

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

PRINTED: 11/04/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155455		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/24/2022	
NAME OF PROVIDER OR SUPPLIER WESLEYAN HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 729 WEST 35TH ST MARION, IN 46953			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: October 18, 19, 20, 21 and 24, 2022.</p> <p>Facility number: 000557 Provider number: 155455 AIM number: 100291240</p> <p>Census Bed Type: SNF/NF: 91 SNF: 1 Residential: 6 Total: 98</p> <p>Census Payor Type: Medicare: 6 Medicaid: 62 Other: 24 Total: 92</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 25, 2022</p>			F 0000	<p>This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>The facility respectfully requests a desk review for compliance.</p>		
F 0689 SS=D Bldg. 00	<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 §483.25(d)(2) Each resident receives</p>						

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

TITLE

(X6) DATE

Debra Smith

RN, DCS

11/03/2022

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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	<p>adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review and interview, the facility failed to provide adequate supervision to prevent falls for 1 of 4 residents reviewed. (Resident 8)</p> <p>Findings include:</p> <p>During an observation, on 10/19/22 at 2:07 p.m., Resident 8 was in his room sitting in a recliner.</p> <p>On 10/20/22 at 10:00 a.m., he was sitting in the recliner with the television on.</p> <p>His clinical record was reviewed on 10/19/22 at 2:49 p.m. Diagnoses included, but were not limited to, Parkinson's disease and age-related debility.</p> <p>Current physician orders included, but were not limited to the following:</p> <p>a. Side rail as an enabler, the order date was 5/9/22.</p> <p>b. May have bed against the wall.</p> <p>A 7/20/22 quarterly MDS (Minimum Data Set) assessment indicated Resident 8 had moderate cognitive impairment, he required extensive assistance with bed mobility, transfers, toilet use, dressing, personal hygiene, with locomotion on and off the unit. Since his prior MDS assessment, he had one fall without injury and two falls with injury.</p> <p>A current care plan, dated 5/9/22, indicated he was at risk for falls related to impaired balance, poor coordination, Parkinson's disease, memory loss, visual deficit and history of falls. Interventions</p>			F 0689	<p>This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>The facility respectfully requests a desk review for compliance.</p> <p>The care plan and fall interventions were reviewed and updated for the resident identified in the survey. Residents that have falls are at risk for the alleged deficient practice.</p> <p>Residents that have a fall will be reviewed daily in clinical meeting, fall IDT note and care plan update will be completed in the clinical meeting Monday – Friday. Education will be completed with staff on fall interventions.</p> <p>Audits will be completed daily X 4 weeks, then 3 times weekly X 4 weeks, then weekly X 4 weeks, then 2 times monthly X 6 months or until QA determines alleged deficient practice is corrected. QA will review compliance for a minimum of 6 months.</p> <p>Non-compliance will result in</p>		11/04/2022

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	<p>included, but were not limited to, proper footwear or non-slip footwear worn when he was up. He had been educated to use the call light for assistance with transfers, initiated date was 7/18/22, chair alarm to device resident was sitting in, initiated date was 8/16/22, laid down after supper in bed or in recliner, initiated date was 9/25/22, he turned off alarms at times and needed his meal offered first in the dining room, both initiated 9/26/22.</p> <p>A progress note, dated 8/5/22 at 4:31 a.m., indicated he had raised his bed from the low position and attempted to get out of bed and into his wheel-chair and had fallen. No injury had been noted. The immediate intervention indicated he had been educated on use of call light and 15 minute safety checks had been initiated.</p> <p>A Fall IDT (Interdisciplinary Team) Note, dated 8/5/22 at 9:27 a.m., indicated the root cause of the fall had been he had elevated the bed with the remote control, Parkinson's disease and age-related debility. Intervention updated: staff placed remote to bed out of his reach. The intervention was not listed on the care plan.</p> <p>A progress note, dated 8/16/22 at 7:25 p.m., indicated he had fallen when he tried to transfer from the recliner to wheel-chair without assistance, call light beside him when he had been found on the floor and had been activated. No injury had been noted. The immediate intervention indicated neurological checks had been initiated, skin assessment had been completed, he had been assisted off the floor and he denied pain. No other intervention to prevent falls was listed.</p> <p>A Fall IDT Note, dated 8/17/22 at 9:39 a.m., indicated the root cause of the fall had been an</p>				re-education and/or discipline up to and including termination.		

