p> <p>· An Administrative Nurse or a Regional Nurse will observe SRNA's performing catheter care. This will be observed twice a day for two weeks, then 3x a week for two weeks to ensure SRNA compliance with the proper procedure of catheter care is being performed.</p> <p>b. Education has been provided to current Licensed Nurses by the SDC, DON, Unit Manager, and SCC, on physician notification</p>		

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	<p>answer but guessed the correct city. At that time, LPN 11 indicated he did not see cause for concern at this time since her vitals were all good. He did not ask if she was in any pain.</p> <p>During an interview on 11/2/22 at 9:10 a.m., SLP 40 was observed as she exited Resident F's room. At that time, she indicated, she had never seen Resident F so unresponsive, and therapy would be working in a referral for a new WC. SLP 40 indicated Resident F had seemed to come back around a little when she could breathe better with her head help upright. Resident F had remained in bed, and that morning was more anxious and confused than normal.</p> <p>On 11/2/22 at 9:24 a.m., Resident F was observed as she laid in bed in a hospital gown. She spoke nonsensical to herself and was able to answer only a few simple questions. An overbed table was pulled close to the open side of her bed where a breakfast plate was within reach. However, it appeared nothing had been consumed. Her utensils were not unwrapped. She was observed to have short shallow breaths, and tremors were noted in her hands and mouth. When asked if she felt confused, she indicated, "yes I feel quite confused." When asked if she was hungry, she indicated, "no," her stomach hurt.</p> <p>During an interview on 11/2/22 at 9:27 a.m., LPN 8 indicated, one of the CNAs had let her know earlier that morning, Resident F had complained of chest pain but when she went to check her vital signs, everything was fine, although she just seemed pretty anxious. LPN 8 indicated; Resident F's anti-anxiety medication had been discontinued although she did not know why. When asked about nonpharmacological interventions that</p>				<p>with conditions changes related to a fall or traumatic event, signs, and symptoms of fracture or injury related to a fall, following up on ordered tests/ X-Rays to ensure they were obtained, and results received with physician/ nurse practitioner notification of results have been completed. Education included transfer to hospital ER for evaluation if diagnostic testing is delayed or unavailable or change or condition worsens and/or per families' request. Any staff not completing education will not work until training is completed and new agency staff will be trained before beginning their assigned shift. The DON, SDC, Unit Manager, and/or MDS will validate Monday thru Friday timely results for X-Rays ordered, transfer to hospital ER is completed if needed for change in condition, and implementation of interventions to prevent falls for 4 weeks, then three times a week for 4 weeks, then weekly for 4 weeks. All findings will be addressed with the licensed nurse.</p> <p>c. Education has been provided to currently licensed nurses by the SDC, DON, Unit Manager, and SCC, on neurological assessment when a resident has an unwitnessed fall or a fall where a resident hits their head on 12/7/2022. Any staff not completing education will not work</p>		

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	<p>could be helpful until her medication was available, LPN 8 indicated, "distraction, but that doesn't seem to work too good since she is pretty confused." LPN 8 indicated she had worked with Resident F the previous week before she had moved rooms. When LPN 8 returned to work after the weekend she noted Resident F to have had quite a decline, so nursing staff were hoping the one-time dose antibiotic had needed more time to be effective. She indicated the urine samples were dark amber with a foul smell and she had encouraged Resident F to drink more, but she was confused and wasn't really drinking much.</p> <p>On 11/2/22 at 3:48 p.m., Resident F was observed as she remained in bed. Her eyes were open but not seeing. She was alert to verbal stimuli but was unable to answer questions and her speech was nonsensical. A new bag of Hypodermoclysis (a subcutaneous [SubQ] administration of isotonic fluids to treat or prevent dehydration) was observed to hang on a pole beside her bed and was inserted in her lower right abdomen.</p> <p>On 11/3/22 at 9:25 a.m., Resident F was observed as she remained in bed and appeared to have a continued decline in mental status as she did not respond to her name. The SubQ fluid continued to run. Resident F opened her eyes but stared off, unseeing and she appeared uncomfortable as she fidgeted in bed and wrung the sheets in her hands and rubbed her feet together and against the mattress. Her breaths were short and shallow. Although her breakfast tray was at her bedside, it appeared nothing had been consumed. There was a bite of dried eggs left on her fork. Resident F indicated her stomach hurt and placed her hands over her abdomen.</p> <p>On 11/3/22 at 2:00 p.m., The Director of Nursing</p>				<p>until training is completed and new agency staff will be trained before beginning their assigned shift. The DON, SDC, Unit Manager, and/or MDS will validate Monday thru Friday that Neurological checks are completed with any unwitnessed fall or if the resident hits their head. This audit will be completed five times a week for 4 weeks, then three times a week for 4 weeks, then monthly for four weeks. All findings will be addressed with the licensed nurse.</p> <p>4. An Ad Hoc QAPI meeting was held on 11/7/22, this meeting included the Medical Director by phone, and the CEO, DON, Regional Nurse, and the VPO The Administrator or Designee will review the audits completed. The results of the audits will be forwarded to the QAPI committee weekly for 4 weeks, and then monthly for 2 months. Based on the review and evaluation of the audits, the QAPI Committee will determine if the facility needs to modify or extend these audits. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.</p>		

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	<p>(DON) indicated there were no MD (Medical Doctor) and/or NP (Nurse Practitioner) notes scanned in because they were still with the doctor's office. She indicated she would contact them about getting copies.</p> <p>On 11/3/22 at 2:19 p.m., QMA 12 indicated he had just finished a set of Resident F's vital sign, which he noted were all within normal limits. He indicated, Resident F appeared more relaxed than she was earlier that morning but was still more confused than usual, however there was no cause for concern at that time since her vitals were all good.</p> <p>On 11/3/22 at 2:20 p.m., as QMA 12 left the room, Resident F's family member entered for a visit. He indicated he was very concerned about Resident F because she had decline so much since she had been admitted from the hospital. He indicated she had stopped eating and drinking, she had become more confused and was very weak. A lunch tray was observed on a far bedside table top still covered. The family member removed the lunch tray lid and revealed a full plate of food. He indicated she had not eaten any lunch. The family member expressed frustration that he had been asking questions about Resident F's condition and her apparent decline, but could never speak with the doctor, instead, the nurses kept giving him the run around. The family member indicated, when Resident F was in the hospital, she had been referred to see a specialist surgeon for her gallbladder/gallstone and other pancreatic concerns. The family member could not get an answer about when she was supposed to have that follow up visit. He indicated, "there are only 2-3 surgeons who can do the surgery she needs, but they said she needed to be strong enough. That's why she was admitted here, to regain some</p>						

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	<p>strength, but she just seems to be getting worse and when I ask to talk to the doctor, I keep getting run-around from the nurse."</p> <p>On 11/3/22 at 2:34 p.m., Unit Manager (UM) 5 entered Resident F's room and provided a copy of a Nurse Practitioner (NP) progress note. UM 5 indicated, the NP had seen Resident F the day before for an initial visit, there were no other MD/NP notes. The NP note was reviewed with UM 5 at that time with several inconsistencies/irregularities:</p> <p>a. The note was dated 11/2/22 with no timestamp of the visit, and the note was not signed/finalized until 11/3/22 at 2:09 p.m., and indicated it was an "initial visit" with no chief complaints; Even though the resident had experienced a noted decline in several ADLs [activities of daily living] which included but were not limited to eating, dressing and transfers.</p> <p>b. The note indicated history was, "limited due to no DC [discharge] summary not available; However, all Resident F's hospital records and discharge summaries were scanned into the resident's electronic record.</p> <p>c. The subjective indicated, " ... Patient admitted to Witham Hospital for debility, orthostasis (low blood pressure), Covid. She as diagnoses 10/7/22 with Covid, UTI and sent home on Bactrim. She re-presented to the hospital due to debility and fatigue ... She is confused today and unable to aid in HP (history/physical interview); However, the physical exam notes indicated, "fluent speech ..." even though she had been observed unable to complete sentences or answer questions.</p> <p>d. No urinary retention was noted; although she had to be I/O cathed for each UA specimen collected.</p> <p>e. No urine odor was noted; although the nurse reported a foul smell to the urine sample collected</p>						

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	<p>the day before.</p> <p>f. As for the assessment and plan, the NP ordered IVF (Intravenous fluids- fluids pushed through a catheter inserted into a vein); although the SubQ had already been placed, to treat for dehydration.</p> <p>g. The NP note lacked any documentation of Resident F's Cholelithiasis (gallstones) and/or any instructions for follow up with the Gallbladder specialist as indicated on her hospital discharge instructions.</p> <p>h. The note lacked documentation of review of recent abnormal labs, and only noted pending labs.</p> <p>a. A BMP (basic metabolic panel) dated 10/24/22 noted a low potassium level of 3.1</p> <p>b. A CMP (comprehensive metabolic panel) dated 11/2/22 noted potassium remained low at 3.1, her blood glucose level was 58, and her GFR (glomerular filtration rate, a measurement of how well the kidneys filter blood) decreased from 70 on her previous BMP, to 44 on the CMP.</p> <p>i. A set of vitals had not been obtained.</p> <p>j. The NP note lacked documentation of Resident F's allergies although it was already noted in her record, she had allergies to cefactor (a type of antibiotic), Infliximab (an immunosuppressant medication) and lactose (a sugar found in milk).</p> <p>k. The NP note lacked immunization records although Resident F had received both a flu and pneumonia vaccination shortly after her admission.</p> <p>During an interview on 11/3/22 at 2:45 p.m., the DON indicated, the only note she had was the NP's initial visit from the day before. When asked if the MD had seen Resident F in regard to her recent admission and now apparent decline in overall status, she indicated the MD had 30 days</p>						

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	<p>to complete their initial assessment. The DON was not aware of the referral for Resident F's specialist gallbladder surgeon but would look for additional documentation.</p> <p>On 11/3/22 at 3:36 p.m., UM 5 entered Resident F's room. He handed Resident F's family member a document and asked, "does this name or fax number sound familiar?" The family member indicated, "no," and he did not have a fax machine as they have just moved cross-country. When asked what document UM 5 referred to, he indicated it was Resident F's hospital discharge instructions. Apparently there had been some confusion on the nursing staff's part about the referral follow-up because the discharge instructions indicated, they [the specialist's office], would be contacting the resident to make arrangements for her follow up. When asked if UM 5 thought Resident F was in a condition to make arrangements with a specialist herself, he indicated, "no." When asked if anyone had clarified the discharge instructions for the referral follow up, or made him aware of the confusion, UM 5 indicated, "no."</p> <p>UM 5 indicated he noticed a decline in Resident F on Monday which was when he got involved with her care. When asked if he thought there was cause for concern related to her overall decline, UM 5 indicated, "no, not at that time," because he had spoken to the NP yesterday and they were waiting on the results of the UA.</p> <p>On 11/3/22 at 3:43 p.m., Resident F's family member indicated he was really concerned about Resident F and requested for the nurse to complete an assessment to which UM 5 agreed to do and left the room to get the vital sign equipment.</p>						

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	<p>On 11/3/22 at 3:49 p.m., UM 5 entered the room to complete an assessment on Resident F. By this time, Resident F was observed reaching into the air at things not there and was not able to give her family member's name. UM 5 listened to the resident's abdomen and indicated bowel sounds were present in all 4 quadrants. She did not have a temperature and her oxygen saturation was good. When UM 5 asked what her name was, Resident F could not answer, but in a sing-song voice replied, "Junie, Junie, Junie, June" (which was not her name). She could not answer where she was, or who was with her, she did not recognize her family member. She indicated she did have pain across her stomach, and when UM 5 palpated the area she was most tender in the right upper quadrant of her stomach. She winced and placed her arm over the area to prevent further palpation.</p> <p>On 11/3/22 at 3:55 p.m., UM 5 indicated he would notify the Doctor of the new pain and her increased confusion. At that time, Resident F was observed to reach upward and wave her arm around slowly as if reaching for something. Then she put her fingers to her mouth and when asked what she was doing, she indicated, "taking my pills," although there were no medications in her hands. Her family member, (who had remained in the room during the assessment) indicated, Resident F was very unlike herself, and he was concerned.</p> <p>On 11/3/22 at 4:38 p.m., Resident F was transferred to the ER.</p> <p>During an interview on 11/4/22 at 1:00 p.m., the DON indicated Resident F had been admitted to the hospital with a UTI, and at that time a copy of her ER evaluation was requested.</p>						

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	<p>On 11/4/22 at 3:05 p.m., Resident F's ER summary and Hospital notes were reviewed and reviewed at this time.</p> <p>An Emergency Department Notes, dated 11/3/22 at 5:15 p.m., indicated, "[Resident F] brought in for evaluation of altered mental status and right upper quadrant pain ... today became more altered and started having hallucinations Shortly after arrival became hypotensive at 93/69. Will start IV NS, U/A also resulted and looks infected ... altered mental status and hallucinations ... abdomen soft with diffuse tenderness with voluntary guarding ... low blood pressure. We are concerned for sepsis. Urinalysis as documented shows evidence of UTI ... reviewed patient's EKG showing sinus rhythm with a rate of 89 with anterior ST depressions new from prior EKG of 10/14/22. Will work the patient up with a CT scan of the chest abdomen and pelvis, full abdominal labs and cardiac enzymes. Plan will be admission ... Discharge Plan: sepsis, acute UTI, acute alteration in mental status, abdominal pain, choledocholithiasis, hypokalemia, hypomagnesemia.</p> <p>A Hospitalist History and Physical, dated 11/3/22 at 10:00 p.m., indicated, "...Acute UTI and admitted to hospital continued Cipro await C&S [culture and sensitivity]. Alteration in mental status, suspect secondary to UTI ... acute kidney injury (AKI) unclear if patient having good intake at ECF [extended care facility], suspect is pre-renal likely due to dehydration. Creatinine 1.2 on 11/2, 0.8 in October, now 1.3. Will hold losartan, avoid nephrotoxin agents IV fluids, monitor renal function ... hypokalemia, [low potassium (K+)] 2.5 replete and monitor ... Hypomagnesemia [low magnesium (Mg)] 1.5 replete and monitor"</p>						

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	<p>During an interview on 11/7/22 at 9:30 a.m., Resident F's family member indicated, she was still in the hospital and not doing much better. She was admitted for a UTI and had several other issues. The attending physician was the same doctor who had treated her during the last hospital stay and he had expressed concerns over the extensiveness of her decline. It was unclear at that time when she would be able to leave the hospital.</p> <p>On 11/3/22 at 2:15 p.m., Resident F's medical record was reviewed. Resident F admitted to the facility on 10/18/22 at 11:55 a.m., after an acute hospital stay.</p> <p>A hospital discharge summary (as noted above), dated 10/17/22, gave further detailed which indicated diagnoses and treatment for the following:</p> <ul style="list-style-type: none"> a. Acute Cholelithiasis (gallstones in the bile duct) with instructions for outpatient follow up with a surgeon for further evaluation, and detailed included specific and detailed contact information. b. Vomiting, which had been resolved. An ultrasound of the right upper quadrant of her abdomen had revealed common bile duct stones and gave instructions to monitor her PO intake (by mouth ingestions) and PO intake tolerance. c. Orthostatic Hypotension, (a form of low blood pressure that happens when standing up from sitting or lying down) likely due to poor po fluid intake, so instructions were given to monitor off IV fluids and encourage PO fluids. d. Covid-19, diagnosed in August, likely due to likely persistent viral shedding and remained asymptomatic. e. Mild dehydration, but her renal function was 						

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	<p>stable. Instructions were given to monitor PO intake and orthostatics.</p> <p>f. Generalized weakness, physical therapy recommended Sub-Acute Rehabilitation, wherein she was accepted to Signature Health Care for therapy.</p> <p>g. Acute Hypertension, with instructions to continue medications.</p> <p>h. Acute UTI, resolved after course of antibiotics.</p> <p>i. Renal insufficiency, which was due to mild dehydration and Bactrim use, since resolved.</p> <p>j. Acute weight loss due to choledocholithiasis, with instructions to discontinue mirtazapine (an antidepressant medication).</p> <p>k. Vertigo with instructions for referral to physical therapy for neuromuscular maneuvers (balancing exercises).</p> <p>Additionally, at the time of her discharge, she was alert and oriented times 3 (to person, place and time). Her potassium level at the time of her discharge was 4.0, within normal range.</p> <p>The record lacked an admission nursing progress note.</p> <p>The record lacked an admission set of vital signs on the vitals record page.</p> <p>While the nursing Admission Assessment was opened on 10/18/22 at 12:00 p.m., the vital signs recorded for the assessment were dated 10/19/22 at 11:59 a.m. Further, the nursing admission assessment indicated Resident F was alert and oriented x 4 (to person, place, time and situation) with clear speech. At the time of her admission, she was assessed to be continent of both bowel and bladder and had no complaints of pain. The Admission Assessment lacked documentation of</p>						

