

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

PRINTED: 04/17/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155503		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/22/2023	
NAME OF PROVIDER OR SUPPLIER HUTSONWOOD AT BRAZIL				STREET ADDRESS, CITY, STATE, ZIP COD 501 S MURPHY AVE BRAZIL, IN 47834			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00401778.</p> <p>Complaint IN00401778 - Federal/State deficiencies related to the allegations are cited at F580 and F686.</p> <p>Survey dates: February 21 and 22, 2023</p> <p>Facility number: 000514 Provider number: 155503 AIM number: 100266800</p> <p>Census Bed Type: SNF/NF: 60 Total: 60</p> <p>Census Payor Type: Medicare: 10 Medicaid: 32 Other: 18 Total: 60</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 7, 2023.</p>			F 0000	<p>03/20/2023</p> <p>ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204</p> <p>Re: Complaint Survey Hutsonwood at Brazil 501 S Murphy Ave Brazil, IN 47834-0130</p> <p>Dear Ms. Buroker, On Feb 21 and 22, 2023, a complaint survey (Survey ID ORG711) with Complaint number (IN00401778) was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiency.</p> <p>Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance.</p> <p>We respectfully request a desk review that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction of March 20, 2023.</p>		

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

TITLE

(X6) DATE

Manoj Berry

Executive Director

03/20/2023

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 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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F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Denial/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> <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>Please feel free to call me with any further questions at 1 (812) 446-2636.</p> <p>Respectfully submitted, Manoj Berry (Executive Director) Hutsonwood at Brazil 501 S Murphy Ave Brazil, IN 47834-0130</p>		

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	<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 record review and interview, the facility failed to immediately notify the resident's representative/family when a significant change in the resident's health status changed due to the development of a pressure ulcer and the facility failed to immediately notify the resident's representative/family when the resident required a significant change in treatment for the pressure ulcer that declined to a stage 3 for 1 of 3 residents reviewed for notification of change in condition. (Resident B)</p> <p>Findings include:</p> <p>On February 21, 2023 at 9:35 a.m., Resident B's closed clinical records were reviewed. Diagnoses included, but were not limited to, pressure ulcer</p>			F 0580	<p>F580 NOTIFY OFCHANGES (INJURY/DECLINE/ROOM, ETC) The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken</p>		03/20/2023

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	<p>stage 1 (intact skin with localized area of non-blanchable erythema) diagnosed on December 11, 2022 and pressure ulcer stage 3 (full thickness loss of skin which fat is visible in the ulcer) diagnosed on December 16 2022.</p> <p>The face sheet indicated Resident B's daughter-in-law was listed as the Power of Attorney and first family contact for notification(s).</p> <p>Nurse's notes, dated December 11, 2022 at 2:27 a.m., indicated during routine rounds Resident B "presenting an open area of the sacrum [base of the spine] with tissue loss noted." The resident's doctor and on-coming nursing staff were notified of the change in resident's health status.</p> <p>A Wound Management note, dated December 11, 2022 at 2:22 a.m., indicated, "Observation history ... open area, sacrum." The wound was assessed as a pressure ulcer that measured at a length of 1 centimeters (cm) and width of 2 cm, with tissue loss noted.</p> <p>Clinical record(s) lacked documentation that indicated notification to the resident's representative/family of the newly identified pressure ulcer.</p> <p>A Wound Management note, dated December 20, 2022 at 1:30 p.m., indicated, "Pressure Ulcer - Stage 3 [full thickness skin loss]." The wound was measured at length of 3.25 cm and width of 4.83 cm.</p> <p>Clinical record(s) lacked documentation that indicated notification to the resident's representative/family of the deterioration of the pressure ulcer.</p>				<p>for those residents identified: Resident B no longer resides at the facility. p="" paraid="84885573" paraeid="{69c5eb42-0a79-4bd7-96ac-d7e67a15f3db}{239}">2) How the facility identified other residents: Any resident with a change of condition related to decline in skin conditions have the potential to be affected by the alleged deficient practice. Audit was completed on current residents to ensure responsible parties were notified of any change of condition related to decline in skin conditions. All responsible parties were notified. p="" paraid="2138275595" paraeid="{859d4a36-6da2-426f-90c4-2aaea0c9f6b8}{22}">3) Measures put into place/System changes: DON/ADON re-educated Licensed Nurses on 03/14/2023 on notification of decline in skin conditions to responsible party. Clinical changes in condition are reviewed in morning meeting. Change in conditions related to a decline in skin conditions will be notified to the resident and/or responsible party. 4) How the corrective actions will be monitored: ul="" role="list" The DON/Designee will complete a random audit of 3 residents 5 days a week for 4 weeks, then 3 residents 3 days a week for 4</p>		

