

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

PRINTED: 03/15/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 02/10/2023	
NAME OF PROVIDER OR SUPPLIER WELLINGTON AT SOUTHPORT THE				STREET ADDRESS, CITY, STATE, ZIP COD 7212 US HWY 31 S INDIANAPOLIS, IN 46227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00393470.</p> <p>Complaint IN00393470 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 9 and 10, 2023</p> <p>Facility number: 003283</p> <p>Residential Census: 54</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed February 14, 2023.</p>			R 0000	<p>February 27th, 2023 Facility ID: 003283</p> <p>Re: Survey Event ID LXWI11</p> <p>Dear Madam or Sir:</p> <p>In lieu of revisit, I would like to request a desk review for survey event ID LXWI11. Thank you for your consideration</p> <p>Sincerely,</p> <p>Goodwell Chavunduka Senior Executive Director</p>		
R 0121 Bldg. 00	<p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:</p>						

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

TITLE

(X6) DATE

Goodwell Chavunduka

Senior Executive Director

03/02/2023

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

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	<p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on interview and record review, the facility failed to document the time a tuberculin test was administered and failed to document the time the tuberculin test was read to ensure the test was read within 48 - 72 hours after being administered for 3 of 5 employees reviewed. (RN 2, CNA 3, Cook 5)</p> <p>Findings include:</p>			R 0121	<p>1. The community will implement a new TB form that will include a slot for recording the time for when the TB test is read</p> <p>2. The community will audit each employee file to determine which employees if any, could be affected by the alleged deficient practice</p> <p>3. The Business Office</p>		03/10/2023

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	<p>1. On 2/10/23 at 9:00 a.m., the employee record of Registered Nurse (RN) 2 was reviewed. The record indicated RN 2 had received the annual Mantoux test (tuberculin test, to determine whether a person is infected with Mycobacterium tuberculosis) on 10/27/22, the record lacked documentation of the time it was administered. The document indicated the test was read on 10/30/22, with no documentation of the time it was read.</p> <p>2. On 2/10/23 at 9:05 a.m., the employee record of Certified Nursing Assistant (CNA) 3 was reviewed. The record indicated CNA 3 had received the initial Step 1 Mantoux test on 2/6/23, the record lacked documentation of the time it was administered. The document indicated the test was read on 2/9/23, with no documentation of the time it was read.</p> <p>3. On 2/10/23 at 9:15 a.m., the employee record of Cook 5 was reviewed. The record indicated Cook 5 had received the initial Step 1 Mantoux test on 12/12/22, the record lacked documentation of the time it was administered. The document indicated the test was read on 12/15/22, with no documentation of the time it was read.</p> <p>During an interview on 2/10/23 at 10:20 a.m., the Director of Nursing Services indicated the tuberculin test was to be read within 48 to 72 hours after administered. The Mantoux tracking document should have recorded the date and time the test was administered as well as the date and time the test was read.</p> <p>On 2/10/23 at 4:00 p.m., the Tuberculin Skin Testing Fact Sheet, located at www.CDC.gov/tb/publications/factsheets was</p>				<p>Manager/designee will be in serviced on the new form</p> <p>4. The Business Office Manager will audit 5 employee files each week for TB test forms to ensure compliance</p> <p>5. Corrective Date 3/10/2023</p>		