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	<p>Resident F's recently diagnosed Cholelithiasis and referral for follow up. The admission assessment lacked documentation that the physician had been notified.</p> <p>Resident F had a baseline care plan (BCP- an initial plan of care required to be completed within the first 48 hours of admission to address the highest priority care concerns for continuity of care during and admission process) which was opened on 10/18/22 at 12:01 p.m., it was not completed until 10/24/22 at 11:09 a.m., 6 days after her admission. At that time Resident F was no longer alert/oriented x4 as indicated in the above admission assessment. The baseline BCP indicated Resident F was not alert and oriented and had impaired daily decision-making deficits. The BCP indicated Resident F was now incontinent of both bowel and bladder. The infectious disease goal of the BCP lacked documentation of the resident's recent history of both a UTI and Covid diagnoses. The BCP lacked documentation of recently diagnosed Cholelithiasis and referral for follow up.</p> <p>Resident F's comprehensive plan of care lacked documentation of her history of UTIs and new diagnoses of Cholelithiasis.</p> <p>A Physical Therapy (PT) progress note, dated 10/19/22, indicated Resident F had actively participated in therapy with no contraindications present.</p> <p>A PT progress note dated, 10/20/22, indicated Resident F had tolerated her session and needed frequent breaks, but not contraindications were present.</p> <p>A PT progress note, dated 10/21/22, indicated</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
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	<p>Resident F was more confused and was not able to answer 75% of questions with coherent responses. She followed commands but refused to perform gait or stand after 3 attempts. The PT note did not indicate nursing had been notified.</p> <p>A PT progress note, dated 10/24/22, indicated Resident F was not motivated to participate in therapy, but actively participated after maximum encouragement. At the end of the session, she refused to participate but was instructed to stay up in her chair for at least one hour before she was returned back to bed. She verbalized understanding but was not satisfied with instructions. The PT note did not indicate nursing had been notified.</p> <p>A PT progress note, dated 10/27/22, indicated Resident F was dependent of staff for all transfers, (only 8 days after her admission where she minimum assistance and supervision for transfers). She was not motivated to participate in therapy and required maximum encouragement.</p> <p>A PT progress note, dated 11/1/22, indicated Resident F had markedly reduced level of alertness and had a heightened fear of falling which limited the therapeutic approaches. The note did not indicate nursing staff had been made aware of Resident F's "markedly reduced level of alertness."</p> <p>A second PT progress note, dated 11/1/22, when she was seen later that day, indicated Resident F reported she felt exhausted.</p> <p>A PT progress note, dated 11/2/22, indicated Resident F was unable to tolerate the session and was unable to maintain upright posture without assistance.</p>						

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	<p>An Occupational Therapy (OT) progress note, dated 11/3/22, indicated Resident F was frequently moving around and grimaced several times. When asked by OT what was wrong, patient stated her back hurt. OT informed nursing and nursing addressed issues with medication.</p> <p>The record lacked documentation that the physician had been notified of acute pain in Resident F's back during her therapy session.</p> <p>Resident F's record lacked monitoring of her breakfast and lunch intakes for 10/19/22. Further, her intake monitoring indicated she had not eaten breakfast, lunch or dinner from 10/28/22-10/30/22 except for about 26-50% of her dinner meal on 10/28/22. The record lacked documentation that the physician had been notified that she had not eaten anything in three days.</p> <p>As observed and detailed above, it appeared that Resident F's breakfast on 11/1, 11/2, and 11/3 had barely been touched or eaten at all. However, the corresponding intake responses were as followed: a. on 11/1/22 (after CNA 39 indicated she only had a few bites and was not interested in breakfast) it was recorded that she consumed 26-50% of the meal. b. on 11/2/22 it was also recorded she had consumed 26-50% of the meal. c. on 11/3/22 it was reordered she had consumed 51-75% of the meal.</p> <p>Additionally, as observed with Resident F's family member, her lunch plate on 11/3/22 had not been touched, but the intake record indicated 1-25% of the meal had been consumed.</p> <p>Resident F's nursing progress notes were</p>						

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	<p>reviewed, and although her decline as described above was observed by both the nursing staff and the resident's spouse, the nursing notes did not reflect a detailed description of the Resident's status.</p> <p>A nursing progress note, dated 11/1/22 T 12:38 P.M., indicated, the nurse was called to Resident F for staff complaints of the Resident being lethargic. Vitals were assessed and within normal limits, and the MD was notified. However, the note lacked detail to the degree of Resident F's lethargy and weakness in that she could not physically hold her head up. The note lacked documentation of her noted positioning in her WC and/or the need for any therapy referral.</p> <p>A nursing progress note, dated 11/2/22 at 8:30 a.m., indicated LPN 8 had been called to Resident F's room because Resident F told the CNA she did not feel food. LPN 8 checked her vital signs which were all within normal limits, and there were no other signs of pain or distress. However, the corresponding observation of Resident F on 11/2/22 at 9:34 a.m., and corresponding interview with LPN 8 on 11/2/22 at 9:27 a.m., as noted above where Resident F indicated she felt confused, was observed to be anxious and fidgeted in bed and complained of abdominal pain. Further LPN 8 as interviewed above indicated Resident F was too confused to distraction interventions to be affective and had declined since her admission.</p> <p>A nursing progress note dated 11/3/22 at 9:41 a.m., indicated Resident F was oriented to her name only and delusional, stating, "she talked to her, and she will bring the babies in today." The record lacked documentation that the physician was notified of Resident F's delusion about babies.</p>						

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	<p>By 4:30 p.m., later the same day on 11/3/22, Resident F was observed to hallucinate, continued to be delusional, and was later discharged to the ER.</p> <p>On 11/10/22 at 12:40 p.m., the DON indicated they used a system called Diagnotes (an internal electronic system used for physician notifications/communication) and provided copies of Diagnotes records related to Resident F.</p> <p>The first Diagnote on record was dated 10/29/22 at 2:43 p.m., (11 days after her admission) when a nurse from the facility wrote, "[family member] wants to know when we will treat it [UTI] as this is the second attempt to get a urinalysis as the 1st one came back as a contaminated specimen, and it is now going on a week later and would like us to start something. At 2:59 p.m., an on-call gave the new order for Fosfomycin 3 gm x 1.</p> <p>A Diagnote conversation dated 10/31/22 at 3:00 p.m., indicated labs were available to review, there was a question about her recent creatine level which was 1.2 on 10/11/22 and a C&S was still pending. The on-call indicated, "it covers her [the Fosfomycin dose], unless she is looking sickly no need to escalate."</p> <p>A Diagnote dated 11/1/22 at 1:01 p.m., indicated, "POA (power of attorney) wants MD/NP to call him, he has questions regarding when MD/NP will come and see her. Can we get STAT labs. POA also requesting if resident does not improve by tomorrow after receiving the 1-time dose of antibiotics, that he would like her sent out tomorrow to be eval at the ER. Writer looked in practice fusion but didn't see any H&P." At 1:04 p.m., the on-call response indicated, "Typically</p>						

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	<p>[MDR. 36] comes Tuesdays, I'll be in tomorrow to get CBC and CMP stat and repeat UA for clearance."</p> <p>A Diagnote dated 11/2/22 at 2:35 p.m., (2 days after it was noted Resident F had not eaten in 3 days) notified the on-call of Resident F's loss of appetite. The on-call ordered Mirtazapine, (although it had been Discontinued during her last hospital stay) and ensure twice a day.</p> <p>A Diagnote dated 11/3/22 at 4:08 p.m., on-call was notified that Resident F was having abdominal pain and hallucinating. The on-call indicated Resident F was dehydrated and asked about starting an IV for antibiotics since her last culture was a multi-resistant infection. She wanted a nurse to assess Resident F and send her out if necessary. Then the on-call was notified at 4:23 p.m., the resident was being sent out.</p> <p>Cr oss reference F690.B1. On 11/1/22 at 10:24 a.m., Resident G was initially observed. She was seated upright in a broad wheelchair at the nurses' station and activity lounge. She as neat, clean, and pleasantly confused as she smiled at other passing residents and staff. Both her feet were in protective foam pressure reliving boots. She was unable to answer simple questions but smiled and nodded in response to conversation. During a confidential interview, it was indicated, there were several concerns that had been brought to the attention of the facility related to the</p>						

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	<p>floor. This visitor tripped over the area of the floor where Resident G fell a couple times themselves and told the staff about it. The floor always had "a dip" in that area, but a few weeks before her fall, the flooring seemed to bubble up and became more uneven. After her fall they kept getting her out of bed, and it took more than a day for her to be sent to the hospital. On 11/3/22 at 12:07 p.m., Resident G's medical record was reviewed. She was a long-term care resident who admitted December 2016. She had current diagnoses which included, but were not limited to, dementia, need for assistance with personal care, and age-related cognitive decline. A nursing progress note dated 5/18/22 at 10:15 a.m., indicated, Resident G "was walking in hallway with walker when she appeared to trip over a part of uneven flooring and fell on her left side." She sustained a small bruise/bump was noted on the left side of her forehead, a bruise to left elbow and bruise to the left knee. "When she was lifted up, her left leg seemed to give out and she didn't want to bear weight on it." Her blood pressure was elevated at 214/97, her heart rate was 76 beats per minute, 18 breaths per minute, no temperature and oxygen (02) saturation was 96%. Her neurological check was within normal limits. When the MD was notified they gave new orders for</p>						

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	<p>Hydralazine (to treat high blood pressure) 20 mg (milligrams) one time for now and ordered an x-ray of the left knee as Resident G did complain of pain in her leg when moving it. A nursing progress note dated 5/18/22 at 8:00 p.m., indicated, Resident G continued fall follow up, and the x-ray had been completed but results were pending. Resident G was still complaining of pain in her left leg when she was moved or needed to be changed, or when she was standing to transfer. An x-ray radiology report was dated 5/18//22 and electronically signed by the physician as reported to the facility the same day at 7:48 p.m. the results were negative for a fracture at the left knee. A nursing progress note dated 5/19/22 at 12:56 a.m., (more than 5 hours after the x-ray result was available), indicated Resident G's x-ray results were received and the on-call was notified of the results. A nursing progress note, dated 5/19/22 at 5:20 a.m., indicated Resident G had been given morning care and "laid back down to rest. She was not able to stand this morning." A nursing progress note, dated 5/19/22 at 9:24 a.m., indicated Resident G was having difficulty moving her left arm during breakfast, and the area was bruised and swollen from her fall the previous day. Another x-ray was ordered for her left shoulder. A nursing progress note, dated</p>						

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	<p>05/19/22 at 10:17 p.m., indicated Resident G was up in her wheelchair, after maximum assistance as she was unable to use her left upper extremity. X-ray results were still pending. A nursing progress note, dated 5/19/22 at 10:47 p.m., indicated, x-ray results showed an acute impacted left humeral neck fracture (impacted humeral neck fracture occurs when the humeral head dislocates from the socket of the shoulder joint, the round humeral head strikes the edge of the socket with force). A new order was obtained to send Resident G to the ER (emergency room).A nursing progress note dated 5/19/22 at 10:57 p.m., (more than 24 hours after her fall) Resident G was sent to the ER. A Hospital History and Physical dated 5/20/22 at 5:20 a.m., indicated Resident G had initially been sent to the local hospital was shortly transferred to another hospital's Trauma level II where she was treated for the following: left ribs 3-6 fractures, left proximal humerus fracture and left subcapital femur fracture, and was given dilaudid (a narcotic medication used to treat severe pain. An investigation witness statement from CNA 37, dated 5/18/22 and indicated, " ...around 10:00 a.m., we were getting ready for church service. [Resident G] was walking towards doors with her walker to attend. I'm then heading to a room when I heat [agency staff name] yell for help.</p>						

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	<p>[Staff name] and I rushed over to see Resident G laying on floor. The agency staff member told us she watched Resident G fall and hit her head, Resident G was still holding her walker as she was on the ground, we observed her injuries, took her vitals, evaluated her and we then helped her stand up" An investigation witness statement from CNA 38, dated 5/18/22 and indicated, "...Resident G was walking with her walker to the doors to get ready to go and she fell on her left side and hit her head on the wall ... [the nurse] checked her vitals and checked her over. She did have a bruise on her left knee and a knot on her left side of the head. We then stood her up and she could not put any pressure or stand on her left leg ... there is a dip in the floor in the area that she fell out" A nursing progress note date 5/26/22 a t 11:15 a.m., indicated Resident G returned to the facility. She was alert to her baseline and exhibited no symptoms of pain or discomfort. She smiled and laughed with staff. Her left arm was in a soft sling, and extensive bruising was noted to her left arm. Cross reference F689B2. During a confidential interview, it was indicated, Resident G had a visitor who noted she just did not seem right. Resident G had a history of UTIs, and they always seemed to affect her mental status, and that day she just was not acting right, and her</p>						

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	<p>hand were shaking really bad. The staff told the visitor there was nothing to be concerns about, but the visitor insisted something was wrong and eventually had to call 911 themselves. A nursing progress note dated 7/12/22 at 6:13 p.m., indicated, Resident G's family was visiting and assisting her to eat in the main dining room. The family member notified nursing that Resident G's hands were shaking, and an aide stated, "this happened yesterday." No other signs or symptoms of distress were noted. The family member stated she was going to call 911 and send Resident G to the hospital because she felt that something was wrong with Resident G. The Nurse advised the family member, 911 wasn't needed at that time, but the family member remained adamant about sending her to the ER and called 911. Resident G had a comprehensive care plan initiated 1/12/17, revised 8/15/22. The care plan indicated; Resident G had a potential for complications associated with incontinence of bowel and/or bladder. Interventions for the plan of care included but were not limited to: Monitor and report any changes in bladder status to nurse such as: low urine output, foul smelling urine, discolored urine, pain, bladder distention, frequency, urgency, and fever. The record lacked documentation that the resident's shaking hands, (as noted by the aide on the</p>						

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	<p>previous day) had been reported to the physician. A nursing progress note, dated 7/12/22 at 9:30 p.m., indicated Resident G returned to the facility with a new diagnosis of a UTI. She had received a new order for cephalexin (an antibiotic medication). During an interview on 11/7/22 at 2:07 p.m., the DON indicated, only the Short ER Summary was scanned into Resident G's record. She did not know if there were other documents including her labs from that hospital stay but she would contact the hospital and have them sent over. On 11/7/22 at 2:55 p.m., the DON provided a copy of Resident G's 7/12/22 hospital record and indicated it had just been faxed over from the hospital The corresponding hospital record was dated 7/12/22 and indicated, " ...[family] states that she was with the patient this evening for dinner. She states it is typical for the patient to have a slight tremor in her right hand and foot. However tonight she had more diffuse shaking, thought that she was chilling ...history of urinary tract infection ... plan will be to treat for UTI ... urine sent for culture, given a dose of Rocephin IV (an antibiotic medication) ... Urine culture positive for Strep agalactiae (bacteria, an uncommon causative of urinary tract infections). Cross reference F690.B3. During a confidential interview, it was indicated a lot of concern that Resident G had fallen several months</p>						

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	<p>ago and sustained so many fractures, she had a UTI, and because of her pain, the fractures, and UTI, she had to stay in bed a lot more and basically went from being able to walk and move on her own to being totally dependent on staff. Then come to find out, while she was totally dependent on staff and was unable to turn herself in bed, she wound up with a second hip fracture, now on the right side. The only thing they could think of was something happened during a transfer, or while they were changing her and didn't know it. On 11/7/22 at 2:07 p.m., the Director of Nursing (DON) provided a copy of the final investigation to Resident G's right hip fracture sustained on or around 7/21/22. A nursing progress note dated 7/19/22 at 9:10 p.m., indicated, Resident G had finished her course of antibiotics to treatment of a UTI, and no side effects, or signs or symptoms of pain or discomfort. An investigation witness statement ,dated 7/21/22, indicated former CNA 31 was called from his scheduled shift to go help on the secured memory care unit where he worked with Resident G. " ...when it came time for dinner, we gathered everyone in the dining room and that was when [the nurse] noticed that [Resident G] looked as if she was in some sort of pain/discomfort. The nurse asked if she was in pain and she shook her head yes but didn't say where ... we</p>						

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	<p>two-person transferred her, because of the pain, and then found out it had to deal with her legs/hips. Once we got her laid down in bed, we went to roll her and that when [Resident G] said "STOP" and grabbed at her hip/pelvic area ... we finished changing her and reported to the QMA [qualified medication aid] 52" During a follow up interview on 11/2/22 at 3:58 p.m., former CNA 31 indicated, he got moved to work back on the unit, with CNA 51. Normally, Resident G was all smiles, but that evening she was winging and grabbed her hip. She seemed to be in a lot of pain, so we let QMA 52 know. An investigation witness statement, dated 7/21/11, indicated LPN (licensed practical nurse) 50 was informed by the CNAs that [Resident G] was a 2-person assist and that she needed to be changed in bed because she wouldn't stand enough to be toileted. Therapy came back to see [Resident G] ... PT (physical therapist) 53 went and helped CNAs the took resident to therapy room. PRN (as needed) Tramadol was given to resident at lunch because therapy said she appeared to be in more pain that the day before. Therapy stated they did the boke with resident but not anything else since she wasn't bearing weight. During an interview on 11/3/22 at 9:33 a.m., CNA 51 indicated she had worked with Resident G the night before on</p>						

