

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

PRINTED: 02/22/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155806		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2023	
NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF WABASH				STREET ADDRESS, CITY, STATE, ZIP COD 20 JOHN KISSINGER DRIVE WABASH, IN 46992			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey and Investigation of Complaint IN00399510. This visit included a State Residential Licensure Survey.</p> <p>Complaint IN00399510 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 23, 24, 25, and 30, 2023.</p> <p>Facility number: 012993 Provider number: 155806 AIM number: 201208210</p> <p>Census Bed Type: SNF/NF: 25 SNF: 27 Residential: 36 Total: 88</p> <p>Census Payor Type: Medicare: 17 Medicaid: 22 Other: 13 Total: 52</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 1, 2023.</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by Wellbrooke of Wabash that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Wellbrooke of Wabash. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
F 0645 SS=D Bldg. 00	<p>483.20(k)(1)-(3) PASARR Screening for MD & ID §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.</p>						

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

TITLE

(X6) DATE

P. Aaron Vogel

Executive Director

02/16/2023

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>§483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <p>(i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services; or</p> <p>(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the</p>						

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	<p>preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>Based on interview and record review, the facility failed to complete the screening for mental illness for 1 of 2 residents reviewed for Preadmission Screening and Resident Review (PASARR) (Resident 38).</p> <p>Finding includes:</p> <p>Resident 38's record was reviewed on 1/27/23 at 2:14 p.m. Diagnoses included major depressive disorder, hallucinations, and delusional disorders.</p> <p>Current physician orders included lorazepam (anxiety) 0.5 milligrams (mg) daily at bedtime,</p>			F 0645	<p>1)What corrective actions will be accomplished for residents found to have been affected by the deficient practice:</p> <p>Resident #38 was affected with no actual harm. PASARR was completed prior to survey exit.</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>		02/16/2023

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	<p>quetiapine (antipsychotic) 25 mg on Wednesdays at bedtime, quetiapine 50 mg on Sunday, Monday, Tuesday, Thursday, Friday, and Saturday at bedtime, and sertraline (antidepressant) 100 mg daily.</p> <p>A current care plan, initiated on 4/22/22 and last reviewed on 1/20/23, indicated the resident demonstrated altered behaviors including delusions of wife texting other men and/or running around town and meeting other men.</p> <p>During an interview, on 1/30/23 at 9:47 a.m., the Social Services Director was unable to produce a PASARR for the resident. He indicated the resident's PASARR screening was expired, would have to be redone, and he should have caught the lack of a completed PASARR for the resident. The hospital, prior to the pandemic, would do the screenings, but now with the pandemic waiver he completed the PASARR screenings with the admission assessments.</p> <p>Review of an undated, current facility policy, titled "Indiana PASRR," provided by the Corporate Clinical Support RN (Registered Nurse) on 1/30/23 at 4:45 p.m., indicated the following: "...with admission from the hospital the facility ensures the hospital has completed the appropriate screenings. During the admission process, the facility logs into Ascend (the website for PASARR screening) and prints the outcome letter out. For changes in status and Level II (in-depth assessment determining if a person has a qualifying PASARR condition such as a serious mental illness, intellectual disability and/or developmental disability) follow up, Social Services ensures paperwork is submitted, prints outcome letter and uploads it to the resident's clinical record...."</p>				<p>All residents with serious mental disorder diagnosis have the potential to be affected by this deficient practice. All current residents with Level II appropriate diagnoses have been reviewed to ensure Level II completion. IDT and Admissions to be In-Serviced on PASRR process & ensuring residents with a qualifying diagnosis and require a level II assessment have a completed referral.</p> <p>3)What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur:</p> <p>IDT and Admissions to be In-Serviced on PASRR process & ensuring residents with a qualifying diagnosis and require a level II assessment have a completed referral. In-service to be completed by ED / Designee.</p> <p>As a measure of ongoing compliance, the SSD/designee will audit three admitted residents, as available, that have required mental disorders for completion of PASARR referral weekly x4 weeks, then every other week x2 months, then monthly x3 months.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what</p>		

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R 0000 Bldg. 00	<p>3.1-16(d)(1)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: January 23, 24, 25, and 30, 2023.</p> <p>Facility number: 012933</p> <p>Residential Census: 36</p> <p>Wellbrooke of Wabash was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed February 1, 2023.</p>	R 0000	<p>quality assurance program will be put into place:</p> <p>As a quality measure, results of the audits and any corrective action will be forwarded to the Quality Assurance Committee monthly for a minimum of 6 months then randomly thereafter for further recommendations or until 100% compliance achieved. This will be monitored by ED/Designee</p> <p>The submission of this plan of correction does not indicate an admission by Wellbrooke of Wabash that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Wellbrooke of Wabash. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for</p>		

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