STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155769	A. BUILDING 00 B. WING	01/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MORRISON WOODS HEALTH CAMPUS	4100 N MORRISON RD MUNCIE, IN 47304

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00425466, IN00425348, and IN00424262. Complaint IN00425466 - Federal/state deficiency related to the allegations is cited at F659. Complaint IN00425348 - No deficiencies related to the allegations were cited. Complaint IN00424262 - Federal/state deficiency related to the allegations is cited at F686. Survey dates: January 4, 5, and 8, 2024 Facility number: 011596 Provider number: 155769 AIM number: 200901690 Census Bed Type: SNF/NF: 24 SNF: 33 Residential: 59 Total: 116 Census Payor Type: Medicare: 24 Medicaid: 16 Other: 17 Total: 57 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed January 12, 2024.	F 0000		
F 0659 SS=D	483.21(b)(3)(ii) Qualified Persons			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amanda Crabill	Executive Director	01/24/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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Bldg. 00	§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (ii) Be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview the facility failed to ensure staff were providing resident care within their scope of practice for 3 of 4 residents reviewed for wound care. (Residents B, C,G, QMAs 1, 2, 3, 4 , and 5) Findings include: 1. The clinical record for Resident B was reviewed on 1/4/24 at 2:05 p.m. Diagnoses included Parkinson's disease, stage 3 chronic kidney disease with heart failure, type 2 diabetes, and stage 3 pressure ulcers. Review of the resident's orders indicated a wound care order , dated 12/11/23. The order was to clean the wound with wound cleaner or normal saline, then apply skin prep and cover with foam dressing. Dressing was to be changed every 3 days. Review of Resident B's Treatment Administration Record (TAR) for January 2024 indicated wound care for a pressure injury to the coccyx, dated 12/12/23, was completed by a Qualified Medication Aide (QMA) on 1/1/24, 1/2/24, 1/4.24, 1/5/24 and 1/6/24. Wound care for a pressure injury to the right buttocks was completed by a QMA on 1/1/24 and 1/4/24. QMAs who documented they had completed the wound treatment were QMAs 2, 3, 4, and 5. 2. The clinical record for Resident C was reviewed	F 0659	1 Residents B, C, and G were affected. Residents were assessed and did not have any adverse effects related to the alleged deficient practice. 2 All residents had the potential to be affected. All wound orders and Electronic Medication Administration Record (EMAR) have been reviewed to ensure that qualified personnel are signing off wound treatments per order. All Qualified Medication Aids (QMAs) were in serviced on scope of practice and documentation. IDT Educated on daily review of EMAR. 3 As a measure of ongoing compliance, The Director of Health Services (DHS) or designee will review 3 residents with wound treatment orders, as available, weekly for 4 weeks, twice per month for 4 weeks, then monthly for 4 months to ensure that all wound orders are completed and signed off by qualified personnel. 4 As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves 100% compliance in the campus Quality	01/24/2024

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	on 1/5/2024 at 12:19 p.m. Diagnoses included repeated falls, pressure ulcer, chronic obstructive pulmonary disease, and chronic kidney disease. Review of the resident's orders indicated a wound care order for the right ankle, dated 12/11/23. The order was to clean the wound with wound cleaner or normal saline then apply skin prep. Apply calcium alginate to the wound bed and cover with foam dressing. Review of Resident C's TAR for January 2024 indicated wound care for a pressure injury to the coccyx was completed by a QMA on 1/3/24 and 1/6/24. Wound care to the right ankle was completed by a QMA on 1/1/24, 1/2/24, /13/24, 1/4/24, 1/6/24 and 1/7/24. QMAs who documented they had provided wound treatment QMAs 2, 3, and 5. 3. The clinical record for Resident G was reviewed on 1/5/24 at 2:30 p.m. Diagnoses included pressure ulcers, anemia, coronary artery disease, hypertension, hypothyroidism, and malnutrition. Review of the resident's orders indicated a wound care order for the right foot webbing between the 4th and 5th toe. The order was dated 12/21/23. The order indicated the wound was to be cleaned with wound cleaner or normal saline, then apply gauze soaked with breadline between toes. Review of Resident G's TAR for January 2024 indicated wound care was completed by a QMA on 1/1/24, 1/3/24, 1/4/24 and 1/5/24. QMAs who documented they had provided wound treatment were QMA 1 and QMA 3.		Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance is met.	

