

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

PRINTED: 06/14/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155334		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/23/2024	
NAME OF PROVIDER OR SUPPLIER WILDWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 7301 E 16TH ST INDIANAPOLIS, IN 46219			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00431891, IN00433636, IN00419902, IN00420430, IN00420659, IN00423301, IN00423031, IN00423458, IN00430413, and IN00433669.</p> <p>Complaint IN00431891 - Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00433636 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419902 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420430 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420659 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00423301 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00423458 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430413 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00433669 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00423031 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p>			F 0000	<p>On May 23, 2024 a complaint survey from ISDH completed a Complaint Survey at Wildwood Healthcare. Enclosed please find the stated list of the deficiency with the facility's plan of correction for this alleged deficiency. Please consider this letter and plan of correction to be the facility's credible allegation of compliance. This letter is our request for past non-compliance with date of May 16, 2024 and a desk review/ paper compliance to verify the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the plan of correction as June 17, 2024.</p> <p>Respectfully Ethan Peak, Executive Director</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE		(X6) DATE
Ethan					Peak		06/11/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0684 SS=D Bldg. 00	<p>Survey dates: May 21, 22, and 23, 2024</p> <p>Facility number: 000227 Provider number: 155334 AIM number: 100267520</p> <p>Census Bed Type: SNF/NF: 146 Total: 146</p> <p>Census Payor Type: Medicare: 3 Medicaid: 124 Other: 19 Total: 146</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completes on May 29, 2024</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. Based on interview and record review, the facility failed to ensure a resident's wound dressing was completed twice a day per physician's order for 1 of 3 residents reviewed for wounds. (Resident T)</p> <p>Findings include:</p>			F 0684	<p>1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No resident was harmed by the facilities alleged deficient practice.</p>		06/17/2024

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	<p>The clinical record for Resident T was reviewed on 5/22/24 at 9:03 a.m. Resident T's diagnoses included, but not limited to, obsessive compulsive disorder, anxiety disorder, schizophrenia, and alcohol-induced dementia.</p> <p>A Quarterly Minimum Data Set (MDS) completed on 5/1/24 indicated, Resident T's cognition was moderately impaired.</p> <p>An interview with Resident T's family member (FM) conducted on 5/21/24 at 10:24 a.m. indicated, Resident T's post surgical follow up notes from the Orthopedic physician indicated that the facility had not been changing Resident T's dressing to the right elbow were not being done twice a day like they were ordered. She stated, she had received a call from the facility on 3/22/24 concerning that Resident T had developed an open area on his left foot's second toe and this was when she had informed the person on the phone that her father complained of pain to his right elbow. She indicated, he had pushed down on his elbows in an effort to scoot himself up in his wheelchair and experienced pain when doing so. She stated, the staff member on the phone told her the wound care nurse will look at the toe and elbow when she makes her rounds on Monday or Thursday of the next week. FM indicated, the next week she received a phone call from the facility's wound care nurse who asked if her father had hardware placed in his arm in the past because Resident T's elbow had an opened area with drainage and what looked like metal hardware.</p> <p>A Skin and Wound note dated 3/29/24 at 9:54 a.m. indicated, Resident T was noted to have an open area to his right elbow with yellow drainage to the site. There was redness and swelling to</p>				<p>Resident wound was assessed by wound nurse and observed the treatment was completed per MD order on 5/23/24.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>An audit by DON or designee will be completed on all residents who have wound dressing orders to ensure treatments are being completed as ordered.</p> <p>3 What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur.</p> <p>Education utilizing the wound overview program was provide to the licensed nurses with emphasis on completing dressing changes per physician order.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, ie. What QA process/program will be put into place?</p> <p>An audit of wound treatments will be conducted by DON or designee to ensure compliance. 5 resident's per week for 4 weeks then 3 resident's per week for 4 weeks, then 1 resident weekly for</p>		