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	<p>7/20/22 and she was normal. No pain and transferred with no issues. When she came in the next day everyone was telling her that Resident G was in a lot of pain and not wanting to move very much. During an interview on 11/3/22 at 9:43 a.m., PT 53 indicated, Resident G would usually get up before lunch and go to therapy after lunch. She had been called down on 7/20/22 for an evaluation, and Resident G participated in therapy on the 21st with some noted pain, but then on the 22nd, she did not even get out of bed because she was refusing to stand up. A nursing progress note dated 7/22/22 at 2:09 p.m., indicated, Therapy reported that Resident G had pain to her right hip when they attempted to stand during therapy, and therapy recommended an x-ray before continuing. The nurse notified Diagnoses and received an order for a 2-view x-ray of the resident's right hip. A nursing progress note dated 7/23/22 at 11:15 a.m., (21 hours after x-ray order was obtained) indicated the 2-view right hip STAT x-ray order had been placed and they were awaiting Mobilex. A nursing progress note dated 7/24/22 at 10:56 a.m., indicated Mobilex had arrived to obtain right hip x-ray. The x-ray results were received less than an hour later and were positive for a right hip fracture. A new order was obtained to send Resident G to the ER for further</p>						

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	<p>evaluation and treatment. The corresponding x-ray radiology report was dated 7/24/22 at 11:30 a.m., and indicated, "acute right subcapital femoral neck fracture with mild displacement." On 7/24/22 at 12:25 p.m., Resident G was transferred to the hospital, more than 46 hours after The final finding of the facilities investigation to Resident G's right hip fracture, was an injury of unknown origin, a "spontaneous fracture" likely due to her osteoporosis and Vitamin D deficiency. The record lacked documentation that the comprehensive care plan had been updated to include new interventions to prevent future "spontaneous fractures." On 11/7/22 at 9:05 a.m., the DON provided a copy of current facility policy titled, "Notification of Change of Condition," dated 7/7/22. The policy indicated, "To ensure appropriate individuals are notified of changes in condition. 1. The facility must inform the resident, consult with the resident's physician; and notify consistent with his or her authority, the resident representative(s) when there is: a. an accident involving the resident which results in any injury and has the potential for requiring physician interventions. b. A significant change in the resident's physical, mental, or psychosocial status. c. A need to alter treatment significantly. d. Decision to transfer or discharge a resident form the facility. 2. Documentation of notification or</p>						

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	notification attempts should be recorded in the resident electronic medical record. 3. The resident and/or representative and medical provider should be notified of change in condition. 4. If unable to contact the physician, depending on the significance of the change, may contact the Medical Director, as appropriate." On 11/4/22 at 3:30 p.m., the DON provided a copy of current facility policy titled, "Physician Services," dated 7/7/22. The policy indicated, "the medical care of each resident is under the supervision of a Licensed Physician. the facility provides or arranges for the provision of physician services 24 hours a day. 1. Each resident should be allowed to designate a personal physician. 2. The resident's attending physician participates in the resident's assessment and care planning, monitoring changes in resident's medical status, providing consultation or treatment when called by the facility, and overseeing a relevant plan of care for the resident. This also includes but is not limited to prescribing new therapy or ordering a transfer to hospital ... 4. The physician will perform pertinent, timely medical assessments; prescribe an appropriate medical regimen; provide adequate, timely information about the resident's condition and medical needs; visit the resident at appropriate intervals; and						

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	<p>ensure adequate alternative coverage. 5. The resident will be seen by a physician at least every 30 days for the first 90 days after admission and at least once every 60 days thereafter. The initial comprehensive history and physical is to be completed by the physician, and then every other subsequent required visit can be completed by a Nurse Practitioner (NP) or Physician Assistant (PA) ... 9. Physician orders and progress notes shall be maintained in accordance with current Omnibus Budget Reconciliation Act (OBRA) regulations and facility policy"On 11/9/22 at 12:00 p.m., the Director of Regulations (DOR) provided a copy of current facility policy titled, "Laboratory Protocol-Diagnostic Testing," dated 5/24/18. This policy was used for staff in-service and re-education as a part of the Immediate Jeopardy (IJ) removal plan. The policy indicated, "To provide uniform procedures for obtaining necessary diagnostic services when ordered by the Attending Physician/NP/PA or clinical Nurse Specialist. 1. Provide laboratory, radiological and diagnostic services as necessary and appropriate. 2. Assure that the residents receive laboratory, radiological and diagnostic services as ordered by the Attending Physician/NP/PA or clinical Nurse Specialist. 3. Assure that the results of all diagnostic services are reported to the</p>						

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	<p>resident's Attending Physician/NP/PA or clinical Nurse Specialist as necessary." On 11/4/22 at 3:30 p.m., the DON provided a copy of current facility policy titled, "Falls Policy," dated 7/9/22. The policy indicated, "The intent of this policy is to ensure the facility provides an environment that is free from accident hazards over which the facility has control to prevent avoidable falls. All residents will have a comprehensive fall risk assessment on admission/readmission, quarterly, annually, and with significant changes of condition. Appropriate care plan interventions will be implemented and evaluated as indicated by assessment ... care plan will be reviewed and revised as appropriate as needed" On 11/4/22 at 3:30 p.m., the DON provided a copy of current facility policy titled, "Skin Integrity Policy," dated 7/11/22. The policy indicated, "The facility will ensure that based on the comprehensive assessment of a resident: a resident receives care, consistent with professional standards of practice, to prevent avoidable skin integrity issues and does not develop avoidable skin integrity issues" C. On 11/3/22 at 12:06 p.m., Resident 65's record was reviewed for unwitnessed falls from entry to present. A progress note, dated 7/21/22 at 3:46 a.m., indicated Resident 65 was found on the floor mat next to his bed. He was incontinent of</p>						

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	<p>bowel and bladder; he had removed his disposable brief. Resident was non-compliant and could not follow commands. He was cleaned up, placed in his wheelchair, and moved to the nurse's station. He refused vital signs but was starting to be more cooperative. An interdisciplinary team meeting, on 7/21/22 at 3:37 p.m., the Director of Nursing (DON) indicated Resident 65 was found on the mat next to his bed. An immediate had to toe assessment was completed with no injuries. His range of motion was within normal limits. His neuro checks were within normal limits. A new intervention was to have staff encourage him to the toilet throughout the night. A progress note, dated 7/23/22 at 5:23 a.m., indicated Resident 65 continued on fall follow-up. He demonstrated impulsiveness and poor safety awareness. The unwitnessed fall on 7/21/22 at 3:46 a.m., three 15-minute neuro checks were completed, the remaining neuro check documentation was blank. A progress note, dated 9/15/22 at 4:47 p.m., indicated Resident 65 was found on the floor mat next to his bed. He had a skin tear measuring 1.5 cm (centimeters) by 1.5 cm. No other injuries noted. He was transferred to his wheelchair and brought to the (Rosewood) lounge for supervision. An interdisciplinary team meeting, on 9/15/22 at 4:28 p.m., the Director of Nursing (DON)</p>						

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	<p>indicated Resident 65 was found on the mat next to his bed. An immediate had to toe assessment was completed with a skin team noted to his right elbow. His range of motion was within normal limits. His neuro checks were within normal limits. A new intervention was to place a scoop mattress on his bed. The unwitnessed fall on 9/15/22 at 4:47 p.m., no neuro checks were completed according to nursing documentation. On 11/3/22 at 9:45 a.m., Resident 65's record was reviewed. His diagnoses included, but were not limited to, Alzheimer's disease (brain disorder), dementia (brain disorder), and hypertension (high blood pressure). His fall care plan, dated 10/31/22, indicated Resident 65 was at risk for falls related to dementia, cognition deficit (difficulty thinking), and poor safety awareness. During an interview, on 11/2/22 at 3:37 p.m., the Director of Nursing (DON) indicated neuro check assessments were not required with unwitnessed falls. During an interview, on 11/9/22 at 12:29 p.m., the DON with Chief Executive Officer (CEO) present, indicated neuro checks were part of the fall event, but were not required. Therefore, the facility did not have a policy. During an interview, on 11/9/22 at 12:45 p.m., the Director of Regulations (DOR) indicated neuro check assessments were completed when a resident fell and hit their head or if a fall was</p>						

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F 0686 SS=D Bldg. 00	<p>unwitnessed.3.1-37(a) 483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident, (Resident G) did not develop pressure ulcers after she sustained several fractures and became totally dependent on staff for all ADLs (Activities of Daily Living) for 1 of 3 residents reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>During a confidential interview, it was indicated there was frustration over the fact that Resident G had developed two new pressure ulcers after her fall. Prior to the fall, she had been able to walk about and get in and out of bed whenever she wanted to or was able to move around in bed with no problem. After her falls with the pain and weakness, she became totally dependent on staff and then there were two new sores.</p> <p>Upon Resident G's discharge after her fall on</p>			F 0686	<p>1. Resident G's facility acquired unstageable pressure ulcer to the right heel was healed as of 09/06/2022. Resident G's facility-acquired stage II pressure ulcer to her sacrum is healed as of 12/06/2022.</p> <p>2. A one-time skin assessment for the current resident population has been completed on 11/18/2022. Current resident(s) with skin impairment were reviewed by the Interdisciplinary team to review and validate appropriate treatments and interventions that are currently in place as part of the resident(s) care plan. The nursing staff has been re-educated on the prevention of wounds, interventions to be used as preventative measures, weekly</p>		12/07/2022

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	<p>5/18/22, her discharge Minimum Data Set (MDS) assessment, dated 5/19/22, indicated she had only needed limited assistance and supervision for walking and transfers.</p> <p>After Resident G returned from the hospital on 5/26/22, the next 5-day MDS assessment, dated 5/31/22 indicated she did not require extensive assistance for transfers, and had only walked once or twice with extensive assistance.</p> <p>Further, after Resident G's hospitalization and treatment for her UTI on 7/12/22, a comprehensive significant change in status MDS was completed on 6/3/22, due to her decrease in ADLs and unanticipated weight loss.</p> <p>She had a comprehensive care plan dated 1/12/17 which indicated she was at risk for skin breakdown due to her decreased mobility and incontinence. Interventions for the plan of care, (in place at the time she developed two new pressure ulcers) included, but were not limited to, apply barrier cream as needed, complete weekly skin checks. However, the care plan lacked documentation that revisions had been made after her fall with fractures which had resulted in further reduced mobility.</p> <p>Corresponding nursing progress notes were reviewed and revealed the following significant changes in Resident G's functional status.</p> <p>5/29/2022 at 3:00 p.m., Resident G continued to require extensive/total assist with at least 2 staff.</p> <p>6/1/22 at 6:31 p.m., Resident G continued to require maximum assistance with ADLS and total assistance with total feeding.</p>				<p>skin reviews and identification of potential skin-related issues, and MD/family notification with identified areas of concern on 12/7/2022. The Clinical Nursing Administrative team (SDC, DON, Unit manager) and Licensed Nurses have been re-educated on monitoring dependent residents for receiving appropriate care with preventative interventions in place as per the plan of care on 11/18/2022. Any staff not completing education will not work until training is completed and new agency staff will be trained before beginning their assigned shift.</p> <p>3. The Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Clinical Reimbursement Specialist, and/or Clinical Consultant will be responsible to audit the implementation of preventative interventions five times a week for 4 weeks, then three times a week for 4 weeks, and then weekly for 2 months to validate care and prevention interventions are implemented to reduce the risk of skin breakdown. Any issues identified will be immediately corrected, 1:1 re-education provided, with disciplinary action implemented as determined necessary by the Administrator and/or Director of Nursing.</p> <p>4. An Ad Hoc QAPI meeting was held on 11/7/22, this meeting included the Medical Director by</p>		

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	<p>6/2/22 at 4:26 a.m., "Total care this night."</p> <p>6/6/22 at 3:24 a.m., staff provided total care with ADLs.</p> <p>6/24/22 at 11:00 a.m., Resident G now used a wheelchair for mobility and required total assistance with propelling.</p> <p>On 8/10/22 at 2:32 p.m., Resident G was noted to have a new, "blackened area on the heel of her right foot." Wound team would be in to assess the next day.</p> <p>On 8/12/22 at 2:18 p.m., a wound note indicated Resident G had developed a facility acquired unstageable pressure ulcer that measured 5 cm (centimeters) long by 4 cm wide on her right heel.</p> <p>On 8/16/22 at 12:20 p.m., a wound note indicated Resident G had developed a facility acquired Stage II pressure ulcer to her sacrum that measured 4 cm long, by 2.7 cm wide, and had a depth of 0.2 cm.</p> <p>A treatment observation was conducted on 11/3/22 at 10:45 a.m., where Registered Nurse (RN) 9 and Unit Manager (UM) 5 were present. At that time Resident G's right heel was observed. The area was approximately the size of a pencil eraser head, with a smaller black scabbed area at the 4 O'clock position. No drainage, no slough or odor was noted. At that time RN 9 indicated Resident G's heel was almost completely healed, and the wound on her sacrum was improved significantly as well. When asked about how the resident developed the wounds, RN 9 indicated, Resident G just started to decline after that fall in May, then after her second hip fracture she was totally dependent on staff and just stayed in bed a lot</p>		<p>phone, and the CEO, DON, Regional Nurse, and the VPO The Administrator or Designee will review the audits completed. The results of the audits will be forwarded to the QAPI committee weekly for 4 weeks, and then monthly for 2 months. Based on the review and evaluation of the audits, the QAPI Committee will determine if the facility needs to modify or extend these audits. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.</p>				

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F 0689 SS=G Bldg. 00	<p>more.</p> <p>On 11/4/22 at 3:30 p.m., the DON provided a copy of current facility policy titled, "Skin Integrity Policy," dated 7/11/22. The policy indicated, "The facility will ensure that based on the comprehensive assessment of a resident: a resident receives care, consistent with professional standards of practice, to prevent avoidable skin integrity issues and does not develop avoidable skin integrity issues"</p> <p>3.1-40(a)(1)</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure a resident's environment was free from the potential for accidents which resulted in actual harm when she tripped over an uneven surface of the floor and sustained multiple fractures for 1 of 3 residents reviewed for falls (Resident G).</p> <p>Findings include:</p> <p>On 11/1/22 at 10:24 a.m., Resident G was initially observed. She was seated upright in a broad wheelchair at the nurses' station and activity lounge. She as neat, clean, and pleasantly</p>			F 0689	<p>1. Resident G has had no further falls. Resident G is mobile in a wheelchair daily.</p> <p>2. A visual assessment of all other residents on the secured unit ambulating on the floor surface in the area resident G fell has been completed for any falls or injuries and there have been no findings. This assessment was completed on 12/2/0222 by the DON and Unit manager. No other residents have sustained an injury from the facility flooring. A</p>		12/07/2022

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP COD 1001 N GRANT ST LEBANON, IN 46052			
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	<p>confused as she smiled at other passing residents and staff. Both her feet were in protective foam pressure relieving boots. She was unable to answer simple questions but smiled and nodded in response to conversation.</p> <p>During a confidential interview, it was indicated, there were several concerns that had been brought to the attention of the facility related to the floor. This visitor tripped over the area of the floor where Resident G fell a couple times themselves and told the staff about it. The floor always had "a dip" in that area, but a few weeks before her fall, the flooring seemed to bubble up and became more uneven.</p> <p>On 11/2/22 at 12:14 p.m., the secured unit flooring was observed. At that time there an unidentified resident who attempted to maneuver his wheelchair over the threshold of flooring between the double doors which led into the dining room. The floor was observed to be bumpy, with several opened cracks and also appeared to be uneven. An unidentified passing staff member noticed the resident's struggle and assisted him over the hump.</p> <p>During an interview on 11/2/22 at 12:16 p.m., CNA 37 pointed out an area of the floor, right outside of the room Resident G used to live in. The floor was observed to have a slight dip/depression just at the threshold of the entrance to the room. CNA 37 indicated the Maintenance Director had come and fixed the floor after Resident G fell, because it had bubbled up and was even more bumpy than usual. She thought it was maybe from too much water that got under the flooring when the floors were mopped and may have caused it to bubble up.</p> <p>During an interview on 11/2/22 at 12:18 p.m., the</p>		<p>one-time review of the current resident population with falls for the past 30 days has been completed to ensure the implementation of interventions for fall prevention, including an audit of resident care plans to ensure care plans have been updated with appropriate interventions. This audit was completed by the DON, Unit Manager, and the Regional Care Consultant (SCC) on 11/15/2022. An audit of the facility flooring was completed by maintenance and the CEO and any areas requiring repair have been completed. No other issues were identified on 12/1/2022.</p> <p>3. Education has been completed on 12/07/2022 with all staff on completing work orders for maintenance regarding issues and concerns with any areas in the physical environment. This education was completed by the SDC. Fall prevention measures are in place as per the resident's plan of care. Any staff not completing education will not work until training is completed and new agency staff will be trained before beginning their assigned shift. The Clinical Administrative team will review fall evaluations/fall events/ interventions and care plans during the clinical meeting Monday through Friday to validate interventions are implemented as per root cause analysis. The Administrator and maintenance</p>				

