

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

PRINTED: 09/18/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155689		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/16/2024	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF GOSHEN				STREET ADDRESS, CITY, STATE, ZIP COD 2400 COLLEGE AVE GOSHEN, IN 46526			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00440328 and IN00440409.</p> <p>Complaint IN00440328 - Federal/State deficiencies related to the allegations are cited at F558, F656, F677 and F691.</p> <p>Complaint IN00440409 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 14,15 &16, 2024</p> <p>Facility number: 000091 Provider number: 155689 AIM number: 100290080</p> <p>Census Bed Type: SNF/NF: 16 SNF: 11 NF: 84 Total: 111</p> <p>Census Payor Type: Medicare: 11 Medicaid: 84 Other: 16 Total: 111</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 8/27/2024</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the low scope and severity of these findings we respectfully request a desk review in lieu of a traditional revisit.</p>		
F 0558 SS=D Bldg. 00	483.10(e)(3) Reasonable Accommodations Needs/Preferences Based on observation, interview, and record			F 0558	F558 – Reasonable		09/09/2024

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

TITLE

(X6) DATE

Caley Nixon

Executive Director

09/09/2024

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 30 days 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>review, the facility failed to ensure resident rights were honored when bathing preferences were not accommodated for 1 of 6 residents reviewed for Resident Rights, (Residents C)</p> <p>Finding includes:</p> <p>1. During an observation and interview on 8/15/24 at 9:48 A.M., Resident C was noted to be lying in bed, wearing a night gown with uncombed hair and general unkempt appearance. The resident indicated her preference was to receive showers every Monday, Thursday, and Saturday on the day shift, but the facility changed her shower days to Tuesdays and Thursday. Resident C indicated the facility staff told her if she had showers on Thursday, she was not eligible to have another shower on Saturday. Resident C indicated she did not get her showers per her preference and she did not get all of the showers she was scheduled to receive. Resident C indicated she liked to participate in Sunday worship services, but did not feel comfortable attending church if she had not been showered in a number of days. Resident C indicated the lack of showers impeded her social life.</p> <p>Resident C's clinical record was reviewed on 8/15/24 at 1:16 P.M. Diagnoses included spina bifida, chronic respiratory failure, paraplegia, and obstructive and reflux uropathy.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 9/30/23, indicated the resident was cognitively intact, and that it was very important to her to make choices about her showering and bathing.</p> <p>A Review of the most recent quarterly MDS assessment, dated 4/22/24, indicated Resident C</p>				<p>Accommodations Needs/Preferences It is the practice of this facility to ensure all resident rights are honored in regard to bathing preferences.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident C – shower preferences reviewed with resident. Care plan and shower schedule updated to reflect resident shower preferences.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected by this deficient practice. Residents shower preferences and schedules reviewed and updated as appropriate. All shower schedules updated to accommodate resident preferences.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: All nursing staff will be in-serviced on or before 9/9/2024. This in-service will be conducted by the</p>		

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	<p>required substantial to maximal assistance for showering and bathing needs.</p> <p>A current Care Plan, initiated on 9/24/23 and revised on 4/16/24, indicated Resident C required assistance for activities of daily living related to but not limited to spina bifida, paraplegia, urostomy, and colostomy. An intervention, dated 11/15/24 and revised on 4/16/24, indicated the resident was to be bathed or showered on Monday, Thursday, and Saturday on the first shift and as necessary.</p> <p>A review of Resident C's Shower records from 7/1/24 to 8/13/24, indicated the resident did not receive 11 the 26 scheduled showers she was supposed to receive in that time frame. Resident C did not receive showers on the following dates as scheduled: July 6, 9, 16, 20, 23, 29, 30, 2024 and August 3, 6, 10, 12, and 13, 2024. There were no documentation of refusals. Four of the missed showers were on Saturdays.</p> <p>On 8/15/24 at 12:35 P.M., the Assistant Director of Nursing provided Resident Council Minutes from 7/9/24 and 8/12/24. The 7/9/24 minutes indicated residents were not getting their scheduled showers.</p> <p>A Response from the Department Manager indicated the shower schedule was reviewed and would be completely revamped to ensure staff were able to complete assigned showers daily. The 8/12/24 minutes indicated concern was voiced again, related to showers and residents had complained they were typically getting only one shower weekly. A response from the Department Manager indicated the revamping of the shower assignment was to be completed by 8/16/24 to ensure all showers could be completed when scheduled.</p>				<p>Director of Nursing or Designee and will include a review of resident rights and accommodating needs and preferences as it relates to shower preferences.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The Director of Nursing/Designee will be responsible for completing the QAPI Audit tools labeled "Shower QAPI" weekly for 4 weeks and monthly for at least 6 months. The Director of Nursing/Designee will audit all resident care plans to ensure shower preferences are appropriately reflected and maintained. If 100% is not achieved an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up.</p> <p>By what date the systemic changes will be completed: 09/09/2024 Compliance Date = 09/09/2024</p>		

