

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

PRINTED: 11/28/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/01/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4255 MEDWELL DR NEWBURGH, IN 47630			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00419448, Complaint IN00419136, and Complaint IN00418030.</p> <p>Complaint IN00419448 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419136 - Substantiated. Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00418030 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: October 30, 31, November 1, 2023.</p> <p>Facility number: 000173 Provider number: 155273 AIM number: 100290920</p> <p>Census Bed Type: SNF/NF: 80 Total: 80</p> <p>Census Payor Type: Medicare: 2 Medicaid: 40 Other: 38 Total: 80</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 6, 2023.</p>			F 0000	<p>By submitting the enclosed material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective December 1, 2023.</p> <p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after December 1, 2023.</p>		

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

TITLE

(X6) DATE

Brandon

Burns

11/22/2023

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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F 0677 SS=E Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview, and record review, the facility failed to provide ADL's (activities of daily living) care to 4 of 4 residents reviewed. Bathing and bathing preferences were not provided to residents. (Resident D, Resident E, Resident F, Resident H)</p> <p>Findings include:</p> <p>1. On 10/30/23 at 10:02 a.m., Resident D indicated they are supposed to get showers but only get bed baths, and staff are not doing it at all.</p> <p>On 10/30/23 at 10:45 a.m., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, paraplegia, traumatic brain injury. A quarterly MDS (Minimum Data Set) assessment, dated 7/25/23, indicated cognition intact, shower/bathe self substantial/maximal assistance.</p> <p>Care plans were reviewed and included, but were not limited to: Self care deficit including bed mobility, transfers, eating and toileting related to: decreased mobility related to paraplegia, spastic movements, extensive assist needed for transfers, noted to refuse assistance at times, B&amp;B incontinence, neurogenic bladder with HX of urinary retention, use of psychotropic medication, attention deficit related to TBI (traumatic brain injury), start date 10/23/15.</p>			F 0677	<p>Residents D, E, F, and H who were affected by the alleged deficient practice have been offered bathing according to their preference. · All residents have the potential to be affected by the alleged deficient practice. All residents were interviewed to ensure residents are receiving bathing per resident preferences. Resident profiles were updated · Education provided to staff related to bathing residents according to their preferences as well as proper documentation of ADLs. IDT to audit ADL documentation during daily clinical meeting to ensure ADL bathing documentation is accurate and completed as scheduled according to resident preference. DNS/Designee to round each day to ensure residents are receiving bathing per preference. The DNS/designee will be responsible for the completion of an ADL bathing QA Tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by</p>		12/01/2023

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	<p>Approach: assist with bathing as needed per resident preference. Offer showers two times per week, partial bath in between. Encourage resident to make choices in care such as clothing, shower time preference, etc...</p> <p>POC (point of care) was reviewed for October 2023 and the following were recorded for bathing: 10/1- PBB (partial bed bath) 10/2- PBB 10/3- activity did not occur 10/4- activity did not occur 10/5- PBB 10/6- activity did not occur 10/7- PBB 10/8- no documentation 10/9- PBB 10/10- PBB 10/11- no documentation 10/12- no documentation 10/13- no documentation 10/14- PBB 10/15- no documentation 10/16- PBB 10/17- no documentation 10/18- CBB (complete bed bath) 10/19- no documentation 10/20- no documentation 10/21- no documentation 10/22- no documentation 10/23- no documentation 10/24- no documentation 10/25- CBB 10/26- no documentation 10/27- no documentation 10/28- no documentation 10/29- CBB 10/30- no documentation 10/31- no documentation but observed a PBB</p>		the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.		

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	<p>A current shower schedule was reviewed and Resident D's shower days were listed as Wednesday and Sunday evenings. Shower dates for October were:</p> <p>10/4 10/8 10/11 10/15 10/18 10/22 10/25 10/29</p> <p>Shower sheets were reviewed and contained the following dates: 10/18/23 - CBB marked 10/25- CBB 10/29- CBB</p> <p>No refusals were documented in the clinical record.</p> <p>2. On 11/1/23 at 8:53 a.m., Resident H indicated they were supposed to get a bed bath yesterday, did not receive it, it's like that quite often, sometimes goes 2 or 3 weeks without a bath, and sometimes wears the same clothes for a week. Resident D indicated they never refuse, if lucky only get a bath twice a week, at home they took a shower every day, sometimes two a day, administration had been told but it went in one ear and out the other.</p> <p>On 11/1/23 at 10:05 a.m., Resident H's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, peripheral vascular disease. A quarterly MDS (Minimum Data Set) assessment, dated 10/30/23, indicated Resident H's cognition</p>				