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	<p>MDSC (Minimum Data Set Coordinator) indicated Resident G fell right outside of her room. The floor where she fell have bubbled up, maybe from heat or moisture, or maybe from using the floor cleaning machine. It had probably been bubbled up a couple weeks before Resident G fell.</p> <p>During an interview on 11/2/22 at 12:22 p.m., the Maintenance Director observed the area of the floor which caused Resident G's fall. He indicated that area of the floor had since been fixed, he had needed to replace several slats/tiles of the flooring because there was a "big dip." The floors were uneven throughout the building and had been that way since he had started work there nearly 5 years ago. At this time the Maintenance Director provided copies of the maintenance request logs but indicated there was no work order for the floor's repair. Nor were there receipts to reflect to work which had been done since he already had the spare material to fix the floor.</p> <p>During an interview on 11/2/22 at 3:49 p.m., Registered Nurse (RN) 9 indicated, Resident G had been up and walking through the hallways as she normally did but tripped right beside the entrance of her room over the floor. The floor was bumpy there, it had been that way as long as she could remember.</p> <p>During an interview on 11/2/22 at 3:58 p.m., a former Certified nursing assistant (CNA) indicated he used to work on the secured unit with Resident G. He was aware of the issues with the floor and that Resident G fell over an uneven surface. He described the hallway as, "kind of bumpy and uneven, you could feel it when you rolled residents in their chairs. I tripped over it myself several times."</p>				<p>director will complete a visual audit of the facility weekly for 3 months to identify any areas creating an unsafe environment. Any issues identified will be corrected. 1:1 re-education will be provided, with disciplinary action as determined necessary by the facility administrator-</p> <p>4. An Ad Hoc QAPI meeting was held on 11/7/22, this meeting included the Medical Director by phone, and the CEO, DON, Regional Nurse, and the VPO The Administrator or Designee will review the audits completed. The results of the audits will be forwarded to the QAPI committee weekly for 4 weeks, and then monthly for 2 months. Based on the review and evaluation of the audits, the QAPI Committee will determine if the facility needs to modify or extend these audits. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.</p>		

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	<p>During an interview on 11/4/22 at 1:58 p.m., the Housekeeping District Manager indicated she had not seen the floor before the Maintenance Director fixed it but the floors throughout the building were, "wavey."</p> <p>On 11/3/22 at 12:07 p.m., Resident G's medical record was reviewed. She was a long-term care resident who admitted in 2016. She had current diagnoses which included, but were not limited to, dementia, need for assistance with personal care, and age-related cognitive decline.</p> <p>A nursing progress note, dated 5/18/22 at 10:15 a.m., indicated, Resident G "was walking in hallway with walker when she appeared to trip over a part of uneven flooring and fell on her left side." She sustained a small bruise/bump was noted on the left side of her forehead, a bruise to left elbow and bruise to the left knee. "When she was lifted up, her left leg seemed to give out and she didn't want to bear weight on it." Her blood pressure was elevated at 214/97, her heart rate was 76 beats per minute, 18 breaths per minute, no temperature and oxygen (O2) saturation was 96%. Her neurological check was within normal limits. When the MD was notified they gave new orders for Hydralazine (to treat high blood pressure) 20 mg (milligrams) one time for now and ordered an x-ray of the left knee as Resident G did complain of pain in her leg when moving it.</p> <p>A nursing progress note, dated 5/18/22 at 8:00 p.m., indicated, Resident G continued fall follow up, and the x-ray had been completed but results were pending. Resident G was still complaining of pain in her left leg when she was moved or needed to be changed, or when she was standing to transfer.</p>						

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	<p>An x-ray radiology report was dated 5/18//22 and electronically signed by the physician as reported to the facility the same day at 7:48 p.m. the results were negative for a fracture at the left knee.</p> <p>A nursing progress note dated 5/19/22 at 12:56 a.m., (more than 5 hours after the x-ray result was available), indicated Resident G's x-ray results were received and the on-call was notified of the results.</p> <p>A nursing progress note dated 5/19/22 at 5:20 a.m., indicated Resident G had been given morning care and "laid back down to rest. She was not able to stand this morning."</p> <p>A nursing progress note dated 5/19/22 at 9:24 a.m., indicated, Resident G was having difficulty moving her left arm during breakfast, and the area was bruised and swollen from her fall the previous day. Another x-ray was ordered for her left shoulder.</p> <p>An interdisciplinary team (IDT) meeting was conducted on 5/19/22 at 9:40 a.m., to review Resident G's fall from the previous day. The fall review summarized that Resident G fell while ambulating in the hallway. An immediate head to toe assessment was conducted and noted bruises to her left elbow, left knee, and left forehead. Neuro checks were initiated, and a STAT x-ray had been completed and was negative for fracture at the knee. The new intervention to address this fall and prevent more accidents was, "maintenance assessing hallway floor," and her care plan was updated.</p> <p>The corresponding comprehensive care plan was dated 1/12/17 which indicated Resident G was at risk for falls due to her decreased mobility and</p>						

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	<p>balance, dementia, medications and frequent incontinence. She used a rolling walker and sometimes needed reminders. The latest intervention added after her fall was implemented on 5/19/22 and indicated, "Maintenance to eval flooring."</p> <p>A nursing progress note, dated 05/19/22 at 10:17 p.m., indicated Resident G was up in her wheelchair, after maximum assistance as she was unable to use her left upper extremity. X-ray results were still pending.</p> <p>A nursing progress note, dated 5/19/22 at 10:47 p.m., indicated, x-ray results showed an acute impacted left humeral neck fracture (impacted humeral neck fracture occurs when the humeral head dislocates from the socket of the shoulder joint, the round humeral head strikes the edge of the socket with force). A new order was obtained to send Resident G to the ER (emergency room).</p> <p>A nursing progress note, dated 5/19/22 at 10:57 p.m., Resident G was sent to the ER.</p> <p>A Hospital History and Physical, dated 5/20/22 at 5:20 a.m., indicated Resident G had initially been sent to the local hospital was shortly transferred to another hospital's Trauma level II where she was treated for the following: left ribs 3-6 fractures, left proximal humerus fracture and left subcapital femur fracture, and was given dilaudid (a narcotic medication used to treat severe pain. Due to her left rib fractures she needed to be placed on 3L (liters) of O2 via nasal cannula to maintain O2 sats at 93%. The left femur and humeral neck fractures were on ortho consult and family members were unsure at that time if they wanted to consent to general anesthesia for surgical interventions. Notes on these fractures</p>						

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	<p>included: "large left upper extremity hematoma [bruise] monitor growth/progress, previously ambulatory with walker prior to fall"</p> <p>An investigation witness statement from CNA 37, dated 5/18/22 and indicated, " ...around 10:00 a.m., we were getting ready for church service. [Resident G] was walking towards doors with her walker to attend. I'm then heading to a room when I heard [agency staff name] yell for help. [Staff name] and I rushed over to see Resident G laying on floor. The agency staff member told us she watched Resident G fall and hit her head, Resident G was still holding her walker as she was on the ground, we observed her injuries, took her vitals, evaluated her and we then helped her stand up"</p> <p>An investigation witness statement from CNA 38, dated 5/18/22 and indicated, " ...Resident G was walking with her walker to the doors to get ready to go and she fell on her left side and hit her head on the wall ... [the nurse] checked her vitals and checked her over. She did have a bruise on her left knee and a knot on her left side of the head. We then stood her up and she could not put any pressure or stand on her left leg ... there is a dip in the floor in the area that she fell out"</p> <p>A nursing progress note, dated 5/26/22 at 11:15 a.m., indicated Resident G returned to the facility. She was alert to her baseline and exhibited no symptoms of pain or discomfort. She smiled and laughed with staff. Her left arm was in a soft sling, and extensive bruising was noted to her left arm.</p> <p>A nursing progress note, dated 5/29/22 at 2:00 p.m., indicated, Resident G was totally dependent on staff for all ADLs (activities of daily living) including feeding. She was unable to state she is</p>						

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F 0690 SS=K Bldg. 00	<p>in pain but was noted to have facial grimacing during personal care, scheduled Tylenol was given per order.</p> <p>An MDS pain assessment was completed on 5/31/22 at 10:38 a.m., and the corresponding nursing note indicated, "...staff pain assessment done and staff stated resident is frequently in severe pain when moving due to fracture, she has scheduled and as needed pain meds, nursing will evaluate effectiveness of medication and request changes as needed"</p> <p>3.1-45(a)(1)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p>						

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	<p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, record review, and interview, facility failed to ensure thorough assessments of residents with urinary catheters to identify change in conditions, failed to prevent urinary tract infections for residents with and without urinary catheters, and failed to notify physicians of residents with change of conditions to implement timely treatment for 4 of 5 residents reviewed for urinary tract infections and urinary catheters resulting in immediate jeopardy when residents were hospitalized with sepsis and renal failure (Residents E, F, G, and H).</p> <p>The immediate jeopardy began on 6/3/22 when Resident E had an indwelling urinary foley catheter changed with blood tinged urine in tubing without physician notification. On 6/5/22 Resident E's significant other verbalized the resident was not at baseline. Resident E was clammy, pallor, irregular breathing pattern with subcostal and substernal reactions, BP (blood pressure) 83/51, HR (heart rate/pulse) 126, RR (respirations) 26, and temperature 101.4 F (Fahrenheit). Staff was unable to do oxygen saturation due to poor perfusion of extremities. Resident E was sent to the emergency room (ER) at 4:21 p.m. where the chronic indwelling urinary foley catheter was clotted off. Resident E was</p>			F 0690	<p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <ul style="list-style-type: none"> · Resident E: did not return to the facility. · Resident F: is currently in the hospital. · Resident G: is currently in the facility and has been assessed by the Physician for any potential change in condition and or signs and symptoms of a Urinary Tract Infection. · Resident H: is currently in the facility and has been assessed by the Physician for any potential change in condition and or signs and symptoms of a Urinary Tract Infection. <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p>		12/07/2022

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	<p>admitted to hospital ICU (intensive care unit) and diagnosed with septic shock, pyelonephritis, and acute renal failure. On 6/6/22 at 4:10 a.m. Resident E died. On 10/18/22, Resident F was admitted stable. Over the next week Resident F was noted to have changes in condition by therapy. Abnormal urine laboratory results were reported on 10/24/22 with no treatment until 10/31/22. On 11/3/22 Resident F was assessed with pain, hallucinations, delusions, no oral intake, and transferred to hospital with diagnosis of septic UTI with acute kidney injury due to dehydration and was admitted to the hospital. Additionally, Resident G and Resident H had changes of condition and symptoms of UTIs reported with delays in laboratory tests and treatment. The Executive Director (ED) was notified of the immediate jeopardy at 4:11 p.m. on 11/7/22. The immediate jeopardy was removed on 11/8/22, but noncompliance remained at the lower scope and severity level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>1. A confidential interview conducted during the survey indicated, Resident E had been making good progress while in the hospital but then was sent to the nursing home for therapy. Within days of his admission to the nursing home he was found by his significant other with a change in condition and in distress, his blood pressure had dropped, and she insisted an ambulance be called and had him rushed back to the hospital where he died within hours. They could not understand how the resident's blood pressure could "drop that way" and were not sure the staff had been monitoring his blood pressure or medications. They felt the resident did not get the care he</p>				<ul style="list-style-type: none"> All residents with an indwelling catheter and or without a catheter have the potential of being affected. A clinical assessment was performed on current residents to assess for signs and symptoms of a possible condition change which included signs and symptoms of a UTI. Any signs and symptoms were documented, and the physician was notified of the signs and symptoms of the condition change which would include signs and symptoms of a UTI. <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Education has been provided to the Administrative Licensed Nurses, by the Regional Support Registered nurse (SCC), on physician notification with conditions changes, signs and symptoms of UTI, following up on ordered labs to ensure they were collected, transported / sent to the lab, and lab results have been obtained and physician notification of lab results has been done. Education has been provided to current Licensed Nurses by the SDC, DON, Unit Manager, and SCC, on physician notification with conditions changes, signs 		

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	<p>deserved.</p> <p>Resident E's record was reviewed on 11/03/22 at 11:24 a.m. Diagnoses on Resident E's profile included, but were not limited to retention of urine, acute kidney failure, and burns involving 30 to 39 percent (%) of body surface with 30 to 39% third degree burns.</p> <p>A scheduled 5 Day Minimum Data Set (MDS), completed 5/31/22, assessed the resident as having the ability to make himself understood and to understand others. A Brief Interview for Mental Status (BIMS) score of 11 indicated moderate impaired cognition. No signs or symptoms of delirium, behaviors, or rejection of care. Resident required extensive assistance of 2 or more (+) persons physical assist for bed mobility, transfers, dressing, toileting, and personal hygiene. Resident E had an indwelling catheter and was always incontinent of bladder and bowel. Resident planned to discharge to the community.</p> <p>An Admission Observation, dated 5/25/22, indicated Resident E was continent of urine, and had an indwelling foley catheter.</p> <p>Physician's orders for Resident E, dated 5/25/22, indicated change indwelling urinary foley catheter as needed for leakage, blockage, or dislodgement. Staff were to flush the foley catheter as needed with 60 cc (cubic centimeter) of normal saline for leakage or blockage and monitor foley output every shift.</p> <p>A physician's order for Resident E, dated 5/25/22, indicated to take vital signs every shift after admission for 3 days, then weekly vital signs on Monday's day shift.</p>		<p>and symptoms of UTI, following up on ordered labs to ensure they were collected, transported / sent to the lab, and lab results have been obtained and physician notification of lab results have been done. Education was also provided on appropriate catheter care, urinary outputs are completed for residents with catheters, and the monitoring of the output and reporting changes to the physician.</p> <ul style="list-style-type: none"> Education has been provided to current State Registered Nurse Aides by SDC, DON, Unit Manager, and SCC, on the signs and symptoms of a UTI and the need to report these to a charge nurse with this possible change of condition from the resident's baseline. Education was also provided on appropriate catheter care, urinary outputs are completed for residents with catheters, and the monitoring of the output and reporting changes to the charge nurse. Daily in the clinical meeting, Monday through Friday, the IDT will review clinical documentation to be alert for changes in conditions, signs and symptoms of UTI, and orders for labs have been followed, along with follow up on lab results, and physician notification. Saturday and Sunday will be reviewed on Monday. This audit will be completed daily Monday through Friday x 4 				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 N GRANT ST LEBANON, IN 46052			
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	<p>A physician's order for Resident E, dated 5/26/22, indicated staff were to change the foley catheter monthly on the 3rd Wednesday of the month with a foley catheter size of 16 French and 10 cc balloon to straight drainage related to the diagnosis of urinary retention.</p> <p>A care plan for Resident E, dated 5/27/22, indicated the resident was at risk for infection related to foley catheter. The goal was for the resident to remain free of infection as evidenced by normal vital signs and absence of pain or retention. Approaches included encourage adequate fluid intake as recommended by dietary, monitor characteristics of urine (odor, color, blood in urine), provide catheter care as ordered, and take vital signs as ordered/needed.</p> <p>A care plan for Resident E, dated 6/2/22, indicated he required an indwelling urinary catheter related to burns and wounds. The goal was to have the catheter care managed appropriately as evidenced by not exhibiting signs of infection or urethral trauma. Approaches included encourage fluids as ordered and recommended, avoid obstructions in the drainage, use a catheter strap and assure enough slack was left in the catheter between the meatus and strap. Irrigate catheter only if an obstruction was suspected, keep catheter system a closed system as much as possible, and change catheter per MD order. Provide assistance for catheter care. Report UTI (acute confusion, urgency, frequency, bladder spasms, nocturia, burning, pain, difficulty urinating, low back/flank pain, malaise, nausea/vomiting, chills, fever, foul odor, concentrated urine, blood in urine). Assess drainage. Record the amount, type, color, odor. Observe for leakage.</p> <p>A Medication Administration Record (MAR),</p>				<p>weeks.</p> <ul style="list-style-type: none"> The DON, ADON, Unit Manager, MDS Nurse, Regional Nurse or designee will perform Monday thru Friday x 4 weeks; observe residents with indwelling catheters to ensure the catheter is patent and if any signs and symptoms of a UTI are present, are documented and reported to the physician. This will occur 3 x weekly x 4 weeks: then weekly x 4 weeks. An Administrative Nurse or a Regional Nurse will observe SRNA's performing catheter care. This will be observed twice a day for two weeks, then 3x a week for two weeks to ensure SRNA compliance with proper procedure of catheter cares are being performed. <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place:</p> <ul style="list-style-type: none"> An Ad Hoc QAPI meeting was held on 11/7/22 and this meeting included the Medical Director by phone and the CEO, DON, Regional Nurse, and the VPO. Results of the audits will be shared during the QAPI meeting weekly x 4 weeks or until substantial compliance has been 		

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	<p>dated June 2022, indicated Resident E's urinary output was not recorded on June 5, 2022, the day of discharge to the hospital.</p> <p>Resident E's medical record lacked documentation his blood pressure, pulse or respirations were monitored from 5/31/22 to 6/5/22, the day of discharge to the hospital.</p> <p>Resident E's medical record lacked routine documentation of urinary output by aides in the electronic medical record (EMR) documented as milliliters (ml) or cc per recognized professional standards. Output was documented as medium or large without explanation of amount on 5/26, 5/27, 5/28, 5/29, 5/31, 6/2, 6/3, 6/4, and 6/5/22.</p> <p>Resident E's medical record documentation of urinary output by aides in the EMR indicated a decrease in urinary output without documentation of nursing interventions or physician notification to include:</p> <p>a. 5/25/22 at 7:45 p.m. 1200 ml</p> <p>b. 5/26/22 at 5:29 a.m. 900 ml</p> <p>c. 5/27/22 at 5:31 a.m. 1500 ml, and 7:51 p.m. 1200 ml</p> <p>d. 5/28/22 at 8:41 p.m. 500 ml</p> <p>e. 5/29/22 at 5:25 a.m. 300 ml, and 6:53 p.m. 1000 ml</p> <p>f. 5/30/22 at 5:13 a.m. 300 ml, 12:10 p.m. 275 ml, and 8:19 p.m. 800 ml</p> <p>g. 5/31/22 at 1:49 p.m. 300 ml</p> <p>h. 6/01/22 at 5:51 a.m. 500 ml, and 7:58 p.m. 175 ml</p> <p>i. 6/02/22 at 5:42 a.m. 600 ml, and 7:36 p.m. 350 ml</p> <p>j. 6/03/22 at 5:29 a.m. 100 ml</p> <p>k. 6/04/22 at 9:25 p.m. 200 ml</p> <p>l. 6/05/22 at 5:14 a.m. 400 ml</p> <p>Progress notes for Resident E, dated 6/04/22 at</p>				determined by the QAPI committee.		

