

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

PRINTED: 02/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00393397, IN00395999, and IN00398056.</p> <p>Complaint IN00393397 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00395999 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00398056 - Substantiated. Federal/State deficiencies related to the allegations are cited at F686.</p> <p>Survey dates: January 09 and 10, 2023</p> <p>Facility number: 000564 Provider number: 155484 AIM number: 100285610</p> <p>Census Bed Type: SNF/NF: 109 Total: 109</p> <p>Census Payor Type: Medicare: 05 Medicaid: 86 Other: 18 Total: 109</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 19, 2023.</p>			F 0000			
F 0686 SS=E Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer						

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

TITLE

(X6) DATE

Brenda Hatfield

Administrator

02/06/2023

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.

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

PRINTED: 02/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(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
	<p>§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, record review, and interview, the facility failed to ensure pressure ulcer treatments had been implemented as indicated by physician orders for 3 of 3 residents reviewed for quality of treatment and services to promote healing of pressure ulcers. (Residents D, E, and F)</p> <p>Findings include:</p> <p>1. Resident D's clinical records were reviewed on January 10, 2023 at 11:10 a.m. Diagnoses included, but were not limited to anemia, hypertension, history of wound infection, aphasia, asthma, and traumatic brain injury.</p> <p>The quarterly Minimum Data Set (MDS) assessment, dated October 20, 2022, indicated Resident D was totally dependent on nursing staff for activities of daily living. She had one stage 2 pressure ulcer (partial thickness tissue loss) and seven stage 3 pressure ulcers (full thickness tissue loss), with some injuries having been present since admission (August 2020) and some injuries having developed in house.</p>			F 0686	<p>Facility respectfully requests a desk review for compliance.</p> <p>F0686 – Treatment/Svcs to Prevent/Heal Pressure Ulcer – E Tag Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Residents D, E, and F could not be identified due to confidentiality.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents identified with wounds have the potential to be affected. Resident's identified were reviewed on 1/10/23 to ensure a current treatment was in place and being followed. No concerns were noted.</p>		01/16/2023

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

PRINTED: 02/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>A current care plan (non-dated) with focus of wounds indicated a goal (non-dated) that wounds would show signs of healing by next review. Staff treatment interventions to achieve goal indicated, but were not limited to, "Perform treatments as ordered."</p> <p>a. Resident D's record indicated the following for the right posterior thigh, stage 3 pressure ulcer:</p> <p>The most current Nurse Practitioner Wound Evaluation, dated January 04, 2023, indicated current measurements of wound length at 12.69 centimeters (cm) and width at 7.61 cm, for a total wound size of 39.32 cm. The pressure injury had improved since last review, dated December 28, 2022.</p> <p>Review of Treatment Administration Records (consistent with physician orders) indicated the following: Right posterior thigh: Apply calcium alginate (provide a dry physiologically moist wound environment to promote granulation tissue formation) to wound and cover with foam dressing every Monday, Wednesday, and Friday. Treatment records had not been signed as completed on January 01 and 04, 2023.</p> <p>b. Resident D's record indicated the following for the left foot, bottom stage 3 pressure ulcer:</p> <p>The most current Nurse Practitioner Wound Evaluation, dated January 04, 2023, indicated current measurements of wound length at 1.7 cm and width at 2.35 cm, for a total wound size of 1.26 cm. The pressure injury had been stable since last review dated December 28, 2022.</p>				<p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DON or designee will re-educate the License nurses on the following facility policy. Skin Care and Wound Management Overview.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and/or observations for 5 residents will be conducted by the DON or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance. Residents identified with wounds will be reviewed to ensure current treatment is completed as ordered. Any discrepancies will be immediately corrected and re-education will be completed.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of six months then randomly thereafter for further recommendation.</p>		

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

PRINTED: 02/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(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
	<p>Review of Treatment Administration Records (consistent with physician orders) indicated the following:</p> <p>Left foot, bottom: apply Medihoney (supports autolytic debridement/breakdown of damaged tissue and a moist wound healing environment) and cover with bordered gauze (for wounds with minimal to moderate drainage to aid in absorption of drainage and provide a low-adherent layer to protect the wound surface) every day. Treatment records had not been signed as completed on December 19 and 30, 2022 and January 01, 02, 04, 07, and 08, 2023.</p> <p>c. Resident D's record indicated the following for the left buttock, stage 3 pressure ulcer:</p> <p>The most current Nurse Practitioner Wound Evaluation, dated January 04, 2023, indicated current measurements of wound length at 7.54 cm and width at 7.69 cm, for a total wound size of 22.94 cm. The pressure injury had been stable since last review, dated December 28, 2022.</p> <p>Review of Treatment Administration Records (consistent with physician orders) indicated the following:</p> <p>Left buttock: apply collagen particles (encourage cell proliferation to promote wound healing) and cover with foam dressing every Monday, Wednesday, and Friday. Treatment records had not been signed as completed on December 10, 19, and 30, 2022.</p> <p>d. Resident D's record indicated the following for the left gluteal fold, stage 3 pressure ulcer:</p> <p>The most current Nurse Practitioner Wound Evaluation, dated January 04, 2023, indicated current measurements of wound length at 4.32 cm</p>						