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	<p>On 8/15/24 at 1:30 P.M., the Assistant Director of Nursing provided a policy titled, "Resident Showers," dated 1/2024, indicating it was the current facility policy. The policy indicated, "...It is the practice of this facility to assist resident with bathing to maintain proper hygiene,, stimulate circulation and help prevent skin issues as per current standards of practice...Residents will be provided showers as per request or as per facility schedule protocols and bass upon resident safety..."</p> <p>On 8/15/24 at 1:30 P.M., the Assistant Director of Nursing provided a policy titled, "Resident Rights," dated 1/2024, and indicated it was the current facility policy. The policy indicated, "...The resident has a right to a dignified existence, self-determination...The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care...The right to receive the services and/or items included in the plan of care..."</p> <p>On 8/15/24 at 1:45 P.M., the Administrator provided a form titled, "FACILITY PAST NON-COMPLIANCE REPORT," dated 8/13/24 and signed by the administrator on 8/15/24. The form indicated and identified concern that residents were not receiving showers per preference. During an interview at that time, the Administrator indicated residents where not receiving showers per preference and the facility was going to implement steps to correct the lack of showers.</p> <p>This Federal tag is related to complaint IN00440328.</p> <p>3.1-3(a)(t)</p>						

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F 0656 SS=D Bldg. 00	<p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive and person centered care plan was developed for urostomy care for 1 of 3 residents reviewed for urostomy care, (Resident C).</p> <p>Finding includes:</p> <p>During an observation and interview, on 8/15/24 at 9:48 A.M., Resident C's urostomy was noted to the mid-right abdominal are with a ostomy bag connected to a cathere bag. The catheter bag, hanging at the bedside had 600 ccs of urine. Resident C indicated staff did not empty her urostomy bag regularly..</p> <p>Resident C's record was reviewed on 8/15/24 at 1:16 P.M. Diagnoses included, but were not limited to, spina bifida, chronic respiratory failure, paraplegia, and obstructive and reflux uropathy.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 9/30/23, indicated Resident C was cognitively intact, required substantial to maximal assistance for most activities of daily living, and required a urostomy for the removal of urine from the body.</p> <p>A Physician's Order for Resident C, dated 7/1/24 with no end date, indicated, "Urostomy bag empty q [every] shift. No directions specified for order..." There were no other physician orders related to the care or monitoring of the urostomy.</p> <p>A current Care Plan, initiated on 9/29/23 and revised 8/15/24, indicate Resident C had a urostomy and colostomy and was at risk for</p>			F 0656	<p>F656 –Develop/Implement Comprehensive Care Plan It is the practice of this facility to ensure that all residents have individualized comprehensive care plans developed related urostomy care.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident C – all care plans have been reviewed and updated to reflect and individualized comprehensive plan of care.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected by this deficient practice. All residents with urostomy related care were reviewed to ensure care plans are accurate and reflect and individualized comprehensive plan of care. Care plans to be reviewed and updated in conjunction with resident MDS assessments or as needed.</p> <p>What measures will be put into place or what systemic</p>		09/09/2024