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	<p>4:40 a.m., indicated foley catheter changed 6/3/22, blood tinge noted to tubing, flushed with 60 ml sterile water and had immediate return. The medical record lacked documentation of the reason for the foley being changed.</p> <p>Progress notes for Resident E, dated 6/04/22 at 5:00 a.m., indicated resident was yelling for significant other. When checked had bowel movement which made 5 times during the shift, also had emesis once. Stopped g-tube feeding, had received 850 ml of Osmolite, 240 ml flush of water at beginning of feed and 150 ml flush with meds. Writer did not flush with water when stopped due to emesis. The medical record lacked documentation of physician notification.</p> <p>Progress notes for Resident E, dated 6/5/22 at 5:45 a.m., indicated resident yelling that he wanted to use the restroom. Reminded he has a catheter which he was trying to pull out. Blood tinge noted to tubing flushed with 60 ml sterile water and had immediate return. The medical record lacked documentation of physician notification.</p> <p>Progress notes for Resident E, dated 6/05/22 1:11 p.m., indicated significant other verbalized resident not presenting his baseline status that she was used to. Resident assessed and vitals taken. Resident appeared clammy and pallor (unhealthy pale appearance), irregular breathing pattern and visible subcostal (below the ribs) and substernal (below the sternum) retractions. Vital signs temperature 101.4 (normal 98.6), blood pressure 83/51 (normal 120/80), pulse 126 (normal 60 -100), respirations 26 (normal 12 - 16), and oxygen saturations unable to assess due to poor perfusion to extremities. On call physician notified of change of status and order received to send to emergency room (ER).</p>						

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	<p>A hospital History of Present Illness for Resident E, dated 6/5/22 at 2:52 p.m., indicated chief complaint altered mental status. Emergency contact at extended care facility (ECF) wanted him transported for evaluation. Concern for sepsis from the ECF. Tachycardic (high pulse), hypotensive (low blood pressure). Dark and bloody urine from foley. Temperature 101.6 F, pulse 141, respiration 20, blood pressure 72/45. Fluid resuscitation, and antibiotics. Admitted to the ICU for further management of septic shock source unknown, likely urine. Final diagnoses were sepsis with severe renal failure and septic shock due to unspecified organism, and unspecified acute renal type.</p> <p>A hospital History or Present Illness for Resident E, dated 6/5/22 at 4:21 p.m., indicated in the emergency department (ED) patient's chronic indwelling foley was noted to be clotted off and was replaced. He was hypotensive despite fluid resuscitation. Assessment Plan: septic shock, pyelonephritis (inflammation of the kidney due to a specific type of UTI). IV (intravenous) antibiotics initiated, pressors (used to raise blood pressure), IV fluids, cultures, renal ultrasound ordered to evaluate for hydronephrosis (a condition characterized by excess fluid a kidney due to a backup of urine) given history of urine retention and clotted foley.</p> <p>A hospital complete blood count (CBC) lab report, dated 6/5/22 at 1:50 p.m., indicated white blood count (WBC) 17.5 (normal 3.6 - 10.6), indicative of an infection.</p> <p>A hospital Urinalysis report, dated 6/5/22 at 1:50 p.m., indicated urine color red and clarity was cloudy. Unable to report ketones due to color</p>						

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	<p>inference. Subsequent culture and sensitivity results indicated Escherichia coli ESBL (extended-spectrum beta-lactamases infection an enzyme found in strains of bacteria can't be killed by many antibiotics) and Enterobacteriales (a large order of different types of bacteria that commonly cause infections both in healthcare settings and communities).</p> <p>A hospital death note for Resident E, dated 6/6/22 at 4:10 a.m., indicated resident was noted to require increased pressor requirements throughout the night despite stress dose steroids and broadening antibiotics. Upon resident reporting pain they opted for comfort care. All life sustaining measures were stopped, and resident passed within the hour. Discharge problems: sepsis, with acute renal failure and septic shock</p> <p>During an interview on 11/7/22 at 9:31 a.m., RN (Registered Nurse) 22 indicated generally the aides emptied the foley catheter bags by the end of each shift and would then document the amount of urine emptied in the vital sign section of the EMR, and nurses documented the results in the MAR. Staff were to always document the amount of urine emptied in milliliters (ml), there would never be a time staff should document urine output as small, medium, or large. Aides were not trained or allowed to assess, but they knew their residents well and would alert the nurse if a resident was not acting like their normal such as more confusion, dark colored urine, or strong odor of urine. The nurse would then assess the resident, look for signs of infection that could include change in cognition, fever, discolored urine, or stopped up catheter. The nurse could flush or change the catheter as needed or get an order for labs to rule out infection. The facility had 3 different NP's (Nurse</p>						

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	<p>Practitioners) that generally rounded during the week, and a MD or NP that were on call 24 hours a day, 7 days a week for notification of resident concerns.</p> <p>During an interview on 11/07/22 at 9:58 a.m., CNA (Certified Nursing Assistant) 20 indicated The foley catheter bag was to be emptied each shift, she did not use the markings on the side of the urine drainage bag due to maybe not a true reading as the bag expanded. Staff used a plastic triangular cylinder urinal cup with cc/ml markings on the side to read output and reported to the nurse to be recorded by the end of the shift. There would be no time the amount would be reported as small, medium, or large. In the electronic ADL (activity of daily living) daily documentation staff were prompted to document if the resident had any unusual behaviors, or if different colors and characteristics of urine.</p> <p>During an interview on 11/07/22 at 12:02 p.m., the DON indicated residents with foley catheters had MD orders that appeared on the resident MAR to document foley care, foley changes, suprapubic foley cleaning of site on night shift, size and cc of balloon to change the foley monthly and as needed for leakage and blockage or dislodgement, privacy bag at all times, flush as needed or routine orders with 60 cc acidic acid or normal saline. Urine output was documented in vital signs section of EMR to be documented every shift in ml/cc. On the MAR the nurse documented mls. The aides documented small, medium or large. CNAs were educated to report changes in cognition, change in urine color or mucus in urine, to the nurse. Nurse then assessed the resident, relayed information to the MD for potential orders. Review of Resident E's MAR with the DON, indicated no documentation of the MD</p>						

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	<p>being notified of blood tinged urine on 6/4/22 or 6/5/22 until the significant other reported change in condition, no urine output during the day shift on 6/5/22 before discharge to hospital, or foley change or flush in June 2022. DON indicated, on 6/4/22, progress note indicated resident's foley was changed 6/3 without explanations of why or time, but to her knowledge that was the resident's regular monthly foley change.</p> <p>On 11/07/22 12:26 p.m., the DON indicated the facility had a Catheter Care Procedure, dated 5/23/18, but the procedure did not address placement of dignity bags, documentation of urine output, or monitoring for complications to include signs or symptoms of infection.</p> <p>A Course Completion History report of staff education indicated on 2/9/22 staff were assigned a continuing education course to be completed electronically. The module included performing foley catheter and perineal care. Description of the course indicated, "many people you provide care for will have a urinary catheter. Unfortunately, urinary catheters often lead to infections and complicationsthis course discusses how to perform perineal care and catheter care. It also discusses how to empty a catheter drainage bag...." 2. On 10/31/22 at 11:30 a.m., Resident F was observed as she sat in a wheelchair (WC) at the end of her bed. The lights were off in her room. The television (T.V.) was off. There was no music, and the blind to her window were shut. She wore only a hospital gown and had a thin sheet over her lap and draped across one shoulder. At that time, Resident F appeared tired and indicated she did not feel very good. She was able to hold her head up and made eye contact but appeared fatigued and did not elaborate into conversation.</p>						

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	<p>On 10/31/22 at 2:05 p.m., Resident F was observed for follow up. She remained in her WC at the end of her bed. The lights and T.V. remained off. At that time, she appeared fatigued, and was unable to answer questions appropriately and her speech was nonsensical. Although she was alert, she did not elaborate into conversation and only indicated she did not feel well but could not give details about why she felt bad.</p> <p>On 10/31/22 at 2:10 p.m. a brief record review revealed Resident F had a pending UA (uranalysis) which had been collected 4 days earlier on 10/27/22.</p> <p>On 11/1/22 from 9:11 a.m. until 9:25 a.m., a continuous observation of Resident F was conducted due to concern for her positioning in her wheelchair (WC). She was seated in a regular WC in the main dining room. She was positioned poorly, reclined back as if she slipped down. Her head was hyperextended backwards so that she faced directly upward and stared blankly at the ceiling. Her eyes were open but not seeing, her mouth gaped open and closed as she breathed. Her respirations were noted to be short, shallow, and labored. Even after repositioning, Resident F was unable to hold her head up and was confused.</p> <p>During an interview on 11/1/22 at 9:26 a.m., QMA (Qualified Medication Aide) 6 indicated she had not noticed Resident F in any distress earlier that morning. She had taken her medication whole and got up into her chair with no problems, "she seemed OK to me," but she would send the nurse down to get some vitals.</p> <p>On 11/1/22 at 9:34 a.m., LPN (Licensed Practical</p>						

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	<p>Nurse) 11 entered Resident F's room and completed a set of vital signs which were within normal limits. LPN 11 asked Resident F her name, and she was able to answer correctly. Then he asked where she was, and Resident F could not answer but guessed the correct city. At that time, LPN 11 indicated he did not see cause for concern at this time since her vitals were within normal limits.</p> <p>On 11/2/22 at 9:24 a.m., Resident F was observed as she laid in bed in a hospital gown. She spoke nonsensical to herself and did not answer direct questions. An overbed table was pulled close to the open side of her bed where a breakfast plate was within reach. It appeared nothing had been consumed. Her utensils were not even unwrapped. She was observed to have short shallow breaths, and tremors were noted in her hands and mouth. She indicated, "yes I feel quite confused." She indicated she was not hungry when asked.</p> <p>During an interview on 11/2/22 at 9:27 a.m., LPN 8 indicated Resident F seemed pretty confused, more so than when she had admitted back in October. In order to get urine for the UA orders the previous week, LPN 8 indicated Resident F needed a I/O (in/out catheterize a sterile procedure where a thin catheter is inserted into the urethra into the bladder to drain urine). The first sample must have been contaminated so she drew a second sample. She indicated the samples were dark amber with a foul smell and she had encouraged Resident F to drink more. When asked about the current pending UA mentioned in the nursing progress note on 11/1/22 at 2:02 p.m., LPN 8 indicated it should have already been drawn but was not sure if it had, so she went to look.</p>						

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	<p>On 11/2/22 at 10:19 a.m., LPN 8 and QMA 6 were observed as they exited Resident F's room. LPN 8 held a urine sample cup in a clear bio plastic bag. The urine was dark amber in color. LPN 8 indicated she was not able to find a sample from yesterday, so she had just come down to I/O cath her for the sample. She indicated the urine was too dark in color and it had a foul smell too.</p> <p>On 11/2/22 at 3:48 p.m., Resident F was observed as she remained in bed. Her eyes were open but not seeing. She was alert to verbal stimuli but was unable to answer questions and her speech was nonsensical. A new bag of Hypodermoclysis (a subcutaneous [SubQ] administration of isotonic fluids to treat or prevent dehydration) was observed to hang beside her bed and was inserted in her lower right abdomen.</p> <p>On 11/3/22 at 9:25 a.m., Resident F was observed as she remained in bed. The SubQ fluid continued to run. Resident F opened her eyes but stared off into around the room. She appeared uncomfortable as she fidgeted in bed, wrung the sheets in her hands and rubbed her feet together and against the mattress. Her breaths were short and shallow. Although her breakfast tray was at her bedside, it appeared nothing had been consumed. There was a bite of dried eggs left on her fork. Resident F indicated her stomach hurt.</p> <p>On 11/3/22 at 2:00 p.m., The Director of Nursing (DON) indicated there were no MD (medical doctor) and/or NP (nurse practitioner) notes scanned in because they were still with the doctor's office. She indicated she would contact them about getting copies.</p> <p>On 11/3/22 at 2:19 p.m., QMA 12 indicated he just</p>						

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	<p>finished checking her vitals which were all within normal limits. He indicated, she appeared more relaxed than she was earlier that morning but was still more confused than usual but saw no cause for concern.</p> <p>On 11/3/22 at 2:20 p.m., as QMA 12 left the room, Resident F's family member entered for a visit. He indicated he was very concerned about Resident F because she had declined so much since she had been admitted. He indicated she had stopped eating, become more confused and weaker. A lunch tray was observed on a far bedside table top still covered. The family member removed the lunch tray lid and revealed a full plate of food. He indicated she had not eaten any lunch. The family member expressed frustration that he had been asking questions about Resident F's condition but could never speak with the doctor, instead the nurses kept giving him the run around.</p> <p>On 11/3/22 at 2:34 p.m., Unit Manager (UM) 5 provided a copy of a Nurse Practitioner (NP) progress note and indicated the NP had seen Resident F the day before for an initial visit, there were no other MD/NP notes. At this time, he provided a copy of the progress note. The note was reviewed with UM 5.</p> <p>The note was dated 11/2/22 with no timestamp of the visit, and the note was not signed/finalized until 11/3/22 at 2:09 p.m., (9 minutes after it had been requested). The note indicated it was an "initial visit" with no chief complaints. The subjective indicated, " ... Patient admitted to Witham Hospital for debility, orthostasis (low blood pressure), Covid. She was diagnosed 10/7/22 with Covid, UTI and sent home on Bactrim. She represented to the hospital due to debility and fatigue ... She is confused today and</p>						

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	<p>unable to aid in HPI (history/physical interview) ...fluent speech ... No urinary retention was noted, no urine odor was noted. The NP ordered IVF (Intravenous fluids- fluids pushed a catheter inserted into a vein) although the SubQ had already been placed, to treat for dehydration. Her confusion was contributed to linger side-effects from a recent COVID-19 infection and staff should continue to monitor her. Because she had a one-time dose of antibiotics on 10/31/22, the pending UA was to be reviewed when available.</p> <p>On 11/3/22 at 3:36 p.m., UM 5 entered Resident F's room. UM 5 indicated he did not think there was cause for concern related to her overall decline when asked. He had spoken to the NP yesterday and they were waiting on the results of the UA.</p> <p>On 11/3/22 at 3:43 p.m., Resident F's family member indicated he was "really concerned" about her and requested the nurse for an assessment to which UM 5 agreed to do and left the room to get the vitals rack.</p> <p>On 11/3/22 at 3:49 p.m., UM 5 entered the room to complete an assessment on Resident F. He listened to her abdomen and indicated bowel sounds were present in all 4 quadrants. She did not have a temperature and her oxygen saturation was good. When UM 5 asked what her name was, Resident F could not answer, but in a sing-song voice replied, "Junie, Junie, Junie, June" which was not her name. She could not answer where she was, or who was with her, including her family member. She indicated she did have pain across her stomach, and when UM 5 palpated the area, she was most tender in the right upper quadrant of her stomach. She winced and placed her arm over the area to prevent further palpation.</p>						

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	<p>On 11/3/22 at 3:55 p.m., UM 5 he would notify the Doctor of the new pain and her confusion. At this time, Resident F was observed to reach upward and wave her arm around slowly as if reaching for something. Then she put her fingers to her mouth and when asked what she was doing, she indicated, "taking my pills," although there were not medications in her hands. Her family member indicated, Resident F was very unlike herself, and he was concerned.</p> <p>On 11/3/22 at 4:38 p.m., Resident F's spouse indicated they had come back down and told him they were going to send her to the ER (emergency room) and he was very thankful.</p> <p>During an interview on 11/4/22 at 1:00 p.m., the DON indicated Resident F had been admitted to the hospital with a UTI.</p> <p>An Emergency Department Notes dated 11/3/22 at 5:15 p.m., indicated, "... [Resident F] brought in for evaluation of altered mental status and right upper quadrant pain ... today became more altered and started hallucinating Shortly after arrival became hypotensive at 93/69. Will start IV NS, U/A also resulted and looks infected ... altered mental status and hallucinations ... abdomen soft with diffuse tenderness with voluntary guarding ... low blood pressure. We are concerned for sepsis. Urinalysis as documented shows evidence of UTI ... reviewed patient's EKG showing sinus rhythm with a rate of 89 with anterior ST depressions new from prior EKG of 10/14/22. Will work the patient up with a CT scan of the chest abdomen and pelvis, full abdominal labs, and cardiac enzymes. Plan will be admission ...</p> <p>Discharge Plan: sepsis, acute UTI, acute alteration in mental status, abdominal pain, choledocholithiasis, hypokalemia,</p>						

