

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

PRINTED: 12/02/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155503		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER HUTSONWOOD AT BRAZIL				STREET ADDRESS, CITY, STATE, ZIP CODE 501 S MURPHY AVE BRAZIL, IN 47834			
(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 Complaint IN00387318.</p> <p>Complaint IN00387318 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: November 09 and 10, 2022</p> <p>Facility number: 000514 Provider number: 155503 AIM number: 100266800</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicare: 04 Medicaid: 45 Other: 14 Total: 63</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 10, 2022.</p>			F 0000	<p>11/23/2022</p> <p>ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204</p> <p>Re: Complaint Survey Hutsonwood at Brazil 501 S Murphy Ave Brazil, IN 47834-0130</p> <p>Dear Ms. Buroker, On Nov 10, 2022, a complaint survey (Survey ID SEQV11) with Complaint number (IN00387318)) was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiency.</p> <p>Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance.</p> <p>We respectfully request a desk review that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction of Nov 28, 2022.</p>		

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

TITLE

(X6) DATE

Manoj Berry

Executive Director

11/23/2022

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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F 0770 SS=D Bldg. 00	<p>483.50(a)(1)(i) Laboratory Services §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. Based on record review and interview, the facility failed to ensure timeliness of laboratory testing for 1 of 1 resident reviewed for physician ordered stat laboratory test and failed to ensure timeliness of laboratory testing for 1 of 3 residents reviewed for laboratory services (Resident C).</p> <p>Findings include:</p> <p>Resident C's closed clinical records were reviewed on November 09, 2022 at 10:00 a.m. Diagnoses included, but were not limited to, congestive heart failure, generalized muscle weakness, age-related physical debility, hypertension, and permanent atrial fibrillation.</p> <p>The admission Minimum Data Set assessment, dated May 21, 2022, and quarterly Minimum Data</p>	F 0770	<p>Please feel free to call me with any further questions at 1 (812) 446-2636.</p> <p>Respectfully submitted, Manoj Berry (Executive Director) Hutsonwood at Brazil 501 S Murphy Ave Brazil, IN 47834-0130</p> <p>F 770 Laboratory Services</p> <p>The facility requests a paper compliance for this citation.</p> <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>	11/28/2022	

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	<p>Set assessment, dated May 23, 2022, indicated Resident C's speech had been clear. When communicating, she had been able understand others and others had been able to understand her. She had been independent with cognitive decision making skills. She had required extensive assistance from nursing staff for activities of daily living.</p> <p>Resident Progress Notes indicated the following:</p> <p>August 22, 2022 at 10:20 a.m. - "sister at bedside requesting nurse to assess due to increased confusion overall fatigue and sluggish. MD [medical doctor] notified, new orders ... get labs, CBC [complete blood count test that provides information about the cells in a person's blood], CMP [comprehensive metabolic panel that provides information on organ function and electrolyte/fluid balance], UA C&S [urine analysis that provides information of urinary tract infection and antibiotic sensitivity for treatment course]."</p> <p>August 22, 2022 at 11:00 a.m. - "orders placed for stat labs to be drawn, UA to be collected via straight cath [catheter]."</p> <p>Laboratory Order, dated August 22, 2022 at 11:00 a.m., indicated, "Frequency STAT - Immediately ... due to altered mental status ... CMP AND CBC... [approximately 40 minutes after having received the order]"</p> <p>Laboratory Report, dated August 22, 2022, indicated the stat CMP and CBC were collected on August 22, 2022 at 2:55 p.m. (approximately 4 hours and 35 minutes after having received the order).</p> <p>Laboratory Report, dated August 22, 2022,</p>				<p>•What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>It is the policy of this facility to provide or obtain laboratory services to meet the needs of its residents. Resident C labs were drawn, and resident was sent to the hospital and no longer resides in the facility.</p> <p>•How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</p> <p>Residents who have an order for a STAT lab have the potential to be affected by the alleged deficient practice.</p> <p>•What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>1: DON/ADON conducted an in-service on 11/26/2022 and provided education to the licensed staff on lab services, with emphasis on the need to contact physician when lab draw cannot be obtained by lab service providers for further recommendations</p> <p>2: DON/ADON will complete an</p>		

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	<p>indicated the stat CMP and CBC results were transcribed at 3: 53 p.m. The results indicated, "Potassium panic value of 2.7. Normal range 3.5 to 5.1" (approximately 5 hours and 8 minutes).</p> <p>Resident Progress Notes indicated the following:</p> <p>August 22, 2022 at 4:45 p.m. - "critical potassium level reported to MD 2.7, ... Recommendation is send to ER [emergency room] for K [potassium] replacement. If family chooses to decline ER eval [evaluation] ... Magnesium level [provides information on nerve, muscle function for heartbeat health] needs to be checked as a STAT draw."</p> <p>August 22, 2022 at 4:54 p.m. - "Family at bedside, discussed at length option to either send to ER to eval and replace potassium or keep resident in the building and supplement potassium..." Decision was made for Resident C to remain in house and receive supplement potassium and re-draw potassium level with magnesium the next day (August 23, 2022).</p> <p>Medication administration records, dated August 22, 2022, indicated Resident C received potassium chloride extended release 40 mEq by mouth and records, dated of August 23, 2022, indicated Resident C received potassium chloride extended release 20 mEq by mouth, as ordered by the medical doctor.</p> <p>Laboratory Report, dated August 23, 2022, indicated the physician ordered potassium level and magnesium level had not been drawn/collected. On November 10, 2022 at 10:15 a.m., the Director of Nursing indicated routine labs are drawn daily in the morning and verified, the August 23, 2022, orders labs had not been drawn.</p>				<p>audit of 3 random residents 5 days a week for 4 weeks, then 3 days a week for 4 weeks, then once a week x 4 weeks, then monthly thereafter for 3 months to ensure compliance.</p> <p>3: Licensed staff that fail to comply will be re-educated as needed up to and including termination.</p> <p>•How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliances is achieved for 3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>Date the systemic changes for the deficiency will be completed: 11/28/2022</p>		

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	<p>Resident Progress Notes, dated August 23, 2022 at 2:01 p.m., indicated Resident C was transported via ambulance to a local acute care hospital.</p> <p>Acute Care Hospital documentation, dated August 23, 2022 at 2: 53 p.m., indicated, "Presentation Chief Complaint: Low Blood Pressure ... systolic was 80 [pressure caused by your heart contraction or pushing blood out of the heart]." A potassium level was drawn and indicated high at 5.4 (reference/normal range 3.5 to 5.1). A magnesium level was drawn and indicated within normal range at 1.8. "Potassium was elevated at 5.4. Yesterday's potassium was 2.7 and was given 60 mEq was given [sic]. ... I do not think that the potassium could have corrected 5.4."</p> <p>On November 10, 2022 at 10:15 a.m., the Director of Nursing (DON) indicated the facility did not have a written policy for stat laboratory testing. The facility utilized the company "Laboratory Agreement." The DON provided a copy of the agreement, dated July 16, 2010. A review of the agreement indicated, "[Lab Name] will provide STAT (life threatening situation) service for clinical lab services 24 hours per day, 365 days per year. Laboratory STAT testing will be reported within 5 hours." The agreement lacked documentation of a time frame for Stat laboratory collection.</p> <p>Taber's Cyclopedic Medical Dictionary 22 Edition indicated, "stat - Immediately."</p> <p>3.1-49(a)</p>						