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	<p>episodes of incontinence of bladder and bowel. There were no interventions related to urostomy care, management, or monitoring.</p> <p>During an interview, on 8/15/24 at 2:00 P.M., the Administrator indicated Resident C's Care Plans should have been specific to the resident's needs related to ostomy care and what was expected from nursing staff.</p> <p>On 8/15/24 at 1:30 P.M., the Assistant Director of Nursing provided a policy titled, "Comprehensive Care Plan," dated 1/24 and indicated it was the current facility policy. The policy indicated, "It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident,...that includes measurable objectives and timeframes to meet a resident's medical, nursing,...needs.."</p> <p>On 8/16/24 at 1:30 P.M., the Administrator provided a policy titled, "Ostomy Care - Colostomy, Urostomy, and Ileostomy, dated 1/24, and indicated it was the current facility policy. The policy indicated, "...The frequency of pouch changes and the products required for changing ostomy devices will be noted on the resident's person-centered care plan...The surrounding skin of the ostomy will be monitored for excoriation, abrasion, and breakdown...the comprehensive care pan will reflect any special products or pouching techniques needed to prevent or manage any skin breakdown surrounding the ostomy...Interventions to prevent complications or promote dignity associated with the ostomy will be included in the person-centered care plan..."</p> <p>This Federal tag is related to complaint IN00440328.</p>				<p>changes will be made to ensure that the deficient practice does not recur: All nursing staff will be in-serviced on or before 9/9/2024. This in-service will be conducted by the Director of Nursing or Designee and will include a review of resident comprehensive care planning, urostomy care, and following resident care plans.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The MDS Coordinator/Designee will be responsible for completing the QAPI Audit tools labeled "Comprehensive Care Plan Review" weekly for 4 weeks and monthly for at least 6 months. The MDS Coordinator/Designee will audit all resident care plans with urostomy care weekly to ensure all care plans are accurate, person centered, and being followed by direct care staff. If 100% is not achieved an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance</p>		

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F 0677 SS=D Bldg. 00	<p>3.1-35(a)(b)(1)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents</p> <p>Based on observation, interview, and record review, the facility failed to provide showers/bathing opportunities as scheduled for for 6 of 6 residents reviewed for Resident Rights, (Residents B, C, D, J, K, and M).</p> <p>Findings include:</p> <p>1. During an observation of Resident B on 8/14/24 at 2:43 P.M., the resident was observed in his room in a wheelchair, dressed in a t-shirt with food debris on his shirt.</p> <p>Resident B's clinical record was reviewed on 8/14/24 at 1:00 P.M. Diagnoses included history of stroke, hemiplegia and a speech deficit.</p> <p>An Annual Minimum Data Set (MDS,) dated 6/3/24, indicated Resident B was mildly cognitively impaired, required substantial to maximal assistance for showing and bathing and indicated it was very important to him to make choices about his showering and bathing needs.</p> <p>A current Care Plan, initiated on 9/26/19 and revised on 6/18/24 indicated Resident B required</p>	F 0677	<p>Improvement Committee for review and follow-up. By what date the systemic changes will be completed: 09/9/2024 Compliance Date = 09/9/2024</p> <p>F677- ADL Care Provided for Dependent Residents It is the practice of this facility to ensure that all residents receive showers as scheduled and per preference.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B – shower preferences and schedules reviewed and updated. Resident C – shower preferences and schedules reviewed and updated. Resident D – shower preferences and schedules reviewed and updated. Resident J – shower preferences and schedules reviewed and updated. Resident K – shower preferences and schedules reviewed and updated.</p>	09/09/2024	

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	<p>assistance for activities of daily living related to but not limited to hemiparesis, and muscle weakness. An intervention indicated the resident was to be bathed or showered on Monday, Wednesday, and Friday on the second shift.</p> <p>A review of Resident B's Shower records from 7/1/24 to 8/13/24, indicated the resident did not receive 14 the 21 scheduled showers he was supposed to have received in that time frame. Resident B did not receive showers on the following dates as scheduled: July 3, 10, 12, 17, 24, 26, 29, 2024, and August 2 and 5, 2024, with refusals for showering documented on August 8, 9 and 12.</p> <p>2. During an observation and interview on 8/15/24 at 9:48 A.M., Resident C was noted to be lying in bed wearing a night gown with uncombed hair and general unkempt appearance. The resident indicated her preference was to receive showers every Monday, Thursday, and Saturday on the day shift, but the facility changed her shower days to Tuesdays and Thursdays. Resident C indicated the facility staff told her if she had showers on Thursday, she was not eligible to have another shower on Saturday. Resident C indicated she did not get her showers per her preference and she did not get all of the showers she was scheduled to receive. Resident C indicated she liked to participate in Sunday worship services, but did not feel comfortable attending church if she had not been showered in a number of days. Resident C indicated the lack of showers impeded her social life.</p> <p>Resident C's record was reviewed on 8/15/24 at 1:16 P.M. Diagnoses included, but were not limited to, spina bifida, chronic respiratory failure, paraplegia and obstructive and reflux uropathy.</p>				<p>Resident M – shower preferences and schedules reviewed and updated.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected by this deficient practice. All bathing schedules and preferences reviewed and updated. Bathing schedules changed to accommodate all resident preferences and updated with residents. All staff educated on updated shower schedules, updated shower program, and documentation of showers, including any refusal.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: All nursing staff will be in-serviced on or before 09/09/2024. This in-service will be conducted by the Director of Nursing or Designee and will include a review of resident bathing preferences, updated shower schedules, updated shower program, and refusal of care documentation.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not</p>		