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	During an observation on 1/8/24 at 12:55 p.m., Resident G's pressure areas were open areas, with scabbing present. The surrounding skin was red, with drainage present. The Corporate Nurse Consultant confirmed the observation findings. During an interview on 1/5/24 at 12:11 p.m., QMA 1 indicated providing wound care was not within their scope of practice. QMA 1 denied providing care outside of their scope of practice. During an interview on 1/8/24 at 9:38 a.m., QMA 2 indicated providing wound care was not within their scope of practice. QMA 2 denied providing care outside of their scope of practice. During an interview on 1/8/24 at 2:41 p.m., QMA 3 indicated providing wound care was not within their scope of practice. QMA 3 denied providing care outside of their scope of practice. During an interview on 1/8/24 at 2:56 p.m., QMA 5 indicated providing wound care was not within their scope of practice. QMA 5 denied providing care outside of their scope of practice. During the survey, QMA 4 could not be reached for interview. During an interview and observation on 1/8/24 at 12:55 p.m., the Corporate Nursing Consultant indicated it was the expectation of the facility that all staff provide resident care within their scope of practice. QMA were authorized to apply topical medications on intact skin. If the skin was not intact, QMAs could not provide wound care. Review of a current policy, dated 11/18, titled "Medication Administration-General Guidelines" was provided by the Corporate Nursing			

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	Consultant on 1/8/24 at 4:14 p.m. The Corporate Nursing Consultant indicated this policy applied to the provision treatments as well as medication administration. The policy indicated the following: "Policy Medications are administered as prescribed in accordance with food nursing principles and practices and only by persons legally authorized to do so. .... B. Administration 1) Medications are administered only by licensed nursing, medical, pharmacy or other personnel authorized by state laws and regulation as to administer medications. .... D. Documentation (including electronic) 1. The individual who administers the medication dose records the administration on the resident's MAR [Medication Administration Record] directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medication...." This citation relates to Complaint IN 00425466. 3.1-14(j)			
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with			

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	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 (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Based on observation, record review an interview the facility failed to ensure infection control protocol was followed during a dressing change observation for 1 of 3 residents reviewed for wound care. (Resident B) Findings include: The clinical record for Resident B was reviewed on 1/4/24 at 2:05 p.m. Diagnoses included Parkinson's disease, stage 3 chronic kidney disease with heart failure, type 2 diabetes, and stage 3 pressure ulcers. Review of the resident's orders indicated a wound care order , dated 12/11/23. The order was to clean the wound with wound cleaner or normal saline, then apply skin prep and cover with foam dressing. Dressing was to be changed every 3 days. During an observation of wound care on 1/5/24 at 11:34 a.m., LPN 7 provided a dressing change and wound care for a stage 3 pressure area on Resident B's coccyx. LPN 7 washed her hands with soap and water then donned gloves and removed the old dressing. She then cleaned the wound and applied the medication and covered the wound with a new dressing. The wound treatment was provided per physician order,	F 0686	1 Resident B was affected by the alleged deficient practice. Resident B was assessed with no adverse effects noted. 2 All Residents receiving wound treatments have the potential to be affected. All licensed nurses were in-service on the dressing change policy and the procedure therein. All resident currently receiving wound treatments have been assessed with no signs or symptoms of infection present. 3 DHS or designee will audit 5 residents receiving dressing changes weekly x4 weeks, then every other week x2 months, then monthly x 3 months to ensure that wound treatments are completed in compliance with the dressing change policy. 4 As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves 100% compliance in the campus Quality Assurance Performance Improvement Meetings. The plan	01/24/2024

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	however the nurse did not change her gloves throughout the procedure and did not follow proper hand hygiene protocol. The Corporate Nurse Consultant and the Director of Nursing were present and assisting during the procedure. During an interview on 1/5/24 at 12:03 p.m., the Corporate Nurse Consultant indicated LPN 7 had been nervous during the observation and she realized she had not used proper hand hygiene and glove use during the procedure. LPN 7 had been re-educated. During an interview on 1/8/24 at 10:01 a.m., LPN 7 indicated she had been nervous during the dressing change observation of Resident G. She indicated she should have washed her hands after removing the old dressing. She should have washed her hands and donned clean gloves before medicating the wound and applying the new dressing. Review of a current policy, dated 5/23/2016, titled "Dressing Changes", provided by the Administrator on 1/5/24 at 12:22 p.m. The policy indicated the following: "Overview To ensure measures that will promote and maintain good skin integrity while maintaining standard measures that will minimize/control contamination. 3. Remove old adhesive with adhesive remover, if necessary, ... 4. Wash hands with soap and water. 5. Open dressing pack. 6. put on first pair of disposable gloves. 7. Remove soiled dressing and discard in plastic bag or trash can. 8. Dispose of gloves in plastic bag or trash can. 9. Wash hands with soap and water. 10. Put on second pair of disposable gloves ...."		will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance is met.	

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	This citation relates to Complaint IN00424262. 3.1-40(a)(2)			