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	<p>unsteady gait, recent surgery, Parkinson's and he desired to remain as independent as possible. Intervention updated: voice activated chair alarm that reminded him to wait for assistance. The intervention was not listed on the care plan.</p> <p>A progress note, dated 9/3/22 at 12:30 a.m., indicated he had fallen in the bathroom. He had been found lying in a fetal position in front of the toilet with his head against the wall, lying on his right side. No injury had been noted. The immediate intervention indicated his wheel-chair was kept out of his reach and he was educated to utilize call light and to wait for staff assistance with transfers.</p> <p>A Fall IDT Note, dated 9/7/22 at 3:12 p.m., indicated to root cause of the fall was Parkinson's disease, tried to remain independent with transfers and he had a recent hip fracture that made him unsteady during standing and transferring. He had moderate cognitive impairment and forgot things sometimes and forgot to ask for assistance and had alteration in balance and an unsteady gait. Intervention updated: toileting program changed to include toileting during the night.</p> <p>A progress note, dated 9/9/22 at 7:20 a.m., indicated he had been found on the floor in the bathroom with his wheel-chair nearby. No injury had been noted. The immediate intervention indicated he had been educated on using call light and to ask for staff assistance.</p> <p>A Fall IDT Note, dated 9/14/22 at 9:40 a.m., indicated the root cause of the fall was his attempts to self transfer. Intervention updated: he had been educated about asking for assistance when going to the restroom.</p>						

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	<p>A progress note, dated 9/25/22 at 2:32 p.m., indicated he had been observed lowering himself to the floor and had indicated he had become weak during the self transfer. No injury had been noted. The immediate intervention indicated he was assisted to bed or recliner after dinner meal.</p> <p>A Fall IDT Note, dated 9/26/22 at 2:42 p.m., indicated the root cause of the fall was an unsteady gait, Parkinson's disease and he desired to remain as independent as possible. Intervention updated: he was to be assisted into recliner or bed after the dinner meal. There was not a new intervention attempted related to this fall.</p> <p>A progress note, dated 9/26/22 at 7:00 p.m., indicated he had been found on the floor on his buttocks in front of his wheel-chair. No injury had been noted.</p> <p>The clinical record did not indicate an immediate intervention had been initiated.</p> <p>A Fall IDT Note, dated 9/27/22 at 9:27 a.m., indicated the root cause of the fall included he self propelled himself in the wheel-chair after the meal and he took longer to consume meals. Intervention updated: he received his meal first in the dining room.</p> <p>During an interview, on 10/24/22 at 9:55 a.m., the Unit Manager indicated the resident was impulsive, impatient and his posture was rigid related to Parkinson's disease. He was not steady to walk on his own. She did not indicate why the care plan was not updated for interventions nor why new interventions were not attempted with each fall.</p>						

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R 0000 Bldg. 00	<p>Review of a current facility policy, "Fall Investigation and Risk Evaluation," with a revised date of 6/22 and provided by the Director of Nursing on 10/24/22 at 11:15 a.m., indicated "...Supervision/Adequate Supervision" refers to an intervention and means of mitigating the risk of an accident. Facilities are obligated to provide adequate supervision to prevent accidents...."</p> <p>3.1-45(a)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: October 18, 19, 20, 21 and 24, 2022.</p> <p>Facility number: 000557</p> <p>Residential Census: 6</p> <p>Wesleyan Health Care Center was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality reivew completed October 25, 2022</p>			R 0000	<p>This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>The facility respectfully requests a desk review for compliance.</p>		