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

PRINTED: 02/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(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
	<p>and width at 3.06 cm, for a total wound size of 8.68 cm. The pressure injury had improved since last review; dated December 28, 2022.</p> <p>Review of Treatment Administration Records (consistent with physician orders) indicated the following: Left gluteal fold: apply collagen (encourage cell proliferation to promote wound healing) and cover with Bordered foam dressing (for wounds with minimal to moderate drainage to aid in absorption of drainage and provide a low-adherent layer to protect the wound surface) every Monday, Wednesday, and Friday. Treatment records had not been signed as completed on December 19 and 30, 2022 and January 02 and 04, 2023.</p> <p>e. Resident D's record indicated the following for the left groin, stage 3 pressure ulcer:</p> <p>The most current Nurse Practitioner Wound Evaluation, dated January 04, 2023, indicated current measurements of wound length at 1.67 cm and width at 3.93 cm, for a total wound size of 2.70 cm. The pressure injury had been stable since last review; dated December 28, 2022.</p> <p>Review of Treatment Administration Records (consistent with physician orders) indicated the following: Left groin: apply triad cream (wound healing) twice a day. Treatment records had not been signed as completed on January 01, 02, 04, 07 and 08, 2023.</p> <p>f. Resident D's record indicated the following for the right heel, stage 3 pressure ulcer:</p> <p>The most current Nurse Practitioner Wound</p>						

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

PRINTED: 02/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Evaluation, dated January 04, 2023, indicated current measurements of wound length at 2.33 cm and width at 2.60 cm, for a total wound size of 3.43 cm. The pressure injury had been stable since last review dated December 28, 2022.</p> <p>Review of Treatment Administration Records (consistent with physician orders) indicated the following: Right heel: apply Medihoney (supports autolytic debridement/breakdown of damaged tissue and a moist wound healing environment), and cover with bordered gauze (for wounds with minimal to moderate drainage to aid in absorption of drainage and provide a low-adherent layer to protect the wound surface) every Monday, Wednesday, and Friday. Treatment records had not been signed as completed on December 30, 2022 and January 02 and 04, 2023.</p> <p>g. Resident D's record indicated the following for the right upper lateral thigh, stage 2 pressure ulcer:</p> <p>The most current Nurse Practitioner Wound Evaluation, dated January 04, 2023, indicated current measurements of wound length at 1.13 cm and width at 4.76 cm, for a total wound size of 3.11 cm. The pressure injury had improved since last review dated December 28, 2022.</p> <p>Review of Treatment Administration Records (consistent with physician orders) indicated the following: Right heel: apply collagen (encourage cell proliferation to promote wound healing) and cover with Bordered foam dressing (for wounds with minimal to moderate drainage to aid in absorption of drainage and provide a low-adherent layer to protect the wound surface) Treatment records</p>						

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

PRINTED: 02/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>had not been signed as completed on December 10, 2022 and January 02 and 04, 2023.</p> <p>On January 10, 2023 from 10:00 a.m. through 11:15 a.m., Unit Manager 2 (interim wound nurse) was interviewed. During the interview, Resident D's December 2022 and January 2023 Treatment Administration Records were reviewed. Unit Manager 2 verified the above treatments for Resident D had not been signed off as completed. The records were blank.</p> <p>2. Resident F's clinical records were reviewed on January 10, 2023 at 11:10 a.m. Diagnoses included but were not limited to type 2 diabetes mellitus and cardiac sick sinus syndrome.</p> <p>The admission Minimum Data Set assessment, dated December 02, 2022, indicated Resident F required extensive assistance to being totally dependent on staff for activities of daily living. She had two stage 2 pressure ulcers (partial thickness tissue loss), one stage 3 pressure ulcer (full thickness tissue loss), and 3 unstageable pressure ulcers that had been present on admission.</p> <p>A current care plan (non-dated) with a focus impaired skin integrity indicated a goal (non-dated) that wounds would show signs of healing by review date. Staff treatment interventions to achieve goal indicated, but were not limited to, "Administer treatments as ordered by medical provider."</p> <p>a. Resident F's record indicated the following for the Coccyx, stage 4 pressure ulcer (full thickness of tissue loss with exposed bone):</p> <p>The most current Nurse Practitioner Wound</p>						