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	<p>hypomagnesemia"</p> <p>A Hospitalist History and Physical, dated 11/3/22 at 10:00 p.m., indicated, " ...Acute UTI and admitted to hospital continued Cipro await C&S. Alteration in mental status, suspect secondary to UTI ... acute kidney injury (AKI) unclear if patient having good intake at ECF [extended care facility], suspect is pre-renal likely due to dehydration. Creatinine 1.2 on 11/2, 0.8 in October, now 1.3. Will hold losartan, avoid nephrotoxin agents, IV fluids, monitor renal function ... hypokalemia, [low potassium (K+)] 2.5 replete and monitor ... Hypomagnesemia [low magnesium (Mg)] 1.5 replete and monitor."</p> <p>During an interview on 11/7/22 at 9:30 a.m., Resident F's family member indicated, she was still in the hospital and not doing much better. She was admitted for a UTI and had several other issues. The doctor that was treating her now, had been the doctor that discharged in back in October, and he had expressed concerns over the extensiveness of her decline. It was unclear at that time when she would be able to leave the hospital.</p> <p>On 11/1/22 at 10:00 a.m., Resident F's medical record was reviewed. She was admitted to the facility on 10/18/22 after an acute hospital stay where she had been diagnosed with a UTI, COVID, and Cholestasis (gallstones).</p> <p>A nursing progress note, dated 10/23/22 at 5:42 p.m., indicated, Resident F's urine was collected via I/O catheter for UA. The urine was noted to have a foul odor, cloudiness and dark yellow in color with resident reporting dysuria (burning sensation while urinating).</p> <p>The corresponding lab result was received on</p>						

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	<p>10/26/22 at 11:16 a.m. and indicated mixed pathogen probable contamination.</p> <p>A second UA was collected on 10/27/22 at 3:00 p.m. Results were received 10/30/22 at 11:40 a.m. and positive for an infection at which time the NP was notified and ordered a one-time dose Fosfomycin tromethamine (an antibiotic medication) which was administered.</p> <p>A nursing progress note, dated 10/31/22 at 4:18 p.m., indicated Resident F' C&S (culture & sensitivity, a test used to determine the type of infection) results were received which indicated proteus mirabilis, (a common pathogen responsible for complicated UTIs that sometimes causes bacteremia, when the bacteria enters the blood stream). At that time the NP indicated, no additional antibiotics were needed since she had already received the one-time dose the day before.</p> <p>A nursing progress note, dated 11/1/22 at 12:38 p.m., indicated, the nurse was called to Resident F's room for complaints of the resident being lethargic. The nurse assessed the residents' vitals which were within normal limits and contacted the MD with no new orders.</p> <p>A nursing progress note, dated 11/1/22 at 2:02 p.m., indicated Resident F had intermittent confusion, generalized weakness and poor appetite. The MD was notified, and new orders were obtained to send labs for another UA & C&S.</p> <p>The corresponding UA was collected on 11/2/22 at 12:00 p.m., (although the results were not received until after the resident was transferred to the hospital) the results were received on 11/4/22 at 4:29 p.m., and was positive for a second</p>						

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	<p>organism, klebsiella oxytoca (a bacteria mostly spread through person-to-person contact, or by contamination in the environment).</p> <p>A nursing progress note, dated 11/2/22 at 8:30 a.m., indicated, the nurse was called to Resident F's room after she told the CNA she did not feel good. Resident's vital signs were within normal limits and oxygen saturation was 100% on room air. The Progress note did not indicate the MD had been notified.</p> <p>A nursing progress note, dated 11/2/22 at 10:22 a.m., indicated Resident F's urine had been obtained via I/O cath per sterile technique. The urine was amber in color and Resident F was encouraged to drink more fluid.</p> <p>A nursing progress note, dated 11/3/22 at 4:31 p.m., indicated, was alert and oriented to herself with intermittent confusion. She was noted to be hallucinating and seeing invisible things in the air, resident said to spouse that she was taking her pills when there were no medications to take. She complained of abdominal pain. The on-call physician was notified, and a new order was received to send the resident to the ER for further evaluation and treatment.</p> <p>Resident F had a comprehensive care plan initiated 10/29/22 which indicated, she was at risk for dehydration related to cognitive impairment, depression, and recent infection. Interventions for this plan of care included, but were not limited to: Assess for dehydration (dizziness on sitting/standing, change in mental status, decreased urine output, concentrated urine, poor skin turgor, dry, cracked lips, dry mucus membranes, sunken eyes, constipation, fever, infection, electrolyte imbalance) and to assist with</p>						

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	<p>fluids as needed.</p> <p>Resident F had a comprehensive care plan initiated 10/29/22 which indicated she was at risk for potential for complications associated with urinary incontinence, skin breakdown and UTI. Interventions for this plan of care included but were not limited to: observe labs as ordered and report results to physician, Observe need for / schedule appropriate diagnostic procedures and provide/encourage use of adaptive equipment.</p> <p>3. On 11/1/22 at 10:24 a.m., Resident G was initially observed in the Rosewood unit nurses station lobby. She sat upright in a broad wheelchair with pressure relieving boots to both her feet. Although her eyes were open, and she stared off throughout the room. There was a small smile on her face, and she was unable to answer questions. She was pleasantly confused.</p> <p>On 11/3/22 at 12:07 p.m., Resident G's medical record was reviewed. She was a long-term care resident with current diagnoses which included, but were not limited to, dementia, weakness, need for assistance with personal care and chronic kidney disease. She had a comprehensive care plan, initiated 11/2/19, revised 11/1/22. The care plan indicated Resident G required a therapeutic/mechanically altered diet due to her diagnoses of diabetes, and dysphagia. Resident G was being cued and assisted with meals and was at risk for weight loss secondary to Alzheimer's dementia and advanced age. Resident G had a decline in her condition as the result of a fall, which has</p>						

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	<p>caused her to become dependent with all ADL's, which included but was not limited to eating, and drinking. Interventions for the plan of care included but were not limited to: Provide set up and assistance with meals, monitor weights, intakes and appetite and staff assisting with meals at this time. She had a comprehensive care plan, initiated 1/12/17, revised 8/15/22. The care plan indicated Resident G has a potential for complications associated with incontinence of bowel and/or bladder. Interventions for the plan of care included but were not limited to: Monitor and report any changes in bladder status to nurse such as: low urine output, foul smelling urine, discolored urine, pain, bladder distention, frequency, urgency, and fever. A nursing progress note dated 7/12/22 at 6:13 p.m., indicated, Resident G's family was visiting and assisting her to eat in the main dining room. The family member notified nursing that Resident G's hands were shaking, and an aide stated, "this happened yesterday." No other signs or symptoms of distress were noted. The family member stated she was going to call 911 and send Resident G to the hospital because she felt that something was wrong with Resident G. The Nurse advised the family member, 911 wasn't needed at that time, but the family member remained adamant about sending her to the ER and called 911. The</p>						

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	<p>record lacked documentation that the resident's shaking hands, as noted by the aide on the previous day, had been reported to the physician. A nursing progress note, dated 7/12/22 at 9:30 p.m., indicated Resident G returned to the facility with a new diagnosis of a UTI. She had received a new order for cephalexin (an antibiotic medication). During an interview on 11/7/22 at 2:07 p.m., the DON indicated only the Short ER Summary was scanned into Resident G's record. She did not know if there were other documents including her labs from that hospital stay but she would contact the hospital and have them sent over. On 11/7/22 at 2:55 p.m., the DON provided a copy of Resident G's 7/12/22 hospital record and indicated it had just been faxed over from the hospital. The corresponding hospital record was, dated 7/12/22, indicated, "...[family] states that she was with the patient this evening for dinner. She states it is typical for the patient to have a slight tremor in her right hand and foot. However tonight she had more diffuse shaking, thought that she was chilling ... history of urinary tract infection ... plan will be to treat for UTI ... urine sent for culture, given a dose of Rocephin IV (an antibiotic medication) ... Urine culture positive for Strep agalactiae (bacteria, an uncommon causative of urinary tract infections). 4. On</p>						

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	11/2/22 at 10:00 a.m., License Practical Nurse (LPN) 8 indicated Resident H had urinary analysis (UA) results received on 10/28/22 at 3:10 p.m. A scanned picture of the results was sent through Diagnostics (secure mobile platform to enhance care team communication) on 10/31/22 at 7:45 a.m. LPN 8 indicated the doctor had not been here this week. Resident H was not on antibiotics. On 11/2/22 at 10:22 a.m., Minimum Data Set Coordinator (MDSC) looked further into the Diagnostics system to see if any staff had reached out to the provider about Resident H's continuing UTI symptoms. She indicated no further communication was sent or received on Diagnostics. She would message Diagnostics about the continued symptoms and ask about treating the Resident for a UTI. On 11/2/22 at 10:31 a.m., the MDSC indicated she put in a new note in Diagnostics to ask for a follow-up because Resident H was still symptomatic for a UTI. On 11/2/22 at 10:51 a.m., MDSC provided information regarding the facility's communication with the provider, through Diagnostics, regarding Resident H's bladder issues. On Monday, 10/31/22 at 7:53 a.m., the Diagnostics nurse, RN 18, indicated to place the 10/28/22 UA test results in the provider's binder. No new orders were received. On Wednesday, 11/2/22 at 10:31 a.m., the facility indicated						

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	<p>the 10/28/22 UA results were sent to Diagnotes on Monday, 10/31/22. No new orders were received, but Resident H was still having pain with urination. On 11/2/22 at 10:49 a.m., the Diagnotes Nurse Practitioner (NP 19) indicated the 10/28/22 UA was, "just contaminated." Repeat the UA. On 11/2/22 at 10:53 a.m., Resident H's record was reviewed. Her diagnoses included, but were not limited to, history of urinary tract infections, overactive bladder (sudden need to urinate), chronic kidney disease, stage 3 (mild or moderate kidney damage with less ability to filter waste and fluid out of your blood) and the need for assistance with personal care. A care plan, revised on 10/25/22, indicated Resident H had a history of UTIs. The goal was for the resident to have no active UTIs. The staff approaches were to encourage fluids, assist or provide pericare (cleaning of the private areas) as needed, offer and assist with toileting ever 2-3 hours if needed, and complete labs per physician's orders. A care plan, revised on 10/25/22, indicated Resident H had a potential for complications associated with incontinence, skin breakdown, and UTI. The staff approaches were to observed labs as ordered and report the results to the physician, report changes in her bladder status to the physician, and report any changes to the</p>						

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	<p>nurse such as pain, bladder distention, frequency, and urgency. On 11/2/22 at 11:01 a.m., MDSC charted Resident H was still having pain with urination. She reached out on Diagnostics and received information that the previous UA was contaminated and a new order to repeat the UA. On 11/2/22 at 12:29 p.m., LPN 8 charted the UA specimen was obtained and placed in the refrigerator for the lab to pick up. On 11/2/22 at 1:54 p.m., LPN 8 charted she received new orders for Resident H to receive Pyridium (treats urinary urgency, pain, and discomfort) and labs. The UA specimen was in the refrigerator awaiting pick up. On 11/3/22 at 10:15 a.m., LPN 8 charted she spoke with the pharmacy regarding the facility not receiving Resident H's Pyridium. The pharmacy stated they are out of stock and will send it Friday, 11/4/22. On 11/3/22 at 8:58 p.m., LPN 14 charted Pyridium was delivered by the pharmacy, the first dose given at 7:00 p.m. During an interview, on 11/3/22 at 2:41 p.m., Resident H indicated it was still burning when she urinated, and she was going more frequently, and the urine just dribbled out. She felt as if she could not empty her bladder. She thought she had a bladder infection and did not know why the facility was not giving her medication for it. On 11/3/22 at 4:09 p.m., the Director of</p>						

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	<p>Nursing (DON) indicated there was no Pyridium in the emergency drug kit (EDK) and Resident H had not received anything yet for her bladder issues. During an interview, on 11/3/22 at 4:12 p.m., Resident H's nurse, Registered Nurse (RN) 5 indicated the Pyridium brand name cannot be dispensed, and the pharmacy needed to get the generic drug. The pharmacy indicated they can stat (rush order) the generic Pyridium. Resident H's medication administration record (MAR) was reviewed. The first dose of Pyridium was given on 11/3/22 between 6:00 to 10:00 p.m. The second and third dose were given on 11/4/22 between 6:00 to 10:00 a.m. and 11:00 to 3:00 p.m. respectively. On 11/4/22 at 2:46 p.m., Resident H indicated still was still in pain upon urination, but it was not as bad as it was. They put her on something for her bladder now. On 11/4/22 at 2:49 p.m., Resident H's physician orders were reviewed. A new physician order indicated prescription Pyridium (phenazopyridine) tablet; 100 mg three times a day from 11/3/22 to 11/5/22. On 11/7/22 at 9:30 a.m., Resident H's urine output charting was reviewed. The amounts of urine output were recorded as small, medium, or large. The urine output was not measured in mL (milliliters). On 11/7/22 at 12:46 p.m., RN 5 indicated for Resident H's UA on</p>						

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	<p>11/2/22, the lab drew blood for CMP (comprehensive metabolic panel) and could not find the UA specimen. The lab provided the blood results. On 11/7/22 at 12:53 p.m., RN 5 indicated the order for the UA was put in the system. He did not know where the miscommunication was for the UA. This had happened before with other test results from other residents too. He indicated we looked everywhere for Resident H's 11/2/22 urine sample and we were unable to find it. We acquired a new UA specimen from Resident H today on 11/7/22 for a STAT pick up. The lab had not picked up today's urine sample yet. The time frame to pick it up was 4-6 hours. Results were usually received the same day. The clysis (a rehydration process of infusing fluids into the subcutaneous space) was started due to blood lab results of dehydration received on Friday. One liter of fluid was infused. On 11/9/22 at 10:32 a.m., A Lab personnel indicated they did not pick up urine on 11/3/22. Her documentation only shows a blood draw on 11/3. Blood and urine specimen were picked up on 11/7/22. The results were faxed on 11/8/22 at 10:19 a.m. On 11/9/22 at 10:58 a.m., nursing progress notes were reviewed. LPN 11 charted, on 11/7/22 at 9:05 p.m., received an order for "Macrobid 100 mg BID (twice a day) x 5 days" from NP 25, following positive Stat</p>						

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	<p>UA. Antibiotics (ATB) retrieved from the EDK and administered immediately.</p> <p>Resident had no complaints of pain or discomfort at this time. LPN 11 charted, on 11/8/22 at 8:48 a.m., Resident H on ATB for UTI, no adverse signs or symptoms noted at this time. On 11/9/22 at 11:09 a.m., the Infection Preventionist (IP) indicated resident's had facility acquired UTIs. a. For June 2022, they had 6 UTIs including Resident H on 6/30/22. b. For July 2022, they had 6 UTIs, including Resident B, G, and H. c. For August 2022, they had 2 UTIs. d. For September 2022, they had 5 UTIs, including Resident J. e. For October 2022, they had 7 UTIs, including Resident B and F. f. As of November 11/9/22, they had 2 UTIs, including Resident H. On 11/9/22 at 11:26 a.m., the IP indicated she thought it was staffing issues because of inconsistent care givers. No one was accountable for the care provided to residents. In October, she did education on peri-care, hand washing, infection control, wiping a resident from front to back with new cloth, and not harsh chemicals as the male care givers were prone to do. On 11/7/22 at 9:05 a.m., the DON provided a copy of current facility policy titled, "Notification of Change of Condition," dated 7/7/22. The policy indicated, "To ensure appropriate individuals are notified of changes in condition. 1. The</p>						

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	<p>facility must inform the resident, consult with the resident's physician; and notify consistent with his or her authority, the resident representative(s) when there is: a. an accident involving the resident which results in any injury and has the potential for requiring physician interventions. b. A significant change in the resident's physical, mental, or psychosocial status. c. A need to alter treatment significantly. d. Decision to transfer or discharge a resident form the facility. 2. Documentation of notification or notification attempts should be recorded in the resident electronic medical record. 3. The resident and/or representative and medical provider should be notified of change in condition. 4. If unable to contact the physician, depending on the significance of the change, may contact the Medical Director, as appropriate." On 11/4/22 at 3:30 p.m., the DON provided a copy of current facility policy titled, "Physician Services," dated 7/7/22. The policy indicated, "the medical care of each resident is under the supervision of a Licensed Physician. the facility provides or arranges for the provision of physician services 24 hours a day. 1. Each resident should be allowed to designate a personal physician. 2. The resident's attending physician participates in the resident's assessment and care planning, monitoring changes in</p>						

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	<p>resident's medical status, providing consultation or treatment when called by the facility, and overseeing a relevant plan of care for the resident. This also includes but is not limited to prescribing new therapy or ordering a transfer to hospital ... 4. The physician will perform pertinent, timely medical assessments; prescribe an appropriate medical regimen; provide adequate, timely information about the resident's condition and medical needs; visit the resident at appropriate intervals; and ensure adequate alternative coverage. 5. The resident will be seen by a physician at least every 30 days for the first 90 days after admission and at least once every 60 days thereafter. The initial comprehensive history and physical is to be completed by the physician, and then every other subsequent required visit can be completed by a Nurse Practitioner (NP) or Physician Assistant (PA) ... 9. Physician orders and progress notes shall be maintained in accordance with current Omnibus Budget Reconciliation Act (OBRA) regulations and facility policy"On 11/9/22 at 12:00 p.m., the Director of Regulations (DOR) provided a copy of current facility policy titled, "Laboratory Protocol-Diagnostic Testing," dated 5/24/18. This policy was used for staff in-service and re-education as a part of the Immediate Jeopardy (IJ) removal plan. The</p>						

