

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

PRINTED: 04/14/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155742		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/22/2023	
NAME OF PROVIDER OR SUPPLIER  ST ANDREWS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1400 LAMMERS PIKE BATESVILLE, IN 47006			
(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 Nursing Home Complaint IN00401389. This visit included the Investigation of Residential Complaint IN00401756.</p> <p>Complaint IN00401389 - Federal/State deficiencies related to the allegations are cited at F580 and F689.</p> <p>Complaint IN00401756 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 20, 21, and 22, 2023</p> <p>Facility number: 004671 Provider number: 155742 AIM number: 200538760</p> <p>Census Bed Type: SNF/NF: 33 SNF: 22 Residential: 31 Total: 86</p> <p>Census Payor Type: Medicare: 9 Medicaid: 22 Other: 24 Total: 55</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 2, 2023.</p>			F 0000	Please accept this Plan of Correction as the provider's credible allegation of compliance as of March 15, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.		
F 0580 SS=D	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.)						

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

TITLE

(X6) DATE

Barbara Schamer

RN, DHS

03/22/2023

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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Bldg. 00	<p>§483.10(g)(14) Notification of Changes.</p> <p>(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;</p> <p>(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);</p> <p>(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</p> <p>(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>(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>						

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	<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). Based on interview and record review, the facility failed to notify the physician and family of a cognitively impaired resident's change in condition, in a timely manner, for 1 of 3 residents reviewed for physician notification. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 2/20/23 at 2:38 p.m. A Quarterly MDS (Minimum Data Set) assessment, dated 2/2/23, indicated the resident was severely cognitively impaired. The resident required extensive assistance of two staff members for mobility, transfer, and ADLs (Activities of Daily Living). The diagnoses included, but were not limited to, dementia, bone density and structure disorder, and abnormal posture.</p> <p>A Progress Note, dated 2/8/23 at 2:21 p.m., indicated the ER (Emergency Room) called to report Resident B had a comminuted transverse oblique fracture of the proximal humeral shaft.</p> <p>During an interview on 2/21/23 at 11:38, the Nurse Practitioner (NP) indicated she was notified of Resident B having edema and bruising on 2/8/23 and ordered an x-ray and then had her sent out to the ER.</p>			F 0580	<p>1. Resident B was affected by the deficient practice. Provider was notified of resident's condition with no documentation prior. Provider was re-notified. No additional orders were provided. No adverse effects noted as a result of lack of physician's notification documentation.</p> <p>2. All residents have the potential to be affected. All residents reviewed for MD notification for changes in condition. Staff nurses educated on proper notification requirements for residents with change of conditions.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will audit 5 residents weekly x1 month for proper provider notification, then every other week x2 months, then monthly x2 months.</p> <p>4. As a quality measure the Executive Director (ED) or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings. The plan</p>		03/15/2023

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	<p>During an interview on 2/21/23 at 1:37 p.m., QMA 4 indicated it was a very busy night, it was right after dinner, and there were multiple call lights going off. Her CNA (Certified Nurse Aide) partner went to lay someone else down, and she went to lay Resident B down by herself. When she went to lay the resident down, she heard the resident's shoulder "pop". She was not being as careful about the transfer as she usually was, due to the multiple call lights going off. She did have a CNA pocket sheet and it stated Resident B required two staff members' assistance.</p> <p>During a record review and interview on 2/21/23 at 1:30 p.m., the DON (Director of Nursing) indicated the date of the incident was on 2/6/23. The QMA indicated she heard a "popping" noise during transfer. During an internal investigation it was determined that Resident B was transferred by one staff member's assistance and not two staff members' assistance per her care plan. An Event Report, dated 2/8/23, indicated Resident B had a left arm fracture.</p> <p>During an interview on 2/22/23 at 11:39 a.m., the DON indicated there was no documentation of an assessment being completed on 2/6/23 or 2/7/23.</p> <p>The clinical record lacked the physician's or family notification of the popping noise during a transfer.</p> <p>The current facility policy, "Physician-Provider Notification Guidelines," and with a revision date of 9/12/17, was provided by the DON on 2/23/23 at 1:06 p.m. The Policy indicated, "...Purpose: To ensure the resident's physician ...is aware of all ...change in condition, suspected injury ...should be completed in a timely manner..."</p>				will be reviewed and updated as warranted and will continue until 100% compliance is maintained.		

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F 0689 SS=G Bldg. 00	<p>This Federal tag relates to Complaint IN00401389.</p> <p>3.1-5(a)(1)</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to transfer a resident appropriately resulting in a fracture for 1 of 3 residents reviewed for accidents. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 2/20/23 at 2:38 p.m. A Quarterly MDS (Minimum Data Set) assessment, dated 2/2/23, indicated the resident was severely cognitively impaired. The resident required extensive assistance of two or more staff for mobility, transfer, and ADLs (Activities of Daily Living). She was always incontinent of bladder and frequently incontinent of bowel. The diagnoses included, but were not limited to, dementia, bone density and structure disorder, and abnormal posture.</p> <p>A Progress Note, dated 2/8/23 at 7:27 a.m., indicated Resident B's left shoulder was noted to be edematous, extending down to the elbow. The resident's bicep area had bruising, and she stated,</p>			F 0689	<p>p="" paraid="221097210" paraeid="{22ad1dcb-e414-4d27-ac 80-cf17aae9d7f8}{210}"&gt; p="" paraid="221097210" paraeid="{22ad1dcb-e414-4d27-ac 80-cf17aae9d7f8}{210}" &gt; 1. 1. Resident B was affected by the alleged deficient practice. Resident B sent to ER for medical evaluation and treatment. Resident returned to facility after treatment. Resident B Care Plan reviewed and updated as appropriate. 2. 2. All like residents who require lifts for transfer have the potential to be affected. All like residents Care Plans were reviewed and updated accordingly. Staff that provide care were in-serviced on the policy and procedure of resident transfers and the guidelines for residents using a lift.</p>		03/15/2023