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	<p>was intact, shower/bathe self substantial/maximal assistance.</p> <p>Care plans were reviewed and included, but were not limited to: Resident requires assistance with ADL's including bed mobility, transfers, eating and toileting related to: osteomyelitis, rt foot 5th metatarsal amputation, encounter for surgical aftercare following surgery on the circulatory system...hemiplegia and hemiparesis following cerebral infarction affecting right dominant side...start date 7/21/23.</p> <p>Approach: assist with bathing as needed per resident preference. Offer showers two times per week, partial bath in between, Prefers AM complete bed baths.</p> <p>POC (point of care) was reviewed for October 2023 and the following were recorded for bathing: 10/1- not documented 10/2- not documented 10/3- CBB 10/4- activity did not occur 10/5- activity did not occur 10/6- refused 10/7- PBB 10/8- PBB 10/9- activity did not occur 10/10- CBB 10/11- activity did not occur 10/12- activity did not occur 10/13- CBB 10/14- no documentation 10/15- activity did not occur 10/16- PBB 10/17- CBB 10/18- activity did not occur 10/19- activity did not occur</p>						

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	<p>10/20- PBB</p> <p>10/21- activity did not occur</p> <p>10/22- activity did not occur</p> <p>10/23- activity did not occur</p> <p>10/24- CBB</p> <p>10/25- no documentation</p> <p>10/26- activity did not occur</p> <p>10/27- CBB</p> <p>10/28- not documented</p> <p>10/29- not documented</p> <p>10/30- PBB</p> <p>10/31- not documented</p> <p>A current shower schedule was reviewed and Resident H's shower days were listed as Tuesday and Friday days complete bed bath. Complete bed bath dates for October were:</p> <p>10/3</p> <p>10/6</p> <p>10/10</p> <p>10/13</p> <p>10/17</p> <p>10/20</p> <p>10/24</p> <p>10/27</p> <p>10/31</p> <p>Shower sheets were reviewed and contained the following dates:</p> <p>10/3- CBB</p> <p>10/10- CBB</p> <p>10/13- CBB</p> <p>10/17- CBB</p> <p>10/24- CBB</p> <p>10/27- 10/27</p> <p>No refusals were documented in the clinical record for the days documented as activity did not occur or days not documented.</p>						

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	<p>3. On 10/31/23 at 1:19 p.m., Resident E indicated they sometimes only get 1 shower a week and have to remind staff to do.</p> <p>On 11/1-23 at 10:34 a.m., Resident E's clinical record was reviewed. Diagnoses included, but were not limited to, Parkinson disease without dyskinesia, primary osteoarthritis unspecified shoulder, muscle weakness, tremor unspecified, age related debility, other abnormalities gait and mobility. An admission MDS (Minimum Data Set) assessment, dated 7/31/23 indicated Resident E's cognition was intact, bathing physical help in part of bathing support of one.</p> <p>Care plans were reviewed and included, but were not limited to: Resident requires assistance with ADL's including bed mobility, transfers, eating and toileting related to: Parkinson's disease, chronic obstructive pulmonary disease, essential tremor...start date 7/24/23.</p> <p>Approach: assist with bathing as needed per resident preference. Offer showers two times per week, partial bath in between. Current preference for bathing/shower/bed bath PM.</p> <p>POC (point of care) was reviewed for October 2023 and the following were recorded for bathing: 10/1- PBB 10/2- PBB 10/3- activity did not occur 10/4- shower 10/5- PBB 10/6- activity did not occur 10/7- CBB 10/8- PBB 10/9- activity did not occur 10/10- PBB</p>						

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	10/11- CBB 10/12- activity did not occur 10/13- not documented 10/14- refused 10/15- activity did not occur 10/16- PBB 10/17- activity did not occur 10/18- shower 10/19- activity did not occur 10/20- PBB 10/21- activity did not occur 10/22- PBB 10/23- activity did not occur 10/24- activity did not occur 10/25- shower 10/26- activity did not occur 10/27- PBB 10/28- not documented 10/29- not documented 10/30- PBB 10/31- PBB  A current shower schedule was reviewed and Resident E's shower days were listed as Wednesday and Saturday evenings. Shower dates for October were: 10/4 10/7 10/11 10/14 10/18 10/21 10/25 10/28  Shower sheets were reviewed and contained the following dates: 10/4- shower 10/7- CBB 10/11- CBB						



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	<p>10/14- refused</p> <p>10/18- shower</p> <p>10/21- refused</p> <p>10/25- shower</p> <p>No refusals were documented in the clinical record for the days documented as activity did not occur or days not documented.</p> <p>4. On 11/1/23 at 11:50 a.m., Resident F was observed sitting in a wheel chair in a common area. Resident F indicated they were not always getting their showers.</p> <p>On 11/1/23 at 11:05 a.m., Resident F's clinical record was reviewed. Diagnoses included, but were not limited to, muscle weakness (generalized), unsteadiness on feet, epilepsy. An admission MDS (Minimum Data Set) assessment , dated 8/16/23, indicated Resident F's cognition was intact, bathing total dependence two assist.</p> <p>Care plans were reviewed and included, but were not limited to, ADL's functional status/rehabilitation potential resident requires assistance with ADL's including bed mobility, transfers, eating and toileting related to: weakness, impaired balance, HX of falls, fall risk...start date 8/16/23.</p> <p>Approach: assist with bathing as needed per resident preference. Offer showers two times per week partial bath in between.</p> <p>POC (point of care) was reviewed for October 2023 and the following were recorded for bathing:</p> <p>10/1- PBB</p> <p>10/2- PBB</p> <p>10/3- activity did not occur</p> <p>10/4- activity did not occur</p>						