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	<p>policy indicated, "To provide uniform procedures for obtaining necessary diagnostic services when ordered by the Attending Physician/NP/PA or clinical Nurse Specialist. 1. Provide laboratory, radiological and diagnostic services as necessary and appropriate. 2. Assure that the residents receive laboratory, radiological and diagnostic services as ordered by the Attending Physician/NP/PA or clinical Nurse Specialist. 3. Assure that the results of all diagnostic services are reported to the resident's Attending Physician/NP/PA or clinical Nurse Specialist as necessary." On 11/9/22 at 12:00 p.m., the DOR provided a copy of current facility policy titled, "Catheter Care Procedure," dated 5/23/18. This policy was used for staff in-service and re-education as a part of the Immediate Jeopardy (IJ) removal plan. The policy indicated, " ...13. Routinely check to ensure; Catheter tubing is secured, tubing is not looped or positioned above level of bladder, tubing is not kinked or clamped, drainage bag is positioned below level of cladder for urine to flow freely into bag, drainage bag is not overfull. Empty drainage bad when 1/2 full or every 3-6 hours, drainage bag is covered with a privacy cover unless resident requests otherwise"On 11/9/22 at 12:00 p.m., the DOR provided a copy of current facility policy titled, "Urinary Tract Infections</p>						

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	<p>(Catheter-Associated) Guidelines for Preventing," dated 9/2017. This policy was used for staff in-service and re-education as a part of the Immediate Jeopardy (IJ) removal plan. The policy indicated, "The purpose of this procedure is to provide guidelines for the prevention of catheter-associated urinary tract infections (CAUTIs) ... 3. Be able to identify and report the clinical signs and symptoms of a urinary tract infection (with or without catheter), including; acute dysuria, fever, pain, swelling or tenderness to testes, epididymis or prostate, suprapubic tenderness, costovertebral angle (flank) tenderness, leukocytosis, hematuria, incontinence, increased urgency or frequency, hypotension, confusion and/or functional decline, and/or purulent discharge around catheter ... General Guidelines: 1. It is the responsibility of the interdisciplinary team to maintain vigilant practices to prevent CAUTIs and to recognize and report early indications that a UTI may be developing. 2. Facility-wide surveillance of infections (as defined by currently adopted definitions of infections for surveillance purposes) is collected as part of the infection control program. 3. Targeted surveillance of UTIs and CAUTIs is performed as indicated by the Infection Control Committee. Surveillance and reporting of confirmed</p>						

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	<p>UTIs and CAUTIs through the National Health Safety Network is recommended. 4. Surveillance data gathered on infections is used as part of the overall facility Quality Assurance and Performance Improvement Plan"On 11/9/22 at 12:00 p.m., the DOR provided a copy of current facility checklist "Measure and Record Output from a Urinary Drainage Bag," from Lippincott 2019, 8th edition. This checklist was used for staff in-service and re-education as a part of the Immediate Jeopardy (IJ) removal plan. The checklist indicated, "This checklist identifies the steps needed to measure and record output from a urinary drainage bag. It also provides rationales to explain why these steps are performed ... Measurement and disposal- with the graduated cylinder at eye level, measure the urine level. Empty the urine into the toilet [to] ensure an accurate reading Documentation- document the urine output in cc/mL (cubic centimeters/milliliters) and all care activities in the medical record [to] track all care activities" The immediate jeopardy that began on 6/3/22 was removed on 11/8/22 when the facility screened all residents for change in condition, laboratory testing being completed as ordered, and physician notification of changes; provided staff education; implemented audits and monitoring for urinary catheters and</p>						

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F 0712 SS=D Bldg. 00	<p>pericare; but noncompliance remained at the lower scope and severity level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy due to the continued need for monitoring. This Federal tag was related to Complaint IN00386641. 3.1-41(a)(1)3.1-41(a)(2)</p> <p>483.30(c)(1)-(4) Physician Visits-Frequency/Timeliness/Alt NPP</p> <p>§483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.</p> <p>§483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</p> <p>§483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.</p> <p>§483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section.</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure a newly admitted resident was evaluated, in person, by a Medical Professional within a timely manner (Resident F).</p>			F 0712	<p>1. Resident F no longer resides at the facility.</p> <p>2. A one-time review of new admissions has been completed for the past 30 days of Physician</p>		12/07/2022

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	<p>Findings include:</p> <p>During an interview on 11/10/22 at 10:02 a.m., the facility's Medical Director indicated he had been made aware of the immediate jeopardy (IJ) which was identified and confirmed during the survey period. He indicated he was a bit surprised to learn that the IJ was related to UTIs (urinary after she began to experience an acute change of condition which resulted in actual harm after she was ultimately hospitalized and diagnosed with sepsis secondary to a UTI, acute kidney injury classified as pre-renal failure due to dehydration and had low potassium and magnesium levels tract infections) because UTIs had not been a targeted area of concern. As the Medical Director for the facility, his main role included but was not limited to regular visit to campus for the QAPI meetings, but he did not conduct routine rounding on residents as that task was designated to another Medical Doctor (MD) 36 and/or a Nurse Practitioner. It was his expectation that newly admitted residents would have an initial visit conducted by the Medical Doctor, and not an NP, however if there were acute concerns the NP could make an unscheduled visit if needed for changes of condition. Changes of condition would be classified as something like a fall, abnormal labs, a change in vital signs or altered mental status, etc.</p> <p>During an interview after survey exit on 11/10/22 at 4:21 p.m., Medical Doctor (MD) 36 indicated she was the primary on-campus physician under the supervision of the Medical Director. She indicated she had been made aware of the immediate jeopardy which was identified and confirmed during the survey period which was related to UTI, catheter care and changes in</p>				<p>visits to validate the visit has been completed for any resident requiring a physician visit within the 30-day admission period. This audit was completed by medical records staff on 12/07/2022.</p> <p>3. The Clinical Administrative Team, Attending Physician(s), and Nurse Practitioner(s) have been re-educated on the Physician Visits-Frequency/Timeliness/Alternate Nurse Practitioner timing of physician visits, alternate visits, and of the physician may not delegate the responsibility of conducting the initial visit. This education was provided by the facility administrator and SDC on 12/6/2022. It is the responsibility of the Clinical team (DON, Medical Records, and Unit manager) to ensure the initial visits are completed by the attending physician. The Director of Nursing, Assistant Director of Nursing, Unit Manager, and/or Medical Records Designee will be responsible to audit new admissions daily, 5x a week for 2 weeks, then weekly for 4 weeks, and then monthly for 3 months to validate the attending physician completed the initial visit for new admissions. Any issues identified will be communicated to the Medical Director for further action as determined by the Medical Director, Administrator, and Director of Nursing.</p>		

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	<p>condition. MD 36 indicated an acute change of condition would be anything that may cause need to change treatment such as lethargy, altered mental status, bad labs a fall, skin tears ...etc. MD 36 indicated she had been on vacation the week of October 18th when Resident F was admitted, so she had not been able to assess her as a new admission and had not seen her upon her return. However, in her absence, the NP would be on call for acute concerns and of course there was the Medical Director was on call, but it appeared no one had evaluated her. Once a resident was admitted to the facility, the admitting nurse should immediately notify the physician so that an initial visit can be conducted within 48 hours, but the MD comprehensive assessment should be completed no later than 30 days. Additionally, MD 36 indicated it was very important for nursing staff to give detailed and accurate descriptions of the residents as they truly are, because "they are our eyes and ears," in order to call in new orders we need a clear picture of what is going on.</p> <p>When Resident F's medical record was reviewed, the record lacked documentation on the Nursing Admission Assessment that the physician had been notified of her arrival.</p> <p>During an interview on 11/10/22 at 12:40 p.m., the Director of Nursing (DON) indicated when the admitting nurse completed the Comprehensive Admission Assessment and checked off that the physician was notified at the bottom of the assessment, it would automatically trigger an alert to the Physician Office so that a visit could be conducted when the NP next rounded, which was at least once a week on Tuesdays. At this time, she provided a photocopied document that did not match the Admission Assessment reviewed in Resident F's medical record. When Resident F</p>				<p>4. An Ad Hoc QAPI meeting was held on 11/7/22, this meeting included the Medical Director by phone, and the CEO, DON, Regional Nurse, and the VPO The Administrator or Designee will review the audits completed. The results of the audits will be forwarded to the QAPI committee weekly for 4 weeks, and then monthly for 2 months. Based on the review and evaluation of the audits, the QAPI Committee will determine if the facility needs to modify or extend these audits. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.</p>		

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	<p>admitted on 10/18/22, MD 36 was on vacation, and it did not appear that MD 36 or the NP saw the resident until 11/2/22. The DON indicated they used a system called Diagnotes (an internal electronic system used for physician notifications/communication) and provided copies of Diagnotes records related to Resident F.</p> <p>The first Diagnote on record was dated 10/29/22 at 2:43 p.m., (11 days after her admission) when a nurse from the facility wrote, "[family member] wants to know when we will treat it [UTI] as this is the second attempt to get a urinalysis as the 1st one came back as a contaminated specimen, and it is now going on a week later and would like us to start something." At 2:59 p.m., an on-call gave the new order for Fosfomycin 3 gram (gm) times (x) 1.</p> <p>On 11/7/22 at 9:05 a.m., the DON provided a copy of current facility policy titled, "Notification of Change of Condition," dated 7/7/22. The policy indicated, "To ensure appropriate individuals are notified of changes in condition. 1. The facility must inform the resident, consult with the resident's physician; and notify consistent with his or her authority, the resident representative(s) when there is: a. an accident involving the resident which results in any injury and has the potential for requiring physician interventions. b. A significant change in the resident's physical, mental, or psychosocial status. c. A need to alter treatment significantly. d. Decision to transfer or discharge a resident form the facility. 2. Documentation of notification or notification attempts should be recorded in the resident electronic medical record. 3. The resident and/or representative and medical provider should be notified of change in condition. 4. If unable to contact the physician, depending on the significance of the change, may contact the</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP COD 1001 N GRANT ST LEBANON, IN 46052			
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	<p>Medical Director, as appropriate."</p> <p>On 11/4/22 at 3:30 p.m., the DON provided a copy of current facility policy titled, "Physician Services," dated 7/7/22. The policy indicated, "the medical care of each resident is under the supervision of a Licensed Physician. the facility provides or arranges for the provision of physician services 24 hours a day. 1. Each resident should be allowed to designate a personal physician. 2. The resident's attending physician participates in the resident's assessment and care planning, monitoring changes in resident's medical status, providing consultation or treatment when called by the facility, and overseeing a relevant plan of care for the resident. This also includes but is not limited to prescribing new therapy or ordering a transfer to hospital ... 4. The physician will perform pertinent, timely medical assessments; prescribe an appropriate medical regimen; provide adequate, timely information about the resident's condition and medical needs; visit the resident at appropriate intervals; and ensure adequate alternative coverage. 5. The resident will be seen by a physician at least every 30 days for the first 90 days after admission and at least once every 60 days thereafter. The initial comprehensive history and physical is to be completed by the physician, and then every other subsequent required visit can be completed by a Nurse Practitioner (NP) or Physician Assistant (PA) ... 9. Physician orders and progress notes shall be maintained in accordance with current Omnibus Budget Reconciliation Act (OBRA) regulations and facility policy"</p> <p>Cross Reference F690 and F684.</p> <p>3.1-22(b)(2)</p>						

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F 0758 SS=D Bldg. 00	<p>3.1-22(d)(1) 3.1-22(f)</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as</p>						

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	<p>provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on observation, interview, and record review, the facility failed to write a complete psychotropic (any drug that affects behavior, mood, thoughts, or perception) medication order to include the indication/diagnosis for the medication for 2 of 4 residents (Resident 63 and 67).</p> <p>Findings include:</p> <p>1. On 11/2/22 at 2:24 p.m., a record review was completed for Resident 67.</p> <p>His diagnoses included, but were not limited to heart failure, psychotic disorder with delusions due to known physiological disorder, anxiety disorder, cognitive communication deficit (an impairment in organization/thought organization, sequencing, attention and memory), and unspecified dementia (a group of symptoms affecting memory, thinking, and social abilities) with unspecified severity, without behavioral disturbance, and anxiety.</p> <p>Resident 67 was admitted to the facility on 7/19/22 with dementia as his only neurocognitive (cognitive functioning, associated structures, and</p>			F 0758	<p>1. Resident # 63 & # 67's diagnosis and psychotropic medications review were completed on 10/14/2022. The MD was notified, and the diagnosis was corrected.</p> <p>2. A one-time review of residents currently with psychotropic medications ordered has been completed validating that the appropriate diagnosis or indications for psychoactive medications are accurate and included with the medication order. This audit was completed on 12/7/2022 by the regional SCC. No concerns or further findings were identified. The Staff Development Coordinator (SDC) provided education to licensed nurses on the psychotropic medication policy with a focus on ensuring appropriate diagnosis with each psychotropic medication for residents with a psychotropic medication order and that a comprehensive assessment of the</p>		12/07/2022

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	<p>the processes of the central nervous system). diagnosis.</p> <p>On 11/2/22 at 2:24 p.m., Resident 67 had an active medication order list in the EMR (Electronic Medical Record) and received the following medications earlier in the day.</p> <p>a. Buspirone (a drug used to treat anxiety disorders or in the short-term treatment of symptoms of anxiety) 15 milligram (mg) by mouth two times daily for anxiety</p> <p>b. Seroquel (a drug used to treat certain mental/mood conditions) 50 mg by mouth two times daily for "N/A."</p> <p>c. Zoloft (a medication that works in the brain, approved for treatment of depression) 50 mg by mouth daily for depression.</p> <p>These medications had been added since his admission to the facility on 7/19/22.</p> <p>2. On 11/10/22 at 10:02 a.m., a comprehensive record review was completed for Resident 59.</p> <p>His diagnoses included, but not limited to, pressure ulcer of the sacral, stage 4 (full thickness skin loss with extensive destruction; tissue necrosis; or damage to the muscle, bone, or supporting structure), acute embolism (a blockage of a pulmonary artery), and thrombosis (local coagulation or clotting of the blood in a part of the circulatory system) of deep vein of left upper extremity, autistic (a broad range of conditions characterized by challenges with social skills, repetitive behaviors) disorder, intermittent explosive disorder (involves repeated, sudden episodes of impulsive, violent behavior or angry verbal outbursts in which a person reacts grossly out of proportion to the situation), anxiety disorder, and mood disorder due to know</p>				<p>resident, to ensure that a resident who has not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the medical record. This education was completed on 12/7/2022 and will be ongoing for new nurses in orientation, any nurse that was not educated before their next assigned shift and with agency staff before they begin their shift. This education will be included in new hire orientation for licensed nurses and any other agency staff.</p> <p>3. The SSD and/or DON / will be responsible to review psychotropic medications when ordered, then, 5x a week for 2 weeks, weekly for 4 weeks, and then monthly for 3 months, and ongoing audits will be weekly. Any issues identified will be immediately corrected, and 1:1 re-education completed for stakeholders as identified, up to and including disciplinary action as determined necessary by the Administrator and Director of Nursing.</p> <p>4. An Ad Hoc QAPI meeting was held on 11/7/22, this meeting included the Medical Director by phone and the CEO, DON, Regional Nurse, and the VPO The Administrator or Designee will review the audits completed. The results of the audits will be forwarded to the QAPI committee</p>		

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	<p>physiological condition.</p> <p>On 11/10/22 at 10:02 a.m., Resident 63 had an active medication order list in the EMR and received the following medication earlier in the day.</p> <p>a. Aripiprazole (a medication used to treat a wide variety of mood and psychotic disorders) 15 milligrams (mg), give 7.5 mg by mouth daily for "N/A."</p> <p>b. Buspar Buspirone (a drug used to treat anxiety disorders or in the short-term treatment of symptoms of anxiety) 10 mg by mouth two times daily for anxiety disorder due to known physiological condition.</p> <p>c. Risperdal (a medication used to treat certain mental/mood disorders) 0.5 mg 2 times daily for, "N/A."</p> <p>During an interview with the DON (Director of Nursing) on 11/7/22 at 2:34 p.m., she indicated medication orders did not require an indication for the use of the medication (diagnosis) and indicated to refer to the resident's face sheet for a list of resident's diagnoses.</p> <p>A policy, titled, "Psychotropic Medication Policy," dated 10/19/20, was provided by the Director of Nursing (DON) on 11/2/22 at 2:43 p.m. It indicated, ..."Based on a comprehensive assessment of a resident, the facility must ensure that a resident who has not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the medical record" It also indicated, "the indication for initiating, withdrawing, or withholding medication(s), as well as the use of non-pharmacological approaches, are determined by evaluating the resident's underlying condition,</p>				<p>weekly for 4 weeks, and then monthly for 2 months. Based on the review and evaluation of the audits, the QAPI Committee will determine if the facility needs to modify or extend these audits. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.</p>		

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F 0812 SS=E Bldg. 00	<p>current signs, symptoms, and expressions, preferences and goals for treatment"</p> <p>A current policy, titled, "General Medication Orders," dated 6/26/18, was provided by the Director of Regulation (DOR), on 11/10/22 at 9:52 a.m. It indicated, ..."Medication Orders- when recording orders for medications: specify the date and time; drug name; strength or concentration, if applicable; route of administration; dose; frequency of the medication ordered, name of prescriber, and the reason for administration....."</p> <p>3.1-48(b)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p>						

