

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2021
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NAME OF PROVIDER OR SUPPLIER SELLERSBURG HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7823 OLD HWY # 60 SELLERSBURG, IN 47172
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00365045, IN00365928, and IN00366314.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaints IN00361266, IN00362077, IN00362236, IN00362911, IN00363091, and a Focused COVID-19 Infection Control Survey completed on 9/24/2021.</p> <p>Complaint IN00365045 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00365928 - Substantiated. Federal/State deficiencies related the allegations are cited at F580 and F686.</p> <p>Complaint IN00366314 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00361266 - Not corrected.</p> <p>Complaint IN00362077 - Corrected.</p> <p>Complaint IN00362236 - Corrected.</p> <p>Complaint IN00362911 - Corrected.</p> <p>Complaint IN00363091 - Corrected</p> <p>Survey dates: November 9 and 10, 2021</p> <p>Facility number: 010613 Provider number: 155659 AIM number: 200221040</p> <p>Census Bed Type:</p>	F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the State of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the complaint survey and revisit conducted on November 10,2021. Please accept this plan of correction as the provider's credible allegation of compliance. The facility would like to respectfully request a desk review.</p> <p>Thank you, Jill Dirbas, LNHA</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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 0580 SS=D Bldg. 00	<p>SNF/NF: 99 Total: 99</p> <p>Census Payor Type: Medicare: 20 Medicaid: 65 Other: 14 Total: 99</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 19, 2021.</p> <p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p>				

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	<p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident F) representative was notified, in a timely manner, of changes in the resident's wound status and new physician orders for 1 of 3 residents reviewed for notification of changes.</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed</p>	F 0580	<p>F 580 Notify of Changes Corrective action for the residents found to have been affected by the deficient practice:</p> <p>Resident F was identified as being affected by the deficient practice.</p> <p>Corrective action taken for those residents having the potential to be affected by the</p>	11/29/2021

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	<p>on 11/9/21 at 4:23 p.m. Diagnoses included, but were not limited to, Parkinson's disease, dementia, and stage 4 pressure ulcer (ulcer that extends below the subcutaneous fat into the deep tissues like muscle, tendons, and ligaments).</p> <p>The wound evaluation report, dated 8/24/21, indicated the resident had a stage 2 pressure ulcer to the coccyx which measured 1.33 cm (centimeters) in length, .51 cm in width with a depth of 0.2 cm.</p> <p>The wound evaluation report, dated 9/7/21, indicated the resident had an unstageable pressure ulcer to the coccyx which measured 2.42 cm (centimeters) in length, 1.50 cm in width with a depth of 0.10 cm.</p> <p>The wound evaluation report, dated 9/16/21, indicated the resident had an unstageable pressure ulcer to the coccyx which measured 4.60 cm (centimeters) in length, 4.67 cm in width with a depth of 0.20 cm.</p> <p>The nurse's note, dated 9/21/21 at 7.34 p.m., indicated the resident had increased pain from the sacral wound and an X-ray was ordered.</p> <p>The nurse's note, dated 9/21/21 at 7:37 p.m., indicated a new order for Cipro (antibiotic) 250 mg (milligrams) twice daily was received to assist with wound healing.</p> <p>The radiology report, dated 9/21/21 at 8:09 p.m. (and reported on 9/21/21 at 8:27 p.m.), indicated an x-ray examination had been ordered for redness, severe pain, and possible osteomyelitis (infection). There was no definitive evidence of osteomyelitis.</p>		<p>same deficient practice: All residents with a change in wound status and new physician orders have the potential to be affected by the deficient practice. A 30 day look back of residents having wounds has been completed to identify residents have a change in wound status and new physician orders and to ensure notification to the resident representative occurred in a timely manner. Any identified concerns were immediately addressed. Measures/systemic changes put into place to ensure the deficient practice does not recur: The Administrator/DON/Designee held an in-service for nursing staff to provide education and expectations as it relates to the "Notification for Changes in Condition". Corrective actions to be monitored to ensure the deficient practice will not recur: The DON/Unit Manager/Designee will audit 3 residents with a wound each week x 4 weeks, then 2 residents with a wound a week x 4 weeks, then 1 resident with a wound each week for 4 weeks to ensure wounds having a change in status and new physician orders had notification completed timely to the resident representative. This will occur for no less than 3 months and</p>	

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F 0686 SS=D Bldg. 00	<p>The nurse's note, dated 9/23/21 at 3:07 p.m., indicated the resident's representative was made aware of the x-ray results.</p> <p>The wound evaluation report, dated 9/28/21, indicated the resident had an unstageable pressure ulcer to the coccyx which measured 7.80 cm (centimeters) in length, 6.29 cm in width with a depth of 0.5 cm.</p> <p>The clinical record lacked documentation of family notification of the changes in the wound status, the initial x-ray order of the wound, and the ordered antibiotic.</p> <p>During an interview on 11/10/21 at 5:51 p.m., LPN (Licensed Practical Nurse) 3 indicated the family should be notified of all changes in a residents care.</p> <p>The current policy titled "Notification for Changes in Condition" dated 11/30/2018, included, but was not limited to, "Policy...It is the policy of this facility to provided resident centered care...The safety of residents...is primary importance...Notifications...When a change in condition is noted, the nursing staff will contact the resident representative...."</p> <p>This Federal tag relates to Complaint IN00365928</p> <p>3.1-5(a)(2)</p> <p>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</p>		<p>compliance is maintained.</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>	