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	<p>An Admission Minimum Data Set (MDS) assessment, dated 9/30/23, indicated the resident was cognitively intact and it was very important to her to make choices about her showering and bathing.</p> <p>A Review of the most recent comprehensive MDS assessment, dated 4/22/24 completed for a Quarterly Assessment, indicated Resident C required substantial to maximal assistance for her showering and bathing needs.</p> <p>A current Care Plan initiated on 9/24/23 and revised on 4/16/24, indicated Resident C required assistance for activities of daily living related to but not limited to spina bifida, paraplegia, urostomy, and colostomy. An intervention, dated 11/15/24, and revised on 4/16/24, indicated the resident was to be bathed or showered on Monday, Thursday, and Saturday on the first shift and as necessary.</p> <p>A review of Resident C's Shower records from 7/1/24 to 8/13/24, indicated the resident did not receive 11 of the 26 scheduled showers she was supposed to receive in that time frame. Resident C did not receive showers on the following dates as scheduled: July 6, 9, 16, 20, 23, 29, 30, 2024 and August 3, 6, 10, 12, and 13, 2024. There were no documentations of refusals of showers.</p> <p>Resident D's record was reviewed on 8/15/24 at 2:00 P.M. Diagnoses included, but were not limited to, spina bifida, and paraplegia.</p> <p>An Annual Minimum Data Set (MDS) assessment, dated 7/12/24, indicated Resident D was cognitively intact, required substantial to maximal assistance for showing and bathing. and that it</p>				<p>recur, i.e., what quality assurance program will be put into place: Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The Director of Nursing/Designee will be responsible for completing the QAPI Audit tools labeled "Shower QAPI" weekly for 4 weeks and monthly for at least 6 months. The Director of Nursing/Designee will audit all resident shower schedules daily to ensure that all residents are receiving showers per preference. If 100% is not achieved an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up.</p> <p>By what date the systemic changes will be completed: 09/09/2024 Compliance Date = 09/9/2024</p>		

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	<p>was very important to her to make choices about showering and bathing. needs.</p> <p>A current Care Plan, initiated on 7/24/23 and revised on 1/30/24, indicated Resident D required assistance for activities of daily living related to but not limited to spina bifida and paraplegia. An intervention indicated the resident was to be bathed or showered on Wednesday and Saturday on the second shift and as necessary.</p> <p>A review of Resident D's Shower records from 7/1/24 to 8/13/24, indicated the resident did not receive 7 the 12 scheduled showers she was supposed to receive in that time frame. Resident D did not receive showers on the following dates as scheduled: July 6, 10,17, 20, 24 and 27, 2024, and August 3 2024, with no refusals for showers documented.</p> <p>3. Resident J's record was reviewed on 8/15/24 at 2:27 P.M. Diagnoses included, but were not limited to, hemiplegia following a stroke, overactive bladder and chronic kidney disease.</p> <p>An Annual Minimum Data Set (MDS) assessment, dated 5/13/24, indicated Resident J had severe cognitive impairment, required substantial to maximal assistance for showering and bathing. and that it was very important to her to make choices about showing and bathing.</p> <p>A current Care Plan, initiated on 5/26/23, indicated Resident J required assistance for activities of daily living related but not limited to hemiplegia. An intervention initiated on 11/15/23, indicated the resident was to be bathed or showered on Wednesday, and Saturday on the first shift and as necessary.</p>						

