

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

PRINTED: 11/09/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2021
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NAME OF PROVIDER OR SUPPLIER BRIDGEWATER HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY ROAD CARMEL, IN 46033
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00363516 and IN00363112.</p> <p>Complaint IN00363516 - Substantiated. Federal/State deficiencies related to the allegations are cited at F580 and F684.</p> <p>Complaint IN00363112 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: October 4 and 5, 2021</p> <p>Facility number: 012548 Provider number: 155790 AIM number: 201023760</p> <p>Census bed type: SNF/NF: 81 Total: 81</p> <p>Census payor type: Medicare: 12 Medicaid: 55 Other: 14 Total: 81</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-1.1-51.</p> <p>Quality review was completed on October 12, 2021.</p>	F 0000		
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's</p>			

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

TITLE

(X6) DATE

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 disclosed 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>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> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as</p>			

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	<p>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 on interview and record review, the facility failed to notify the family of a change in condition and new physician orders for 1 of 5 residents reviewed for notification. (Resident B)</p> <p>Finding includes:</p> <p>During an interview, on 10/4/21 at 1:20 p.m., Resident B's family member indicated she was not made aware of the residents worsening condition and new physician orders.</p> <p>The record for Resident B was reviewed on 10/4/21 at 12:30 p.m. Diagnoses included, but were not limited to, Atrial fibrillation, depressive disorder, hypertension, pain, edema (swelling), adult personality and behavior.</p> <p>A progress note, dated 8/9/21, indicated the patient reported having nausea and emesis.</p> <p>A eInteract SBAR (Situation Background Assessment Recommendation) Summary for Providers form (a form used when a resident had a change in condition), completed 8/10/21 at 10:31 a.m., indicated the resident had general weakness.</p> <p>A progress note, dated 8/14/21 at 10:50 p.m., indicated the resident had blood in her brief and indicated this was not the first occurrence of blood in her stool.</p> <p>A physician's order, dated 8/18/21, indicated to</p>	F 0580	<p>F580 – Notify of changes - Failed to notify family of worsening condition and new physician orders.</p> <p>1. Resident B did not sustain harm from the deficient practice. Resident B's family was updated on resident's condition and on all new orders. Resident B no longer resides at the facility.</p> <p>2. All residents with a change in condition and/or new orders have the potential to be affected. An audit was completed on all residents triggering for a change in condition and/or with new orders to ensure family notification was completed and documented. Any deficiencies were corrected, and documentation updated.</p> <p>3. All licensed nursing staff were educated on policy "Notification for Changes in Condition" and on notification to families for new orders.</p> <p>4. The DON/Clinical Designee will audit 24-hour report and order recap report for any changes in condition or new orders and family notification 5 days per week x 30 days, then 3 days per week x 2 months and weekly x 3 months thereafter. The DON/Clinical</p>	11/11/2021

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F 0684 SS=D Bldg. 00	<p>make an appointment for a computed tomography (CT) (medical imaging), obtain a urine analysis with Culture and Sensitivity and to take the resident's vital signs every shift for 5 days.</p> <p>During an interview, on 10/5/21 at 11:45 a.m., the Regional Clinical Support indicated the facility did not notify the family of the physician's orders dated 8/18/21 or the resident's change of condition.</p> <p>A current facility policy, titled "Notification for Changes in Condition," received by the Regional Clinical Support on 10/5/21 at 12:01 p.m., indicated "...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs concerns of the residents...Changes may include but are not limited to accidents, incidents, transfers, changes in overall health status, significant medical changes, therapy services changes, transfers, hospitalizations, or death...When a change in condition is noted, the nursing staff will contact the resident representative...."</p> <p>This Federal Tag relates to Complaint IN00363516.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with</p>		Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations.	