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	<p>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 interview and record review, the facility failed to ensure wound treatments were completed for 3 of 4 residents (Residents C, D, and F) reviewed and treatment orders were implemented as ordered by the physician (Resident D) for 1 of 3 residents reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 11/9/21 at 3:22 p.m. Diagnosis included, but was not limited to, stage 4 (ulcer that extends below the subcutaneous fat into the deep tissues like muscle, tendons, and ligaments) sacral region pressure ulcer. The quarterly MDS (Minimum Data Set) assessment, dated 10/18/21, indicated the residents's cognition was intact.</p> <p>The care plan, dated 4/27/21, indicated the resident had impaired skin integrity and to administer treatments as ordered by the medical provider.</p> <p>The wound evaluation report, dated 10/5/21, indicated the resident had a stage 4 sacral wound which measured 2.34 cm (centimeters) in length,</p>	F 0686	<p>F 686 Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>Corrective action for the residents found to have been affected by the deficient practice:</p> <p>Resident C was identified as being affected by the deficient practice.</p> <p>Resident D was identified as being affected by the deficient practice.</p> <p>Resident F was identified as being affected by the deficient practice.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents at risk for or who currently have wound treatments have the potential to be affected by the deficient practice.</p> <p>An audit of last 30 days for residents having wounds has been completed for review of treatments implemented and completed as ordered by the physician.</p> <p>Measures/systemic changes</p>	11/29/2021

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	<p>3.99 cm in width with a depth of 2.6 cm. The area was to be cleansed with wound cleanser, collagen dressing applied, and covered with bordered foam daily.</p> <p>Review of the October 2021 treatment administration record indicated the treatment was not completed on 10/20/21, 10/23/21, and 10/24/21.</p> <p>The wound evaluation report, dated 11/2/21, indicated the resident had a stage 4 sacral wound which measured 1.74 cm in length, 3.39 cm in width with a depth of 1.5 cm.</p> <p>During an interview on 11/10/21 at 5:51 p.m., LPN (Licensed Practical Nurse) 3 indicated when a treatment was completed, the nurse signed off the treatment on the administration record.</p> <p>2. The clinical record for Resident D was reviewed on 11/9/21 at 3:47 p.m. Diagnosis included, but was not limited, a stage 4 pressure ulcer to the left ischium.</p> <p>The care plan, dated 2/23/21, indicated the resident had a pressure ulcer and to provide wound care per treatment order.</p> <p>The wound evaluation report, dated 10/12/21, indicated the resident had a stage 4 pressure ulcer to the left ischium which measured 0.8 cm in length, 0.5 cm in width with a depth of 0.4 cm.</p> <p>The October 2021 treatment administration record indicated the wound was to be cleansed with wound cleanser, patted dry, calcium alginate applied, and covered with a foam dressing every shift. The treatment was not completed on</p>		<p>put into place to ensure the deficient practice does not recur:</p> <p>The Administrator/DON/Designee held an in-service for nursing staff to provide education and expectations as it relates to the "Monitoring a Wound" and documentation of treatment completion on the TAR.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The DON/Wound Nurse/Designee will audit 2 residents with wounds 3 days a week x 4 weeks, then 2 residents 2 days a week x 4 weeks, then 1 resident a week for 4 weeks to ensure the treatment was implemented and completed per physician orders on the TAR. This will occur for no less than 3 months and compliance is maintained.</p> <p>The DON/Wound Nurse/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>	

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	<p>10/22/21 on day shift.</p> <p>The wound evaluation report, dated 10/26/21, indicated the resident had a stage 4 pressure ulcer to the left ischium which measured 0.8 cm in length, 0.5 cm in width with a depth of 0.4 cm.</p> <p>The 10/26/21 and 11/2/21 wound evaluation report indicated the area was to be cleansed with wound cleanser, patted dry, medihoney applied, and cover with bordered foam every other day.</p> <p>Review of the October 2021 and November 2021 treatment administration record indicated, between 10/26/21 and 11/9/21, the treatment was completed daily rather than every other day as ordered by the physician.</p> <p>3. The clinical record for Resident F was reviewed on 11/9/21 at 4:23 p.m. Diagnosis included, but was not limited to, stage 4 pressure ulcer to the coccyx.</p> <p>The care plan, dated 5/11/21, indicated the resident had a stage 4 pressure ulcer to the coccyx and to complete treatments as ordered.</p> <p>The wound evaluation report, dated 10/12/21, indicated the coccyx wound was unstagebale and measured 7.72 cm in length, 5.46 cm in width with a depth of 0.5 cm. The area was to be cleansed with wound cleanser, patted dry, Dakin's (wound debriding agent) moist to dry applied twice daily.</p> <p>Review of the October 2021 treatment administration record indicated the treatment was not completed on 10/20/21 and 10/24/21.</p> <p>The wound evaluation report, dated 10/26/21,</p>			

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	<p>indicated the wound measured 6.24 cm in length, 6.49 cm in width with a depth of 0.5 cm.</p> <p>A current copy of the document titled "Monitoring A Wound" dated 7/1/16, included, but was not limited to, "Policy...Each resident/patient is evaluated upon admission...Procedure...Implement wound treatments as ordered.</p> <p>This Federal tag relates to Complaint IN00365928</p> <p>3.1-40(a)(2)</p>				