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NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF GOSHEN				STREET ADDRESS, CITY, STATE, ZIP CODE 2400 COLLEGE AVE GOSHEN, IN 46526			
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	<p>A review of Resident J's Shower records from 7/1/24 to 8/13/24, indicated the resident did not receive 4 of the 12 scheduled showers she was supposed to have received in that time frame. Resident J did not receive showers on the following dates as scheduled: July 6 and 20, 2024, and August 3 and 10, 2024, with no refusals for showers documented.</p> <p>4. Resident K's record was reviewed on 8/15/24 at 2:40 P.M. Diagnoses included, but were not limited to, spinal cord dysfunction, heart failure, kidney disease and quadriplegia.</p> <p>A Minimum Data Set (MDS) assessment, dated 5/13/24, for a Discharge Assessment, indicated Resident K was cognitively intact, was dependent on staff for showering/bathing needs and it was very important to him to make choices about showing and bathing.</p> <p>A current Care Plan, initiated on 5/24/24 and revised on 5/30/24, indicated Resident J required assistance for activities of daily living related but not limited to central cord syndrome of cervical spine, and quadriplegia. An intervention initiated on 7/29/24, indicated the resident was to be bathed or showered on Monday and Thursday, on the second shift and as necessary.</p> <p>A review of Resident K's Shower records from 7/1/24 to 8/13/24, indicated the resident did not receive 5 of the 14 scheduled showers he was supposed to have received in that time frame. Resident K did not receive showers on the following dates as scheduled: July 1, 22, 25 and 29, 2024, and August 5 2024, with no refusals for showers documented.</p> <p>5. Resident M's record was reviewed on 8/15/24</p>						

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	<p>at 3:08 P.M. Diagnoses, included but were not limited to, multiple sclerosis, overactive bladder, contractors of both ankles and muscle weakness.</p> <p>A Minimum Data Set (MDS) assessment, dated 3/21/24, completed due to a Significant Change, , indicated Resident M was cognitively intact, was dependent on staff for showering and bathing needs and it was very important to her to make choices about showering and bathing needs..</p> <p>A current Care Plan, initiated on 6/2/18 and revised on 12/3/20, indicated Resident M required assistance for activities of daily living related to, but not limited to, muscle weakness and bilateral ankle contractors. An intervention initiated on 6/2/18 and revised on 6/19/23, indicated the resident required total assistance for bathing on Monday and Thursday, on the first shift.</p> <p>A review of Resident M's Shower records from 7/1/24 to 8/13/24, indicated the resident did not receive 5 of the 13 scheduled showers she was supposed to have received in that time frame. Resident M did not receive showers on the following dates as scheduled: July 8, 15, 18 and 25, 2024, and August 1 and 5, 2024, with no refusals for showers documented.</p> <p>On 8/15/24 at 12:35 P.M., the Assistant Director of Nursing provided Resident Council Minutes from 7/9/24 and 8/12/24. The 7/9/24 minutes indicated residents had complained that they were not getting their scheduled showers.</p> <p>A Response from the Department Manager indicated the shower schedule was reviewed and would be completely revamped to ensure staff were able to complete assigned showers daily.</p>						

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	<p>An 8/12/24 Resident Council minutes note indicated a concern related to showers was voiced and residents were typically getting only one shower weekly.</p> <p>A Response from the Department Manager indicated the revamping of the shower assignment was to be completed by 8/16/24 to ensure all showers would be completed when scheduled.</p> <p>On 8/15/24 at 1:30 P.M., the Assistant Director of Nursing provided a policy titled, "Resident Showers," dated 1/2024, and indicated it was the current facility policy. The policy indicated, "...It is the practice of this facility to assist resident with bathing to maintain proper hygiene,, stimulate circulation and help prevent skin issues as per current standards of practice...Residents will be provided showers as per request or as per facility schedule protocols and bass upon resident safety..."</p> <p>On 8/15/24 at 1:45 P.M., the Administrator provided a form titled, "FACILITY PAST NON-COMPLIANCE REPORT," dated 8/13/24 and signed by the administrator on 8/15/24. The form indicated and identified concern that residents were not receiving showers per preference.</p> <p>During an interview at that time, the Administrator indicated residents where not receiving showers per their preference and the facility was going to implement steps to correct the lack of showers.</p> <p>This Federal tag is related to complaint IN00440328.</p> <p>3.1-38(a)(3)</p>						