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R 0155 Bldg. 00	<p>reviewed. The guidance, dated 3/17/22, indicated, "the skin test reaction should be read between 48 and 72 hours after administration ..."</p> <p>410 IAC 16.2-5-1.5(l) Sanitation and Safety Standards - Deficiency (l) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the dumpster container's lid and a side panel door were kept closed when not in use and failed to ensure the ground surrounding the dumpster area was free of debris for 4 of 4 observations.</p> <p>Findings include:</p> <p>1. During the initial facility tour with Dietary Staff 7, on 2/9/23 from 9:45 a.m. to 9:50 a.m., observed the dumpster container area that was located adjacent to the facility's back door. Two separate dumpsters were observed in the area.</p> <p>The dumpster on the left was approximately 1/4 full of filled trash bags and the right sliding panel door and the left top lid were observed to not be closed.</p> <p>The following items were observed, on the ground, next to and behind the dumpster on the right, at the dumpster container area:</p> <ul style="list-style-type: none"> - 2 large recliners; - a mini refrigerator; - a PTAC unit (packaged terminal air conditioner unit / an individual heating and air-conditioning 			R 0155	<p>1. No residents were affected by the alleged deficient practice. A new side door for the dumpster was immediately ordered and installed upon arrival. The Maintenance Director removed any and debris around the dumpster area</p> <p>2. The Maintenance Director/designee will inspect the dumpster area daily to ensure the side door is closed, and free of debris</p> <p>3. The dumpster area has been added the Maintenance Director's preventive maintenance checklist</p> <p>4. The Maintenance Director will submit a weekly checklist verifying compliance to the ED on a weekly basis.</p> <p>5. Corrective Date 3/10/2023</p>		03/10/2023

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	<p>unit);</p> <ul style="list-style-type: none"> - a household clothing dryer; - a reacher (an assistive device designed to aid in reaching an object); - a metal garden rake; - a partially filled trash bag was halfway under the dumpster container; and - a large wooden panel, approximately 4' x 8' section, was leaning against metal pipes which were leaning against a storage building approximately 20 feet from the dumpster area. <p>No staff were visible in the area at the time.</p> <p>2. On 2/9/23 from 2:25 p.m. to 2:30 p.m., observed the dumpster container area that was located adjacent to the facility's back door. Two separate dumpsters were observed in the area.</p> <p>The dumpster on the left was approximately 1/2 full of filled trash bags and the right sliding panel door and the left top lid were observed to not be closed.</p> <p>The following items were observed, on the ground, next to and behind the dumpster on the right, at the dumpster container area:</p> <ul style="list-style-type: none"> - 2 large recliners; - a mini refrigerator; - a PTAC unit (packaged terminal air conditioner unit / an individual heating and air-conditioning unit); - a household clothing dryer; - a reacher (an assistive device designed to aid in reaching an object); - a metal garden rake; - a partially filled trash bag was halfway under the dumpster container; and - a large wooden panel, approximately 4' x 8' section, was leaning against metal pipes which 						

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	<p>were leaning against a storage building approximately 20 feet from the dumpster area.</p> <p>No staff were visible in the area at the time.</p> <p>3. On 2/10/23 from 8:10 a.m. to 8:15 a.m., observed the dumpster container area that was located adjacent to the facility's back door. Two separate dumpsters were observed in the area.</p> <p>The dumpster on the left was approximately 1/4 full of filled trash bags and the right sliding panel door and the left top lid were observed to not be closed. An orange-colored shirt was observed hanging on the outside of the dumpster.</p> <p>The following items were observed, on the ground, next to and behind the dumpster on the right, at the dumpster container area:</p> <ul style="list-style-type: none"> - 2 large recliners; - a mini refrigerator; - a PTAC unit (packaged terminal air conditioner unit / an individual heating and air-conditioning unit); - a household clothing dryer; - a reacher (an assistive device designed to aid in reaching an object); - a metal garden rake; - a partially filled trash bag was halfway under the dumpster container; and - a large wooden panel, approximately 4' x 8' section, was leaning against metal pipes which were leaning against a storage building approximately 20 feet from the dumpster area. <p>No staff were visible in the area at the time.</p> <p>4. During a facility tour with the Maintenance Director on 2/10/23 from 10:30 a.m. to 10:35 a.m., observed the dumpster container area that was</p>						