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F 0686 SS=D Bldg. 00	<p>Nurse's notes, dated January 26, 2023 at 1:01 p.m., indicated, "...Wound Care ... Called daughter-in-law ... at this time and updated on wound condition and current tx [treatment]...."</p> <p>On February 21, 2023 at 9:30 a.m., Resident B's representative/family member was interviewed. During the interview, the family indicated the first notification of Resident B having a pressure sore was on January 26, 2023.</p> <p>On February 21, 2023 at 11:30 a.m., the Director of Nursing was interviewed. During the interview, the Director of Nursing indicated the Nurse's notes, dated January 26, 2023 at 1:01 p.m., was the initial notification to the family of Resident B's pressure ulcer.</p> <p>This Federal tag relates to Complaint IN00401778.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <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</p>				<p>weeks, then 3 residents 1 day a week for 4 weeks, then 3 residents monthly x 3 months to ensure any decline in skin condition that notification to the responsible party is completed and documented.</p> <p>Non-compliance with notification of responsible parties will result in re-education, disciplinary action up to termination. The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved for 3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>ul="" role="list"</p> <p>Date of Compliance: 03/20/2023</p>		

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	<p>promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, record review, and interview, the facility failed to ensure prompt assessment and implementation of nutritional support to promote the healing of a pressure ulcer for 1 of 3 residents reviewed for treatment and services of a pressure sore (Resident B) and the facility failed to implement a pressure ulcer dressing change as indicated by facility policy for 1 of 3 residents observed for wound care (Resident C).</p> <p>Findings include:</p> <p>1.) On February 21, 2023 at 9:35 a.m., Resident B's closed clinical records were reviewed. Diagnoses included, but were not limited to, pressure ulcer stage 1 (intact skin with localized area of non-blanchable erythema) diagnosed on December 11, 2022 and pressure ulcer stage 3 (full thickness loss of skin which fat is visible in the ulcer) diagnosed on December 16 2022.</p> <p>Physician orders, dated November 25, 2022 (open ended), indicated Resident B was prescribed a mechanical soft diet with thin liquids.</p> <p>The admission Minimum Data Set (MDS) assessment, dated December 01, 2022, indicated Resident B's weight was 139 pounds with no known or reported weight loss. She exhibited no swallowing problems.</p> <p>Hospital laboratory records, dated November 17, 2022 and transferred upon Resident B's admission, indicated her total protein (important for the growth of body's tissues) was low at 4.8 (reference range 6.6 to 8.7) and her albumin (measurement for potential malnutrition) was low</p>			F 0686	<div class="OutlineElement Ltr SCXW149524139 BCX8" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; clear: both; position: relative; direction: ltr;">F 686 Treatment to prevent/Heal pressure ulcer.</div> <p>The facility requests paper compliance for this citation.</p> <p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>p paraid="1571515515" paraeid="{20fb526b-52bd-4808-9e2c-97036371bb80}{13}" ></p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficienciesThe plan of correction is prepared and/or executed solely because it is required by the</p>		03/20/2023