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	<p>Based on observation, interview, and record review, the facility failed to prevent the potential for food borne illness by undercooking unpasteurized eggs for a resident for 1 of 1 resident who consumed unpasteurized eggs (Resident 27). The facility failed to ensure the industrial dish washing machine reached the minimum wash and rinse temperatures for 2 of 2 observations of the kitchen which had the potential to effect 70 of 70 residents served from the kitchen.</p> <p>Findings include:</p> <p>On 10/31/22 at 9:46 a.m., an initial kitchen tour was conducted with the Kitchen Manager (KM). The following was observed:</p> <p>The reach in refrigerator on the food preparation line was observed to have an open rack of eggs. The eggs were no longer in their original packaging, and they were not observed to have a "P" to indicated, "pasteurized." (Pasteurized eggs are gently heated in their shells, just enough to kill the bacteria, making them safe to use in any recipe that calls for uncooked or partially cooked eggs.) The KM indicated she thought the eggs were pasteurized but upon closer inspection she did not see the "P" in any of the eggs and indicated it must be on the original packaging. She went to look.</p> <p>The KM indicated she could not locate a receipt for the eggs which she purchased at a local food store, nor could she find the original packaging to indicate if the eggs currently being used were Pasteurized. She indicated they were not Pasteurized because they did not have the "P" ink stamp. She had stopped ordering eggs from their kitchen supply company about 2 months ago</p>			F 0812	<p>1. Resident # 27 was assessed with no negative findings related to consuming unpasteurized eggs by the Unit Manager on 11/18/2022. Food items/eggs that were not dated/labeled were discarded by the Special Projects Leader. Dishwasher temps are logged and in compliance as of 12/6/2022.</p> <p>2. All facility in-house residents with a PO diet had the potential to be affected. Completed inspection of the kitchen was made by the Registered Dietician/ Special Projects Leader to ensure deficient areas remain corrected. This was completed on 12/7/2022. Education regarding the Food Procurement/ Storage/ Preparation/ Ware washing policy was conducted with the Dietary Staff by 11/16/2022 by the Regional Dietary Manager to include the policy on unpasteurized eggs. This training will also be provided to Dietary Staff upon hire during orientation.</p> <p>3. Ongoing audits by the Administrator, Registered Dietician, and/or Dietary Manager will be conducted for observation and review of the facility kitchen to ensure the dishwasher temperatures are in range and unpasteurized eggs are not used in accordance with professional standards for food service safety to include the dishwasher temperatures. These audits will be conducted 5 x weekly for two</p>		12/07/2022

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	<p>because they came in bulk, and there was only one resident who preferred his eggs fried, over-easy, (Resident 27). From her understanding, it was company policy staff were not supposed to cook fried eggs because of the potential for food borne illness, but Resident 27 requested them and it was the only way he would eat eggs for his added protein.</p> <p>A kitchen aide was observed to run dishes through the industrial dish washing machine. Several cycles were observed. The label on the dish washing machine indicated the machine should reach a minimum of 130 degrees Fahrenheit (F), and a dish washing machine temperature monitoring log which hung in the area indicated the machine should wash at 120 F and rinse at 140 F. The dish washing machine was not observed to reach 130 F for the wash or rinse cycle. At the time of the initial observation the dish washing machine reach a maximum wash/rinse temperature of 118 F. The KM indicated she was unaware the temps ran low, and someone had just been in to replace the squeeze tubes for the chemical dispensers. At this time, she provided a copy of the current temperature monitoring log which was reviewed with the KM at that time. There were several wash and rinse observations that did not meet the minimum requirements.</p> <p>On 11/3/22 at 2:49 p.m., during a follow up visit to the kitchen to observe puree food preparation, a second dish washing machine observation was conducted. The machine did not reach the minimum wash and rinse temperature requirements. The maximum wash/rinse temperature observed at this time was 120 F for both wash and rinse. The dish washing machine did not reach 140 F as recommended for the rinse cycle.</p>				<p>weeks, weekly for two weeks, and then monthly for three months. Any issues identified will be corrected and 1:1 re-education provided, with disciplinary action implemented as determined by the administrator and Director of Nursing.</p> <p>4. An Ad Hoc QAPI meeting was held on 11/7/22, this meeting included the Medical Director by phone and the CEO, DON, Regional Nurse, and the VPO. The Administrator or Designee will review the audits completed. The results of the audits will be forwarded to the QAPI committee weekly for 4 weeks, and then monthly for 2 months. Based on the review and evaluation of the audits, the QAPI Committee will determine if the facility needs to modify or extend these audits. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.</p>		

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F 0867 SS=H Bldg. 00	<p>During an interview on 11/3/22 at 3:00 p.m., the KM indicated she could not locate the dish washing machine manufacture's guidelines and would need to print a copy from online.</p> <p>On 11/4/22 at 3:30 p.m., the Director of Nursing (DON) provided a copy of current facility policy titled, "Food: Preparation," dated 9/2017. The policy indicated, " ...all food are prepared in accordance with the FDS and Food Code ... only pasteurized egg products will be used for soft cooked egg items"</p> <p>On 11/4/22 at 3:30 p.m., the DON provided a copy of current facility policy titled, "Warewashing," dated 9/2017. The policy indicated, " ...all dishware, serviceware, and utensils will be cleaned and sanitized after each use ...all dish machine water temperature will be maintained in accordance with manufactures recommendations for high temperature and low temperature machines"</p> <p>On 11/4/22 at 3:30 p.m., the DON provided a copy of the DW Installation & Operation Manual, dated 3/2022. The Operation Manual indicated the minimum wash temperature for the machine was 120 F but recommended to wash and rinse at 140 F.</p> <p>3.1-21(i)(1) 3.1.21(i)(3)</p> <p>483.75(c)(d)(e)(g)(2)(i)(ii) QAPI/QAA Improvement Activities §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback,</p>						

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	<p>data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:</p> <p>§483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.</p> <p>§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.</p> <p>§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.</p> <p>§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.</p> <p>§483.75(d) Program systematic analysis and</p>						

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	<p>systemic action.</p> <p>§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.</p> <p>§483.75(d)(2) The facility will develop and implement policies addressing:</p> <p>(i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems;</p> <p>(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and</p> <p>(iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.</p> <p>§483.75(e) Program activities.</p> <p>§483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.</p> <p>§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.</p>						

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 N GRANT ST LEBANON, IN 46052			
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	<p>§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.</p> <p>§483.75(g) Quality assessment and assurance.</p> <p>§483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must:</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;</p> <p>(iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements.</p> <p>Based on observations, interviews and record reviews, the facility failed to identify Urinary Tract Infections (UTIs) as a high-risk concern area through their Quality Assurance Program (QAPI)</p>			F 0867	1. Resident E: did not return to the facility. Resident F: is currently in the hospital. Resident G: is currently in the facility and		12/07/2022

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	<p>which resulted in actual harm when 4 of 5 residents reviewed for UTIs resulted in immediate jeopardy after acute changes of condition, wherein; Resident B ultimately died of septic shock, Resident G was admitted to the hospital and diagnosed with sepsis secondary to a UTI, Resident F's acute change of condition was not noticed by facility staff so that her family member called 911 and she was also diagnosed with a UTI, and Resident H was not treated promptly to prevent pain and burning when voiding after they began to exhibit signs and symptoms of a UTI.</p> <p>Findings include:</p> <p>During an interview on 11/9/22 at 2:18 p.m., the Chief Executive Officer (CEO), Director of Nursing (DON), Director of Regulation, (DOR), and Clinical Care Consultant (CCC) were present. The CEO indicated the QAPI list previously provided upon the survey entrance, was a list of topics that had been discussed the previous year. It appeared that Catheter Care had last been discussed in September of 2021. The CEO indicated, there was an infection tracking log that was reviewed at the beginning of each QAPI meeting.</p> <p>On 11/9/22 at 11:09 a.m., the Infection Preventionist (IP) indicated resident's had facility acquired UTIs.</p> <p>a. For June 2022, they had 6 UTIs including Resident H on 6/30/22.</p> <p>b. For July 2022, they had 6 UTIs, including Resident B, G, and H.</p> <p>c. For August 2022, they had 2 UTIs.</p> <p>d. For September 2022, they had 5 UTIs, including Resident J.</p> <p>e. For October 2023, they had 7 UTIs, including Resident B and F.</p> <p>f. As of November 11/9/22, they had 2 UTIs,</p>				<p>has been assessed by the Physician for any potential change in condition and or signs and symptoms of a Urinary Tract Infection. Resident H: is currently in the facility and has been assessed by the Physician for any potential change in condition and or signs and symptoms of a Urinary Tract Infection.</p> <p>2. All residents in the house have the potential to be affected. All residents with an indwelling catheter and or without a catheter have the potential of being affected. A clinical assessment was performed on current residents to assess for signs and symptoms of a possible condition change which included signs and symptoms of a UTI. Any signs and symptoms were documented, and the physician was notified of the signs and symptoms of the condition change which would include signs and symptoms of a UTI.</p> <p>3. The Signature Care Consultant provided re-education to the Medical Director, Administrator, and Director of Nursing reviewing the responsibilities and actions required for QAPI Committee based on F867 guidance, and the Quality Assessment and Assurance Pathway on 11/14/2022. The Administrator and/or Clinical Consultant or other Regional Support will be responsible to review QAPI</p>		

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	<p>including Resident H.</p> <p>On 11/9/22 at 11:26 a.m., the IP indicated she thought it was staffing issues because of inconsistent care givers. No one was accountable for the care provided to residents. In October, she did education on peri-care, hand washing, infection control, wiping a resident from front to back with new cloth, and not harsh chemicals as the male care givers were prone to do.</p> <p>In review of the QAPI notes from January 2022 to current, the Infection Preventionist (IP) had conducted an Infection Control audit in May of 2022. The audit consisted of the CMS Federal Survey Pathway, that was not dated. The audit lacked documentation of who, what, when or where the audits were conducted. The audit lacked general or specific details of the areas covered.</p> <p>During a follow up interview on 11/9/22 at 3:27 p.m., the CEO, DON, and CCC were present. The CEO had gathered the QAPI infection control log record from January 2022 to current. They were reviewed at this time and revealed an average of 4 facility acquired UTIs a month. The CEO indicated at the time of the survey entrance the top 3 identified concerns for the facility at that time were: Ombudsman notification, falls, and antipsychotic medication reduction. The CEO used his office phone to call the DON in her office and asked if UTI, catheter care and/or peri-care had been an identified concern, the DON indicated, "no we did not think that this was a major problem, we had not identified these issues before survey."</p> <p>Cross Reference F690.</p>				<p>meetings conducted, monthly for 6 months. Any issues identified will be immediately corrected, 1:1 re-education completed for stakeholder as identified, up to and including disciplinary action as determined necessary by the Administrator and or Director of Nursing.</p> <p>4. An Ad Hoc QAPI meeting was held on 11/7/22, this meeting included the Medical Director by phone and the CEO, DON, Regional Nurse, and the VPO. The QAPI Committee reviewed the statement of deficiencies (SOD) and evaluated the development of the plan of correction (POC) during the Quality Assessment and Assurance Committee (QAPI) meeting held 12/02/2022 to review the facility Plan of Correction, which will meet weekly for (4) weeks then monthly until substantial compliance, to monitor the implementation of the POC, including the education components and the ongoing audit components, they are to evaluate the effectiveness of the POC if necessary, provide additional education and request additional audits and report to the facility QAPI Committee no less than quarterly.</p>		

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F 9999 Bldg. 00	<p>3.1-52</p> <p>3.1-4 NOTICE OF RIGHTS AND SERVICES</p> <p>(f) The facility must do the following: (11) If the facility is required to submit an Alzheimer's and dementia special care unit disclosure form under IC 12-10-5.5, provide the resident at the time of admission to the facility with a copy of the completed Alzheimer's and dementia special care unit disclosure form.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the Alzheimer's/Dementia Special Disclosure form was completed by the facility. This had the potential to effect 21 of 21 residents residing in the secured unit (Residents 21, 37, 40, 46, 52, 13, 66, 26, 50, 64, 24, 67, 36, 2, 21, 61, 31, 58, 57, 49, and 45).</p> <p>Findings include:</p> <p>During an observation, on 10/31/22 at 10:00 a.m., Residents 40, 13, 66, 26, 50, 64, 24, 21, 61, and 49 were sitting in the lounge watching a movie.</p> <p>During an interview, on 10/31/22 at 11:00 a.m., with Certified Nursing Assistant (CNA) 37 and CNA 38 indicated that there were 2 CNAs and a nurse for the unit. They had activities for a few hours per day. Restorative nursing (person-centered nursing care designed to improve or maintain the functional ability of residents, so they can achieve</p>			F 9999	<p>1. All 21 residents residing in the secured unit have written consent to reside in a secured unit.</p> <p>2. The facility is not completing and submitting the Alzheimer's/Dementia Special Disclosure form. Under the advisement of Latoya Howard, Residential Care Assistance Program (RCAP) Manager with The Division of Aging • Indiana Family and Social Services Administration this is not required for facilities that are not operating the secured unit as a Dementia/Specialty Care unit.</p> <p>3. Education has been completed with the Administrator by the Vice President of Clinical Operations (VPCO) on requirements to operate a Dementia/Special care Unit and completing the Alzheimer's and dementia special care unit disclosure form under IC 12-10-5.5, including providing the resident and or responsible party at the time of admission to the facility with a copy of the completed Alzheimer's and dementia special care unit disclosure form, should the facility make the decision to open a Dementia/Special care Unit.</p> <p>4. An Ad Hoc QAPI meeting was</p>		12/07/2022

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	<p>their highest level of well-being possible) comes and provided exercises with the residents every day at 2 different times. They indicated that they have a locked courtyard. Residents must be accompanied by a staff member. They will go out there for gardening, cornhole (games), and other activities.</p> <p>During an interview, with the CEO (Chief Executive Officer), on 11/3/22 at 11:26 a.m., he indicated that the secured unit was not considered a dementia unit, therefore, the requested Special Unit Dementia Disclosure form was not completed. The CEO indicated that the focus on the unit was to ensure the safety of the residents that need to be in a secured environment because they cannot safely leave the building independently. Residents resided on the unit because of cognitive impairment, therefore, they were at risk for elopement and risk for harm. Residents residing on the secured unit had orders to reside in the "gated community." There was a difference in the programming on the secured unit. The residents had more programming earlier in the day due to the rhythm (an interval during which a recurring sequence of events occur) of the residents. They provided, "quiet time" after lunch. The CEO indicated that all staff received the required dementia training. The CEO provided an email that he indicated was from corporate indicating ... "their units operate as locked units within a SNF (Skilled Nursing Facility). They are not a dementia certified unit or a dementia program. When someone asks if your facility has a dementia unit and/or behavior unit/program, the best response is that you have a locked unit. You do not need to maintain binder for the unit. During a survey, provide information as you would for any other unit, based upon what is asked"</p>				<p>held on 11/7/22, this meeting included the Medical Director by phone and the CEO, DON, Regional Nurse, and the VPO The Administrator or Designee will review the audits completed. The results of the audits will be forwarded to the QAPI committee weekly for 4 weeks, and then monthly for 2 months. Based on the review and evaluation of the audits, the QAPI Committee will determine if the facility needs to modify or extend these audits. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.</p>		

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	<p>The Facility Assessment was reviewed on 11/7/22 at 11:04 a.m. Section C.1. indicated ... "Facility has a secured unit with oversight provided by a CPD (Certified Dementia Practitioner) and MSW (Master of Social Work), who is the Behavioral Health Manager. Outside geriatric/psychotic services are provided as well as general counseling. Unit staff are selected and provided additional training. All receive dementia training as required under the regulations. Unit has designated Quality of Life (Activity) personal, as well. Facility practices 'quiet time' to address cognitive needs of the residents."</p> <p>During routine observations and interviews throughout the time of the survey, the unit was locked. Residents could not exit the unit unless accompanied by a staff member. There was a courtyard that was secured. Residents could not access it unless they were accompanied by a staff member.</p> <p>During an interview with the DON, on 11/9/22 at 12:29 p.m., she indicated the secured/locked unit was not a dementia unit. The unit did not have a designated social worker or activity staff. The DON indicated that the residents were not restrained by the locked door or secluded because they all have consents signed by family representatives.</p> <p>During an interview with the DON on 11/9/22 at 2:00 p.m., consents were requested for Resident 13, 67, 52, and 59)</p> <p>On 11/10/22 at 11:40 a.m., the DOR (Director of Regulations), Regional Nurse, DON (Director of Nursing, and CEO were interviewed whether the secured unit was just a secure unit or was it a</p>						

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	<p>dementia care unit. They indicated that that there was a change in leadership and a change in completing the Dementia Disclosure form. There was no funding for a dementia care unit. They indicated that all family representatives for residents residing on the locked unit were notified by phone, the day prior and they received verbal consents for all residents residing on the secured unit. The DON was unable to provide the written consents for Residents 13, 67, 52, and 59.</p> <p>A policy indicating that there was not a dementia unit was requested on 11/3/22 at 11:25 a.m. and was not provided.</p> <p>3.1-13(w)</p>						