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	<p>professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview, the facility failed to ensure a resident's diagnostic and laboratory testing were completed for 1 of 5 residents reviewed for quality of care. (Resident B)</p> <p>Finding includes:</p> <p>The record for Resident B was reviewed on 10/4/21 at 12:30 p.m. Diagnoses included, but were not limited to, Atrial fibrillation, depressive disorder, hypertension, disorder of adult personality and behavior, pain and edema.</p> <p>A physician's order, dated 8/18/21, indicated to make an appointment for a Computed Tomography scan (CT) (medical imaging) of the abdomen and pelvis with contrast due to pain and to obtain a UA C&S (urine with culture and sensitivity) to rule out an infection.</p> <p>The eMAR (electronic medication administration record) for Resident B was reviewed on 10/4/21 at 1:30 p.m. The order, dated 8/18/21, to make an appointment for a CT of the abdomen and pelvis with contrast was placed on the eMAR for the nurses to sign off at 8:00 a.m. and 5:00 p.m., until the appointment was made then the order should have been discontinued. The eMAR was initialed at 8:00 a.m. and 5:00 p.m., but no appointment was made. The UA C&S was on the eMAR marked off as not being collected.</p> <p>During an interview, on 10/4/21 at 1:15 p.m., Resident B's family member indicated the resident had been complaining of stomach pain for months. She asked for the physician to run tests</p>	F 0684	<p>F684 – Quality of Care – Failed to ensure lab was completed</p> <ol style="list-style-type: none"> 1. Resident B no longer resides at the facility. 2. All residents with lab orders have the potential to be affected. An audit was completed on all lab orders for the last 30 days to ensure labs were collected. Any deficiencies were reported to MD and orders were obtained as physician deemed necessary. 3. All licensed nursing staff were educated on policy “Physician Orders” and on ensuring labs were obtained in a timely manner. 4. The DON/Clinical Designee will audit order recap report for any new lab orders and ensure labs were obtained and results are in clinical chart 5 days per week x 30 days, then 3 days per week x 2 months and weekly x 3 months thereafter. The DON/Clinical Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations. 	11/11/2021

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	<p>or do something to help the resident. The daughter indicated she was called on 9/22/21, when the facility was transporting the resident to the Emergency Room. The hospital completed several tests and labs.</p> <p>During an interview, on 10/4/21 at 1:35 p.m., the Director of Nursing (DON) indicated she had only been employed at the facility since 9/13/21. When asked about the orders dated 8/18/21, the DON indicated she would have to check. The DON called the Nurse Practitioner (NP). The NP indicated he remembered seeing the results of the CT scan. The DON indicated she would check on the results for the CT scan and UA C&S results.</p> <p>During an interview, on 10/4/21 at 1:36 p.m., LPN 2 indicated Resident B had been declining for the last month or two. She was not wanting to get out of her bed. LPN 2 indicated she did not know why the resident's UA C&S was not obtained.</p> <p>During an interview, on 10/4/21 at 2:10 p.m., the DON indicated a CT of the abdomen with contrast related to nausea and vomiting was ordered on 8/18/21. The mobile company the facility used indicated they could not complete a CT with contrast. The staff would have to order the CT scan from the hospital.</p> <p>During an interview, on 10/5/21 at 9:39 a.m., the DON indicated the only results for the CT scan were from the hospital visit dated 9/22/21. The DON indicated she was not employed at the facility during the time the CT scan was ordered on 8/18/21 and was not aware of why it was not completed. The facility did not have the results for the urine because they failed to collect it.</p> <p>During an interview, on 10/5/21 at 12:49 p.m., the</p>			

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	<p>DON indicated she asked the nursing staff why the appointment was not made. The staff indicated they could not get transportation arrangements for the resident's appointment.</p> <p>On 10/5/21 at 10:10 a.m., a list of 10 ambulance companies the facility use for transportation was recieved. At this time, the DON indicated she did not know which ambulance service the staff had called. There were no progress notes indicating the staff attempted to set up transportation and she knew it was an issue.</p> <p>During an interview, on 10/5/21 at 11:45 a.m., the Regional Clinical Support indicated she could not find a progress note notifying the family of the new physician's orders.</p> <p>A current facility policy, titled "Notification for Changes in Condition," received by the Regional Clinical Support on 10/5/21 at 12:01 p.m., indicated "...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs concerns of the residents...Changes may include but are not limited to accidents, incidents, transfers, changes in overall health status, significant medical changes, therapy services changes, transfers, hospitalizations, or death...."</p> <p>A current facility policy, titled "Abuse & Neglect & Misappropriation of Property," received by the DON on 10/4/21 at 12:55 p.m., indicated "...In Indiana, neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness (Deprivation of services)...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents...The</p>			

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	<p>accurate and timely identification of any event which would place our residents at risk is a primary concerns of the facility...."</p> <p>This Federal Tag relates to Complaint IN00363516.</p> <p>3.1-37(a) 3.1-37(b)</p>				