

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

PRINTED: 01/03/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155852		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/28/2022	
NAME OF PROVIDER OR SUPPLIER HARRISON SPRINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 871 PACER DRIVE NW CORYDON, IN 47112			
(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 0578 SS=D Bldg. 00	<p>483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir</p> <p>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation</p>						

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

TITLE

(X6) DATE

Lori Hess

Executive Director

12/12/2022

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>to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. Based on interview and record review, the facility failed to ensure staff verified a resident's (Resident D) code status prior to the initiation of CPR for 1 of 3 residents reviewed for resident rights.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 11/28/22 at 11:38 a.m. The diagnoses included, but were not limited to, respiratory failure with hypoxia, hypertension, diabetes and right sided hemiparesis. The annual MDS (Minimum Data Set) assessment, dated 11/6/22, indicated the resident's cognition was intact.</p> <p>Review of the resident's Face Sheet indicated a Do Not Resuscitate status.</p> <p>The care plan, dated 2/15/21, indicated the resident/resident representative had chosen an advance directive and that the decision will be honored.</p> <p>The Stat of Indiana Out of Hospital Do Not Resuscitate Declaration and Order, dated 5/15/20, indicated that if Resident D experienced cardiac failure in a place, other than an acute care hospital, cardiopulmonary resuscitation (CPR) procedures should be withheld. The form was signed by Resident D on 5/15/20 and by the resident's physician on 5/19/20.</p> <p>The progress note, dated 11/27/22 at 9:36 a.m., indicated LPN (Licensed Practical Nurse) 2 was</p>			F 0578	<p>This plan of correction is to serve as Harrison Springs Health Campus credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Harrison Springs Health Campus or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations. Attached you will find the plan of correction for Harrison Springs Health Campus Survey Event ID RY7H11 that was completed on 11/28/2022. We initiated immediate interventions when concerns were identified on this date. We respectfully request a desk review for this plan of correction.</p> <p>If you need any information or paperwork, please contact me at (812) 738-0317. Sincerely, Lori Hess, Executive Director.</p> <p>F578 Request/Refuse/Discontinue Treatment; Advanced Directives. The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental</p>		11/30/2022

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	<p>called to the resident's room by staff emergency light at 8:00 a.m. Upon entering the resident's room, the resident was found lifeless. It was asked if the resident was a full code and a verbal yes was given. CPR was initiated and 911 called per other staff. EMS (emergency medical services) arrived at 8:15 a.m. and took over CPR.</p> <p>The progress note, dated 11/27/22 at 10:00 a.m., indicated LPN 9 entered the resident's room at 8:00 a.m. to give the resident her morning medication. Resident D was sitting in her chair like she normally does. LPN 9 went over to the resident and could not wake her. Her skin was clammy and cold. LPN 9 immediately activated the emergency call light. With the help of staff, the resident was moved to the floor and CPR was initiated. EMS arrived at 8:15 a.m. and immediately took over CPR. The resident was announced as expired at 8:40 a.m.</p> <p>The progress note, dated 11/27/22 at 12:43 p.m., indicated the nurse entered the resident's room at 8:00 a.m. to administer medications and observed the resident in her recliner, unresponsive and without respirations or heartbeat. CPR was initiated and EMS called. EMS arrived at 8:15 a.m., relieved campus staff and continued CPR. The DSS (Director of Social Services) was present and discovered that Resident D had a DNR (Do Not Resuscitate) on file. EMS was notified of the DNR, called their physician and received orders to stop CPR.</p> <p>During an interview on 11/28/22 at 1:04 p.m., LPN 2 indicated prior to initiating CPR, she asked LPN 9 if the resident was a full code and she responded yes.</p> <p>During an interview on 11/28/22 at 1:07 p.m., LPN</p>				<p>research, and to formulate an advanced directive.</p> <p>1. 1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice? Resident D expired and no longer resides at campus</p> <p>2. 2. How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents in campus have the potential to be affected by the same deficient practice. DHS and/or designee completed a 100% audit of all resident's code statues to ensure accuracy in accordance with their advanced directives.</p> <p>3. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The nurse LPN 9 that performed CPR at time of incident was provided written counseling that was placed in her file regarding verifying code status and following residents advanced directives. DHS and/or designee provided education to nursing staff regarding campus policy and procedures referencing CPR and Advanced Directives</p>		

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	<p>9 indicated she did tell LPN 2 that the resident was a full code. LPN 2 had looked at the advance directives a while back and the resident was a full code. She went from memory rather than checking. The resident was a full code and then changed to a DNR.</p> <p>On 11/28/22 at 1:20 p.m., the Director of Nursing provided a current copy of the document titled "Cardiopulmonary Resuscitation (CPR)" dated 5/11/16. It included, but was not limited to, "Procedure...If a resident has "Do Not Resuscitate" orders signed by the physician, no CPR is expected...."</p>				<p>4. 4. How the corrective action will be monitored to ensure the deficient practice will not recur i.e.: what quality assurance program will be put into place? The campus DHS and/or designee will conduct a random review of 3 residents Code status and Advanced Directives weekly, for four weeks. The campus DHS and/or designee will conduct random mock code situations during different shifts to ensure that Code status and Advanced Directives are being followed per campus policy and procedures weekly for four weeks in accordance with cited regulation F578 Request/Refuse/Discontinue Treatment; Advanced Directives. The findings from our audits will be reviewed during the campus regularly scheduled monthly QAPI meetings to determine the frequency of the ongoing monitoring plan. Findings suggestive of 100% compliance may result in cessation of the monitoring plan through our QA process.</p>		