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F 0691 SS=D Bldg. 00	<p>483.25(f) Colostomy, Urostomy, or Ileostomy Care</p> <p>Based on interview and record review, the facility failed to ensure urostomy orders, care, and monitoring orders were in place for the care of 1 of 3 residents reviewed for urostomy care, (Resident C).</p> <p>Finding includes:</p> <p>During an observation and interview on 8/15/24 at 9:48 A.M., Resident C was observed in her bed, dressed in a gown. The resident's urostomy was noted to the mid-right abdominal area with the ostomy bag connected to a catheter bag hanging at the bedside, holding 600 CCs of urine. Resident C indicated staff did not empty her urostomy regularly. She indicated she often did not get her catheter bag emptied on the day shift.</p> <p>During an interview on 8/15/24 at 2:00 P.M., the Administrator, indicated the facility hired a new medical director around 7/1/24, and all orders had to be resubmitted in the resident's Electronic Medical Records (EMR). The Administrator indicated Resident C's urostomy orders were not put in the the EMR system as they should have been.</p> <p>Resident C's record was reviewed on 8/15/24 at 1:16 P.M. Diagnoses included , but were not limited to, spina bifida, chronic respiratory failure, paraplegia, and obstructive and reflux uropathy.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 9/30/23, indicated Resident C was cognitively intact, required substantial to maximal assistance for most activities of daily living, and required a urostomy for the removal of</p>			F 0691	<p>F691 – Colostomy, Urostomy, or Ileostomy Care</p> <p>It is the practice of this facility to ensure that all residents with urostomy have orders in place for care and monitoring.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident C – all orders reviewed and updated to reflect appropriate urostomy care and monitoring.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents have the potential to be affected by this deficient practice. All residents with urostomy related care were reviewed to ensure all orders were in place for appropriate care and monitoring.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>All nursing staff will be in-serviced on or before 9/9/2024. This in-service will be conducted by the</p>		09/09/2024

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	<p>urine from the body.</p> <p>A Physician's Order, dated 7/1/24 with no end date, indicated, "Urostomy bag empty q [every] shift. No directions specified for order..." There were no other physician orders related to the care or monitoring of the urostomy.</p> <p>Review of Resident C's Medication Administration Record (MAR), from 7/1/24 to 8/14/23, indicated an undated order for "Urostomy bag empty q shift," and an order, "Urostomy bag empty q shift," with a discontinued date of 7/1/24. There was no documentation the urostomy bag was emptied at any time from 7/1/24 to 8/14/24.</p> <p>Review an article titled, "Nursing Care for Patients After Ostomy Surgery," dated 8/10/23, by the United Ostomy Associations of America, indicated an ostomy pouch should be changed when it is no more than 1/3 full, and the pouch system should be changed on an average of 2 times weekly.</p> <p>Review of an article titled, "Ostomy basics," dated 9/9/22, by the American Nurse Association, indicated the urostomy pouches or bags are typically changed 2 times weekly and as needed for leakage, and should be emptied when they are 1/3 to 1/2 full.</p> <p>On 8/16/24 at 1:30 P.M., the Administrator provided a policy titled, "Ostomy Care-Colostomy, Urostomy, and Ileostomy," dated 1/24, and indicated it was the current facility policy. The policy indicated, "It is the policy of this facility to ensure that residents which require colonostomy, urostomy, or ileostomy services receive care consistent with professional standards of practice..."</p>				<p>Director of Nursing or Designee and will include a review of resident orders and updating orders per physician request.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The Director of Nursing Services/Designee will be responsible for completing the QAPI Audit tools labeled "Comprehensive Care Plan Review" weekly for 4 weeks and monthly for at least 6 months. The Director of Nursing/Designee will review all resident orders daily. If 100% is not achieved an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up.</p> <p>By what date the systemic changes will be completed: 09/9/2024 Compliance Date = 09/9/2024</p>		

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