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

PRINTED: 02/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Evaluation, dated January 04, 2023, indicated current measurements of wound length at 6.90 cm and width at 7.42 cm, for a total wound size of 33.88 cm. The pressure injury had improved since last review dated December 28, 2022.</p> <p>Review of Treatment Administration Records (consistent with physician orders) indicated the following: Coccyx: apply Dankins (agent to promote wound healing) and cover with Bordered gauze (for wounds with minimal to moderate drainage to aid in absorption of drainage and provide a low-adherent layer to protect the wound surface) daily. Treatment records had not been signed as completed on December 06, 07, 14, 19, 20 and 27, 2022 and January 04, 05, 06 and 07, 2023.</p> <p>b. Resident F's record indicated the following for the Right gluteal fold, unstageable pressure ulcer:</p> <p>The most current Nurse Practitioner Wound Evaluation, dated January 04, 2023, indicated current measurements of wound length at 2.80 cm and width at 3.97 cm, for a total wound size of 7.91 cm. The pressure injury had remained stable since last review; dated December 28, 2022.</p> <p>Review of Treatment Administration Records (consistent with physician orders) indicated the following: Right gluteal fold: apply Dankins (agent to promote wound healing) and cover with Bordered gauze (for wounds with minimal to moderate drainage to aid in absorption of drainage and provide a low-adherent layer to protect the wound surface) daily. Treatment records had not been signed as completed on December 06, 07, 14, 19, 20, 22, and 27, 2022 and January 04, 05, 06, and 07, 2023.</p>						

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

PRINTED: 02/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(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
	<p>c. Resident F's record indicated the following for the Left heel, unstageable pressure ulcer:</p> <p>The most current Nurse Practitioner Wound Evaluation, dated January 04, 2023, indicated current measurements of wound length at 1.62 cm and width at 1.87 cm, for a total wound size of 1.96 cm. The pressure injury had remained stable since last review; dated December 28, 2022.</p> <p>Review of Treatment Administration Records (consistent with physician orders) indicated the following: Right gluteal fold: apply Betadine and cover with Bordered gauze (for wounds with minimal to moderate drainage to aid in absorption of drainage and provide a low-adherent layer to protect the wound surface) twice a day. Treatment records had not been signed as completed on December 06, 07, 14, and 19, 2022 and January 04, 06, and 07, 2023.</p> <p>On January 10, 2023 from 10:00 a.m. through 11:15 a.m., Unit Manager 2 (interim wound nurse) was interviewed. During the interview, Resident F's, December 2022 and January 2023, Treatment Administration Records were reviewed. Unit Manager 2 verified the above treatments for Resident F had not been signed off as completed. The records were blank.</p> <p>The observation of wound care, on January 09, 2023 at 2:30 p.m., indicated wound treatments were implemented without identified concerns. Wounds had been consistent with assessments completed on January 04, 2023.</p> <p>3. Resident E's clinical records were reviewed on January 10, 2023 at 11:00 a.m. Diagnoses</p>						

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

PRINTED: 02/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>included, but were not limited to hypertension with heart failure, ischemic cardiomyopathy, obstructive pulmonary disease, type I diabetes mellitus, systolic heart failure and physical debility.</p> <p>The quarterly Minimum Data Set assessment, dated December 15, 202, indicated Resident E required extensive assistance from nursing staff for activities of daily living. He had one, stage 3 pressure sore (full thickness tissue loss) on his left heel, that had been present upon admission (July 2022).</p> <p>A current care plan (non-dated) with a focus of left heel stage 3 wound indicated a goal (non-dated) that the wound would improve by next review. Staff treatment interventions to achieve goal indicated, but were not limited to, "Treatments as ordered."</p> <p>The most current Nurse Practitioner Wound Evaluation, dated January 04, 2023, indicated a left heel stage 3 pressure ulcer. Current measurements indicated a wound length of 5.22 cm and width of 2.13 cm, for a total wound size of 7.90 cm. The pressure injury had improved since last review, dated December 28, 2022.</p> <p>Review of Treatment Administration Records (consistent with physician orders) indicated the following: Heel: apply Medihoney (supports autolytic debridement/breakdown of damaged tissue and a moist wound healing environment), and cover with bordered gauze (for wounds with minimal to moderate drainage to aid in absorption of drainage and provide a low-adherent layer to protect the wound surface) every day. Treatment records had not been signed as completed on December 19</p>						

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

PRINTED: 02/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>and 20, 2022 and January 01, 2023.</p> <p>On January 10, 2023 from 10:00 a.m. through 11:15 a.m., Unit Manager 2 (interim wound nurse) was interviewed. During the interview, Resident E's, December 2022 and January 2023, Treatment Administration Records were reviewed. Unit Manager 2, verified the above treatments for Resident E had not been signed off as completed. The records were blank.</p> <p>On January 10, 2023 at 1:55 p.m.; Unit Manager 2 (interim wound nurse) provided a copy of the facilities Clinical Documentation Standards policy and procedure (non-dated). A review of the policy indicated, "...Policy: ...A complete record contains ... enough information to show that the status of the individual resident is known.... Nurses will follow the basic standard of practice for documentation including but not limited to providing a timely and accurate account of resident information in the medical record. ... Procedure: 1. Basic Nursing Standards of Documentation: a. The primary purpose of the medical record(s) is to provide continuity of care. I. Other reasons also include: 1. Clinical evidence of care and treatment records as evidence of care..."</p> <p>This Federal tag relates to Complaint IN00398056.</p> <p>3.1-40(a)(2)</p>						