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	<p>located adjacent to the facility's back door. Two separate dumpsters were observed in the area.</p> <p>The dumpster on the left was approximately 1/2 full of filled trash bags and the right sliding panel door and the left top lid were observed to not be closed. An orange-colored shirt was observed hanging on the outside of the dumpster.</p> <p>The following items were observed, on the ground, next to and behind the dumpster on the right, at the dumpster container area:</p> <ul style="list-style-type: none"> - 2 large recliners; - a mini refrigerator; - a PTAC unit (packaged terminal air conditioner unit / an individual heating and air-conditioning unit); - a household clothing dryer; - a reacher (an assistive device designed to aid in reaching an object); - a metal garden rake; - a partially filled trash bag was halfway under the dumpster container; and - a large wooden panel, approximately 4' x 8' section, was leaning against metal pipes which were leaning against a storage building approximately 20 feet from the dumpster area. <p>No staff were visible in the area at the time.</p> <p>During an interview on 2/9/23 at 9:55 a.m., Dietary Staff 7 indicated the dumpster container lids and doors were to be kept closed. The area around the dumpster containers was to be kept clean and free of debris.</p> <p>During an interview on 2/10/23 at 10:40 a.m., the Maintenance Director indicated the dumpster's lid and sliding door were supposed to be kept closed. The dumpster area was also supposed to be kept</p>						

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R 0187 Bldg. 00	<p>clean and free of trash.</p> <p>On 2/9/23 at 12:55 p.m., the Administrator provided an undated copy of the Trash Reciprocal Area Policy and indicated it was the current policy in use by the facility. A review of the policy indicated, " ...it is the policy of the Community to have an effective garbage and waste disposal program to ensure for the safe and sanitary disposal of solid waste ...a storage area and enclosure for refuse, recyclables, or returnables shall be maintained free of unnecessary items..dumpster container lids were closed when not in use ..."</p> <p>On 2/9/23 at 2:00 p.m., a review of the Retail Food Establishment Sanitation Requirements - Title 410 IAC 7-24, effective November 13, 2004, indicated, "...receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside...accumulation of debris...are minimized...effective cleaning is facilitated around...the unit..."</p> <p>410 IAC 16.2-5-1.6(k) Physical Plant Standards - Deficiency (k) Hot water temperature for all bathing and hand washing facilities shall be controlled by an automatic control valve. Water temperature at point of use must be maintained between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit. Based on observation, record review, and interview, the facility failed to ensure water temperatures were maintained between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit for 1 of 3 resident's rooms observed for water</p>			R 0187	11. The water temperature for the resident in room 81 will be reduced from 125 degrees to the recommended range of between 100 degrees Fahrenheit and 120 degrees Fahrenheit		03/10/2023

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	<p>temperatures. (Room 81)</p> <p>Findings include:</p> <p>On 2/10/23 at 9:33 a.m., during a tour with the Maintenance Director, the water temperature from Room 81's bathroom was obtained. The temperature reading was 125 degrees Fahrenheit. During an interview at that time, the Maintenance Director indicated he was not sure what the water temperature should have been.</p> <p>On 2/10/23 at 10:00 a.m., the water temperature log was requested from the Director of Nursing (DON).</p> <p>During an interview on 2/10/23 at 11:00 a.m., the DON indicated, the facility only checks the water temperature if the resident or family complained.</p> <p>On 2/10/23 at 1:33 p.m., the facility was unable to provide any water temperature logs by the end of the survey.</p> <p>On 2/10/23 at 12:20 p.m., the DON provided a policy, undated, titled Water Temperature Policy and indicated it was the current policy being used by the facility. A review of the policy indicated "All resident water temperatures in the residents apartment will be checked at the request of the resident....or discretion of the facility." No other policy information was provided.</p>				<p>2. The Community checked each resident's room's water temperature to determine which residents, if any, could be affected by the alleged deficient practice.</p> <p>3. The Maintenance Director will be in serviced on taking weekly water temperatures, and the recommended range of between 100 degrees Fahrenheit and 120 degrees Fahrenheit</p> <p>4. The Maintenance Director/designee will audit water temperatures for five rooms each week for 4 weeks, then three rooms for 4 weeks then per policy to ensure compliance</p> <p>5. Corrective Date 3/10/23</p>		