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	<p>periwound and was warm to touch. Resident T was to have a stat (immediately) x-ray and labs were ordered.</p> <p>A Nurses note dated 4/2/24 at 12:29 p.m. indicated, Resident T's elbow wound had increased in size and now had moderate amount of yellow/green drainage. Resident T was sent to the emergency room for evaluation and treatment.</p> <p>Resident T's hospitalization summary indicated, he had an irrigation and debridement of the wound and had the hardware was removed .</p> <p>Resident T's physician's orders dated 4/17/24 indicated, to cleanse the right elbow with wound cleanser then pat dry. Wet a corner of gauze with normal saline and place in the wound, cover with an ABD (abdominal) pad and wrap with Kerlix every morning and at bedtime.</p> <p>Resident T's Treatment Administration Record (TAR) for April and May 2024 indicated, the elbow dressing changes were charted as follows: 4/30/24 - day shift was left blank 4/30/24 - night shift charted as completed 5/1/24 - day shift coded as "9"; according to chart codes, "9" means to see nursing notes/other 5/1/24 - night shift was left blank 5/3/24 - day shift was left blank</p> <p>An order sheet from Resident T's Orthopedic Nurse Practitioner (Ortho NP) dated 5/1/24 indicated, "Continue TWICE DAILY" wet to dry dressing changes. The "TWICE DAILY" was underlined twice.</p> <p>A 5/1/24 Office Visit note from Ortho NP provided by Director of Nursing (DON) on 5/22/24 at 1:04 p.m. indicated, "The facility did not change his</p>				<p>4 months.</p> <p>4</p> <p>Results of audits will be brought to QAPI for 6 months or until 100% compliance has been achieved.</p> <p>5 By what date the systematic changes will be completed? June 17, 2024</p>		

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F 0689 SS=G Bldg. 00	<p>dressings since 4/29/24. He should be having twice daily wet to dry dressing changes...twice daily wet to dry dressing changes to aid in healing the wound."</p> <p>An interview with Resident T's Ortho NP conducted on 5/23/24 at 3:35 p.m. indicated, when Resident T arrived at his follow-up appointment that day, she personally observed that his elbow dressing was dated "4/29" on the piece of tape holding the Kerlix end in place. She stated, there was no indication of the time of day the dressing was completed on 4/29/24 since there was just the date on it which is why she underlined the "TWICE DAILY" on the order.</p> <p>This tag relates to complaint IN00431891.</p> <p>3.1-37(a)</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 implement interventions to eliminate and/or reduce a resident's risk of being burned by a therapy modality by not ensuring the maintenance/inspection of a hydrocollater (a temperature controlled water bath for placing heating pads) was up to date, not maintaining a</p>			F 0689	<p>1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Skin and pain assessment was completed on resident. Resident received a head to toe skin assessment and pain</p>		05/23/2024

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	<p>current temperature log for the hydrocollator, not testing the temperature of the hydrocollator prior to use on a resident, and not following the policy and/or procedure for use of a hydrocollator and heat pads resulting in a resident receiving a blistering burn on his hand for 1 of 3 residents reviewed for wounds. (Resident H)</p> <p>Findings include:</p> <p>The clinical record for Resident H was reviewed on 5/22/24 at 1:29 p.m. Resident H's diagnoses included, but not limited to, type II diabetes, anxiety disorder, major depressive disorder, and paranoid schizophrenia.</p> <p>A Quarterly Minimum Data Set (MDS) dated 5/13/24 indicated, Resident H was had a moderate cognitive impairment.</p> <p>A Facility Reported Incident was received by IDOH (Indiana Department of Health) on 5/16/24. It indicated, on 5/15/24, Resident H had participated in an occupational therapy session, which included, but not limited to, the application of a moist heat pack from the hydrocollator on his contracted (a tightening of muscles, tendons, skin, or other tissues causing joints to shorten and become stiff, preventing normal movement) left hand. The incident report indicated, upon the third inquiry from the OT (Occupational Therapist), Resident H indicated, the moist heat pack felt too warm and OT immediately removed it from his hand. Resident H's hand was inspected after removing the heat pack and no irregularities were observed. The next morning, a fluid-filled intact blister was noted on his left lower palm near the thumb.</p> <p>A Nursing note dated 5/16/24 at 8:24 a.m.</p>				<p>assessment. Treatment orders were obtained. Family was notified. Burn area is healing and improving with no pain, or other complications. MD notified.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>All residents who receive heat therapy have the potential to be affected, only 2 other residents received the heat treatment in previous 2 weeks. Those residents had skin checks completed, with no areas identified.</p> <p>3 What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur.</p> <p>Education was provided to the therapy department utilizing the Hydrocollator policy with emphasis on obtaining daily temp checks and wrapping the hot pack in at least 6 layers. Hydrocollator was taken out of service. No ongoing audit needed as hydrocollator has been removed from use.</p> <p>4 How the corrective actions will be monitored to ensure the deficient practice will not recur, ie. What QA process/program will be put into place?</p>		