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	<p>"it hurts."</p> <p>A Progress Note, dated 2/8/23 at 11:00 a.m., indicated an X-ray preliminary result showed a noticeable fracture.</p> <p>A Progress Note, dated 2/8/23 at 2:21 p.m., indicated the ER (Emergency Room) called to report Resident B had a comminuted transverse oblique fracture of the proximal humeral shaft.</p> <p>During a record review and interview on 2/21/23 at 1:30 p.m., the DON (Director of Nursing) indicated the date of the incident was 2/6/23 when staff heard a "popping" noise during a transfer. It was determined that Resident B was transferred by one staff member's assistance and not two staff member per her care plan. An Event Report, dated 2/8/23, indicated Resident B had a left arm fracture.</p> <p>During an interview on 2/21/23 at 11:47 a.m., QMA (Qualified Medication Assistant) 2 indicated if a resident required two person assist for transfers, it would require two staff members using a gait belt, and then the two staff would assist the resident to transfer. The CNAs (Certified Nursing Aides) have care sheets and it would indicate the number of staff needed and/or type of equipment needed to assist a resident during a transfer.</p> <p>During an interview on 2/21/23 at 11:58 a.m., CNA 3 indicated she was working on Resident B's Hall with another aide; that aide was going to put Resident B to bed. QMA 4 called her to help with Resident B, who was on the foot of the bed. The only way to lift her up was by to arm and leg her up. QMA 4 told her, she had heard a pop when she transferred Resident B to the bed earlier. Resident B required two staff members' assistance</p>				<p>3. 3. As an ongoing measure of compliance, monitoring to be completed on all residents for proper transfer type weekly to ensure the staff is following the proper care plan for transfers. Management will observe random shift transfers by staff for ongoing compliance. DHS, ADHS, or designee will be responsible for the completion of this monitoring tool 5 residents weekly X 4 weeks then 3 res weekly X 4 weeks then 1 resident weekly for 4 weeks then 1 a month for 3 months.</p> <p>4. 4. As a quality measure, the Executive Director (ED) or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted and will continue until 100% compliance is maintained.</p> <p>---</p>		

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	<p>and did not have on a gait belt when she went into the room to assist.</p> <p>During an interview on 2/21/23 at 1:37 p.m., QMA 4 indicated it was a very busy night on 2/6/23, it was right after dinner, and there were multiple call lights going off. Her CNA partner went to lay someone else down, and she went to lay Resident B down by herself. When she went to lay the resident down, she heard the resident's shoulder "pop". She was not being as careful about the transfer as she usually was, due to the multiple call lights going off. She did have a CNA pocket sheet and it stated Resident B required two-person assistance.</p> <p>During a record review and interview on 2/21/23 at 2:09 p.m., a Care Plan, dated 3/25/22, was provided by the ADON (Assistant Director of Nursing). The profile care guide indicated the staff were to use a sit to stand lift for transfers. The ADON indicated, prior to 2/8/23 Resident B required two-person extensive assistance or staff could use the sit to stand lift.</p> <p>A Physical Therapy Plan of Care, dated 2/10/22, was provided on 2/21/23 at 2:45 p.m. The initial Assessment Current Level of Functional Deficits indicated a mechanical lift was used. The ability to transfer was dependent, that the helper does all the effort, and the Resident does none of the effort to complete the activity with the assistance of two or more helpers.</p> <p>A Point of Care Report was provided by the ADON (Assistant Director of Nursing) on 2/22/23 at 11:48 a.m. The report indicated on 2/4/23 Resident B required extensive assistance for transfer. On 2/5/23 the resident required total dependence for transfer. On 2/6/23 the resident</p>						

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R 0000  Bldg. 00	<p>required extensive assistance for transfer.</p> <p>The current facility policy, "Resident Transfers," and dated 3/21/22, was provided by the DON on 2/21/23 at 11:38 a.m. The Policy indicated, "...To ensure the safety of residents ...when performing mobility/transfer tasks ...SOP Details 1. Determine the type of ...amount of assistance required to assist with safe mobility..."</p> <p>This Federal tag relates to Complaint IN00401389.</p> <p>3.1-45(a)(2)</p> <p>This visit was for the Investigation of Residential Complaint IN00401756. This visit included the Investigation of Nursing Home Complaint IN00401398.</p> <p>Complaint IN00401389 - Federal/State deficiencies related to the allegations are cited at F580 and F689.</p> <p>Complaint IN00401756 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 20, 21, and 22, 2023</p> <p>Facility number: 004671</p> <p>Residential Census: 31</p> <p>St. Andrews Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00401756.</p>			R 0000	Please accept this Plan of Correction as the provider's credible allegation of compliance as of March 15, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.		



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	Quality review completed on March 2, 2023.						