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	<p>at 2.68 (reference range 3.97 to 4.97).</p> <p>Nursing home laboratory records, dated December 02, 2022, indicated Resident B's total protein was low at 5.0 and albumin was low at 2.3.</p> <p>Nurse's notes, dated December 11, 2022 at 2:27 a.m., indicated during routine rounds Resident B "presenting an open area of the sacrum [base of the spine] with tissue loss noted."</p> <p>A Wound Management note, dated December 11, 2022 at 2:22 a.m., indicated "Observation history ... open area, sacrum." The wound was assessed as a pressure ulcer that measured at a length of 1 centimeter (cm) and width of 2 cm, with tissue loss noted.</p> <p>Resident B's care plan for pressure ulcer (non-dated/closed) with a goal of wound will heal and remain closed without complications through a target date of March 30, 2023. Approaches staff will implement to achieve goal were:</p> <ul style="list-style-type: none"> -observe for infection and report -physician follow up as needed -weekly skin assessments -treatment as ordered <p>Resident B's care plan lacked approaches for nutritional support to promote wound healing.</p> <p>A Wound Management note, dated December 20, 2022 at 1:30 p.m., indicated "Pressure Ulcer - Stage 3 [full thickness skin loss]." The wound was measured at length of 3.25 cm and width of 4.83 cm.</p> <p>A Progress Note dated December 27, 2022 at 5:57 p.m., indicated, "NUTRITION ... wound/weight ...</p>				<p>provisions of federal and state law.</p> <p>1. Immediate actions taken for those residents identified:</p> <p>Resident B no longer resides in the building.</p> <p>p paraid="458016362" paraeid="{20fb526b-52bd-4808-9e2c-97036371bb80}{40}" ></p> <p>2.How the facility identified other residents:</p> <p>Any resident with a decline in skin condition has the potential to be affected by the alleged deficit practice.</p> <p>Residents with a decline in skin condition have been audited to ensure nutritional support is in place to promote wound healing. Nutritional support is in place.</p> <p>Residents with an alteration in skin condition have been audited to ensure appropriate treatment orders are in place. Treatment orders are in place.</p> <p>p paraid="1513733091" paraeid="{20fb526b-52bd-4808-9e2</p>		

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	<p>122.4 # [pounds] ... Resident notes with a 17 # / 12.2 sig loss x 28 d [days]. Has PI [pressure injury/ulcer] to sacrum. Weight loss likely r/t [related to] fair/poor intake of Mechanical soft diet with thin liquids and increased needs for healing and weight stability. ... Mighty shake bid [twice a day/for added dietary protein calories] and Prostate AWC [advanced wound healing/increased protein in low volume] added to support healing and weight stability...."</p> <p>The nutritional assessment and interventions were added 16 days after the initial pressure ulcer diagnosis and 7 days after the deterioration of the pressure ulcer to a stage 3.</p> <p>Resident B's weight, dated January 03, 2023 indicated 145.6 pounds, and dated February 02, 2023 indicated 131.6 pounds.</p> <p>Wound Management notes indicated Resident B's wound remained stable through February 02, 2023.</p> <p>On February 21, 2023 at 1:45 p.m., the Director of Nursing was interviewed. During the interview, the Director of Nursing indicated Resident B's nutritional assessment and interventions to promote wound healing had been added to her treatment on December 27, 2023.</p> <p>On February 22, 2023 at 9:20 a.m., the Director of Nursing Provided the facility's current policy and procedure, dated October 01, 2022, for residents "Clinically At Risk." A review of the policy indicated, "Purpose: To promote a collaborative interdisciplinary approach to review and evaluate the risk and/or current status of residents ... Procedure: ... 8. Residents to be reviewed ... Skin Condition-Pressure...."</p>				<p>c-97036371bb80}{88}" ></p> <p>3.Measures put into place/ System changes:</p> <p>Nursing staff were re-educated on proper dressing change technique with return demonstration on 3/14/2023.</p> <p>Nursing staff were re-educated on ensuring nutritional support and appropriate treatment orders are in place for any resident with a decline in skin condition on 3/14/2023.</p> <p>The Registered Dietician will review any resident with a decline in skin condition and make recommendations for nutritional support. DON/Designee will ensure MD is notified of recommendations and will complete the order as the physician requests.</p> <p>p paraid="141740964" paraeid="{20fb526b-52bd-4808-9e2 c-97036371bb80}{130}" >Residents with an alteration in skin will be assessed weekly by the wound NP. DON/Designee will ensure treatment orders are in place per NP recommendations.</p>		