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	<p>indicated, Resident H was noted to have a blister at the base of left thumb which when questioned, he stated he had therapy yesterday and the therapist had applied heat pad to his thumb and after a while it became uncomfortable. The area presented as a blister measuring 3 cm (centimeters) by 3 cm.</p> <p>An observation of the facility's hydrocollator machine conducted on 5/22/24 at 3:06 p.m. with DT (Director of Therapy) found the maintenance sticker on the machine had an inspection date of 2/21/20 and a valid until date of 2/2021. The machine also had a handwritten sign taped to it that read, "Do Not Use" which DT indicated he had placed on the machine since the incident.</p> <p>An interview with DT conducted at the same time as the hydrocollator observation indicated, since the incident with Resident H, he attempted to reach out to the company that does the maintenance/inspections on the machine but that company was no longer in business to complete an inspection/maintenance on that hydrocollator. When asked if there was a current temperature log for the hydrocollator, he indicated, there wasn't one that was current. When asked if the temperature log for the hydrocollator had a temperature recorded for the day of the incident, he indicated, no temperatures were recorded on that date. DT indicated, he had tested the hydrocollator temperature after learning of the incident with Resident H. He indicated the temperature of the hydrocollator was 180 degrees Fahrenheit.</p> <p>An interview with Resident H conducted on 5/22/24 at 1:58 p.m. indicated, when OT had placed the moist heat pack on his left hand that day, it was the first time that modality had been used on</p>				<p>The Therapy Manger/Designee will monitor treatment plans for new therapy admissions to ensure heat therapy is not included in the plan of care 5 times per week for 4 weeks, then 3 times per week for 4 weeks, then 1 time per week for 4 weeks.</p> <p>5 By what date the systematic changes will be completed? May 16th, 2024</p>		

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	<p>his hand. He indicated, at first, it wasn't hot or uncomfortable but eventually it had. He stated, he told OT and he immediately removed the pack. Resident H indicated, the blister did not show up immediately but rather developed later the same day.</p> <p>An interview with OT conducted on 5/22/24 at 2:58 p.m. indicated, he works at the facility as an Occupational Therapist on a part-time basis as needed. He indicated, when he worked with Resident H that day, he had not performed a temperature check on the hydrocollator that day or prior to its use on Resident H. When asked to explain the procedure he followed that day, he indicated, he removed a hot pack out of the hydrocollator, placed the heat pack into a "blue-bag" (a cover), and wrapped the covered pack with two towels. He further explained how he had utilized the two towels, he explained he wrapped the two towels around the pack so that the towels wrapped around the pack twice. When asked how many layers of towel were between Resident H's hand and the heat pack, he stated, "two towels times two times around is 4 layers". He stated, he had checked on Resident H multiple times by asking the resident if the hot pack felt too warm or was uncomfortable. When Resident H had indicated, he felt the hot pack was too warm, he removed the hot pack and inspected Resident H's skin then and denied seeing any signs and/or symptoms of blistering or a burn at that time.</p> <p>An Occupational Therapy Evaluation and Plan of Treatment for Resident H was provided by DT on 5/23/24 at 9:39 a.m. It indicated, Resident H's plan of treatment approaches may include: therapeutic activities, moderate complexity, self care management training, orthotic management and</p>						

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	<p>training, therapeutic exercises, neuromuscular reeducation, manual therapy techniques, group therapeutic procedure, and "modality application diathermy" (a treatment option that uses energy sources [like sound and electricity] to deep heat areas of the body.</p> <p>A Hydrocollator User Manual received on 5/23/24 at 10:57 a.m. from Director of Nursing (DON) indicated, under Safety Precautions, "Never adjust the thermostat to high. The thermostat is extremely sensitive and the slightest adjustment will alter the temperature sever degrees. The recommended operating temperature is 160 degrees Fahrenheit to 165 degrees Fahrenheit. The temperature of the water should be checked with a thermometer after every adjustment, before using the HotPac...Constantly monitor HotPac application to ensure that the skin is not becoming too hot...Warranty...All repairs to the Product must be performed by a service center authorized by the Company."</p> <p>A Procedure: Moist Heat (Hydrocollator) Packs received on 5/22/24 at 2:26 p.m. from DON indicated, Supplies: " Six-Layer terry cloth cover for hot pack...Contraindications: Impaired sensation, Impaired circulation, Impaired cognition...Procedure...2. Verify orders...6. Check the water temperature in the tank with a thermometer to verify that it meets manufacturer's guidelines for you specific model of hydrocollator...8. Wrap the moist hot pack using a commercial moist heat pack cover and two thick towels folded so that six to eight layers of toweling are between the skin and the pack...10. Apply the wrapped pack to the area to be treated. Adjust the towel thickness...You should never have less than six layers of toweling (or a commercial cover) on the hot pack...12. Check the</p>						

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	resident's skin every 5-10 minute [sic, minutes]..." 3.1-45						