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	10/5- activity did not occur 10/6- CBB 10/7- PBB 10/8- PBB 10/9- activity did not occur 10/10- PBB 10/11- activity did not occur 10/12- activity did not occur 10/13- refused 10/13- 10/20- resident was out to the hospital 10/21- activity did not occur 10/22- no documentation 10/23- no documentation 10/24- shower 10/25- no documentation 10/26- activity did not occur 10/27- CBB 10/28- no documentation 10/29- no documentation 10/30- PBB 10/31- activity did not occur  A current shower schedule was reviewed and Resident F's shower days were listed as Tuesday and Friday days. Shower dates for October were: 10/3 10/6 10/10 10/13 10/17 10/20 10/24 10/27 10/31 Shower sheets were reviewed and contained the following dates: 10/6- CBB 10/13- refused 10/20- LOA						

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F 0880 SS=D Bldg. 00	<p>10/24- shower 10/27- CBB</p> <p>No refusals were documented in the clinical record for the days documented as activity did not occur or days not documented.</p> <p>On 11/1/23 at 1:52 p.m., RN 1 indicated if a CNA tells nursing that a resident refuses their shower, they go in and try to get the resident to take a shower, CNA's are supposed to document refusals in the computer, also on the shower sheets, the nurse signs the shower sheet nursing should document a refusal in the progress notes.</p> <p>An anonymous interview indicated they are not always able to get resident showers done, 1 resident assigned did not get their complete bed bath, the main areas were cleaned, one resident assigned did not receive their shower that day, they had spoken with administration and they said just do the best you can.</p> <p>No specific policy was obtained on activities of daily living from the facility.</p> <p>This citation relates to Complaint IN00419136.</p> <p>3.1-38(b)(2)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p>						

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	<p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a</p>						

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NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. Based on observation, interview, and record review, the facility failed to ensure proper hand hygiene and glove use was done for 2 of 2 residents observed for care. Hands were not washed and gloves not changed. (Resident B, Resident D)</p> <p>Findings include:</p> <p>1. On 10/30/23 at 9:34 a.m., CNA 2 was observed to provide incontinence care to Resident B. With gloved hands CNA 2 was observed to remove a bed bolster from under Resident B's legs, unfasten the brief, use incontinence wipes to clean the penis, roll resident to both side cleaning a large amount of feces off buttocks and scrotum, put the dirty wipes in a trash bag, put a clean brief under the resident, obtain a tube of barrier cream and</p>			F 0880	<p>No residents were affected by the alleged deficient practice. CNA 2, CNA 3 were educated on proper hand washing and skills validation completed.</p> <p>All Residents had the potential to be affected by the alleged deficient practice. Nursing staff will be in-serviced on proper infection control, glove usage, and hand hygiene by 12-1-2023 by DNS/IP and/or designee.</p> <p>Nursing staff will be in-serviced on proper infection control, glove usage, and hand hygiene by 12/1/2023 by DNS,</p>		12/01/2023

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>apply it the buttocks, obtain a tube of anti fungal cream and apply it to the scrotum. Gloves were not changed during the tasks or hand hygiene done.</p> <p>2. On 10/31/23 at 9:54 a.m., CNA 3 was observed to provide care to Resident D. CNA 3 was observed to take Resident D's pants off with gloved hands, put in a trash bag, clean Resident D's penis and scrotum with an incontinence wipe and wet washcloths, roll Resident D to his side and clean and dry buttocks, apply barrier cream to the buttocks, put a new brief under Resident D, roll Resident D over and apply cream to the groin and scrotum area, put deodorant on the resident, obtained socks out of the drawer and put on feet. CNA 3 was observed to pull his own pants up with same gloved hands, put a clean pair of pants on the resident, tuck the Hoyer pad under the resident, use the bed control to raise the bed, take off gloves and throw in the trash. CNA 3 was observed to use a incontinence wipe to wipe the palm of his gloved hands after applying the cream to the buttocks and groin area. Gloves were not changed during the tasks. CNA 3 left the room, came back and donned gloves no hand hygiene before was observed.</p> <p>On 11/1/23 at 11:55 a.m., CNA 3 indicated after entering a resident room, hands should be washed before applying gloves, change gloves if viably soiled, definitely change gloves after changing a resident for incontinent care.</p> <p>On 11/1/23 at 2:25 p.m., the Administrator provided the current hand hygiene policy with a revision date of 12/2021. The policy included, but was not limited to: healthcare personnel should use an alcohol -based hand rub or wash with soap and water for the following clinical indications:</p>				<p>Infection Preventionist and/or designee. DNS/IP and/or designee to complete QA tool and infection control observations daily.</p> <p>Infection control QA tool to be completed weekly times 4 weeks, monthly times 6 months, and quarterly until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination for responsible employee.</p>		

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	<p>Before moving from work on a on soiled body site to clean body site on the same resident.....immediately after glove or PPE removal.</p> <p>The Administrator indicated the facility did not have a specific policy on glove use.</p> <p>3.1-18(b) 3.1-18(l)</p>						