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	<p>2.) Resident C's clinical records were reviewed on February 21, 2023 at 10:45 a.m. Resident C's diagnoses included, but were not limited to, Pressure Ulcer stage 3 right second toe.</p> <p>A care plan, dated November 28, 2022, indicated a problem of "Skin Integrity (actual)." An established goal, dated May 26, 2023, was "wound will heal and remain closed without complications." Approaches staff will implement to achieve goal indicated, but was not limited to, "treatment as ordered."</p> <p>On February 22, 2023 at 10:45 a.m., Employee 3 was observed to implement Resident C's treatment and dressing change to Resident C's right foot on the top of the second toe knuckle. During the observation Employee 3 was observed to not prepare and establish a clean zone for treatment items, establish a clean zone under the affected area, nor place a trash bag nearby to dispose of soiled dressing items that had been removed. During the dressing change, Resident C had been seated in a wheelchair. She held her foot up during the procedure. Employee 3 rolled up the soiled dressing and carried the dressing to the bathroom. After the soiled dressing had been removed Resident C placed her heel on the floor, one time, during the time Employee 3 was disposing of the soiled dressing, implementing hand hygiene in the resident's bathroom, and changing gloves to place the treatment and new dressing on.</p> <p>On February 22, 2023 at 11:20 a.m., the Director of Nursing provided a copy of the facility's current policy, dated May 19, 2021, for Treatment/Dressing Standards. A review of the policy indicated, "Purpose: To promote healing that results in an intact skin layer. Procedure: ... 3.</p>				<p>4. How the corrective actions will be monitored:</p> <p>The DON/Designee will complete a random audit of 3 residents 5 days a week for 4 weeks, then 3 residents 3 days a week for 4 weeks, then 3 residents 1 day a week for 4 weeks, then 3 residents monthly x 3 months to ensure nutritional support is in place for any resident with a decline in skin condition.</p> <p>The DON/Designee will complete a random audit of 3 residents 5 days a week for 4 weeks, then 3 residents 3 days a week for 4 weeks, then 3 residents 1 day a week for 4 weeks, then 3 residents monthly x 3 months to ensure appropriate treatment orders are in place for any resident with a decline in skin condition.</p> <p>The DON/Designee will complete a random audit of 1 Licensed staff member 5 days a week for 4 weeks, then 1 Licensed staff member 3 days a week for 4 weeks, then 1 Licensed staff</p>		

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	<p>Prepare a clean, dry work area at bedside. 4. Place the trash bag (or container for soiled items) at the end of the bed or within easy reach of the work area. ... 8. Place the linen saver or a towel under the patient, if needed. ..."</p> <p>On February 22, 2023 at 11:30 a.m., the facility's policy was reviewed with Employee 3. During the interview, Employee 3 indicated she had not implemented procedures 3, 4, nor 8.</p> <p>This Federal tag relates to Complaint IN00401778.</p> <p>3.1-40(a)(2)</p>				<p>member 1 day a week for 4 weeks, then 1 Licensed staff member monthly x 3 months to ensure proper dressing change technique is completed.</p> <p>Non-compliance with re-education will result in re-education, disciplinary action up to termination.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliances is achieved for 3 consecutive months.</p> <p>The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>p paraid="1088439699" paraeid="{20fb526b-52bd-4808-9e2c-97036371bb80}{222}" ></p> <p>5.Date of compliance: 03/20/2023</p>		

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

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FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155503		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/22/2023	
NAME OF PROVIDER OR SUPPLIER HUTSONWOOD AT BRAZIL				STREET ADDRESS, CITY, STATE, ZIP COD 501 S MURPHY AVE BRAZIL, IN 47834			
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