

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

PRINTED: 11/28/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155792		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/26/2022	
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 762 N DAN JONES RD AVON, IN 46123			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00390275, IN00390289, IN00390343, and IN00390373.</p> <p>Complaint IN00390275- Substantiated. Federal/state deficiencies related to the allegations are cited at F550 and F686.</p> <p>Complaint IN00390289- Substantiated. Federal/state deficiencies related to the allegations are cited at F550 and F686.</p> <p>Complaint IN00390343- Substantiated. Federal/state deficiencies related to the allegations are cited at F550 and F686.</p> <p>Complaint IN00390373- Substantiated. Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Survey dates: September 23, and 26, 2022</p> <p>Facility number: 012534 Provider number: 155792 AIM number: 201028420</p> <p>Census Bed Type: SNF/NF: 125 SNF: 11 Total: 136</p> <p>Census Payor Type: Medicare: 10 Medicaid: 92 Other: 34 Total: 136</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Complaint Survey Revisit on or after.</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 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 0550 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 7, 2022.</p> <p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination,</p>						

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	<p>or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on observation, interview, and record review, the facility failed to provide showers for 3 of 11 residents reviewed for provision of care and bathing services (Residents B, C, and H).</p> <p>Findings include:</p> <p>1. On 9/23/22 at 10:09 a.m., Resident C was observed lying in bed watching television, wearing an undershirt, had stubble on his chin, and his greasy looking hair was not combed. There was an odor in the room that the resident indicated was related to an open wound. A sign taped above the resident's bed indicated shower days were Monday and Thursday during the 6:00 a.m. - 2:00 p.m. shift. Resident C indicated he had resided in the facility for almost a year and had received only 1 shower during that time. The shower was after his payment source had hired an extra helper. He usually got bed baths on his shower days.</p> <p>Resident C's record was reviewed on 9/26/22 at 9:32 a.m. Diagnoses on Resident C's profile included but were not limited to stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling) of sacral region (tailbone), fracture of left lower leg with subsequent surgical amputation after a MVA (motor vehicle accident) with multiple fractures</p>			F 0550	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Complaint Survey Revisit on or after.</p> <p>F tag: 550 – Resident Rights/Preferences: Showers not provided for 3 of 11 residents</p> <p>·what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>·All residents have been provided with a shower or other form of bathing per their preference</p> <p>·how other residents having the potential to be affected by the same deficient practice will be</p>		10/26/2022

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	<p>throughout the body, major bone defect of right lower leg, age-related physical debility, type 2 diabetes mellitus, and dependence on renal dialysis.</p> <p>A Preference for Customary Routine and Activities form for Resident C, dated 1/05/2022, indicated it was very important for the resident to choose between tub bath, shower, bed bath/sponge bath. The resident had no preference as to what time or how often he bathed but preferred a shower.</p> <p>Shower sheets for Resident C provided by the Executive Director (ED) on 9/23/22, dated August and September 2022, indicated there was no documentation of Resident C having a bed bath or shower.</p> <p>On 9/26/22 the Director of Nursing Services (DNS) provided 4 handwritten shower sheets for Resident C, dated 8/29/22 to 9/15/22, indicated the resident refused 1 shower, had 1 bed bath, and 2 showers.</p> <p>The Significant Change in Status Minimum Data Set (MDS) assessment, completed on 8/24/22, assessed Resident C as having the ability to make himself understood and to understand others. A BIMS (Brief Interview for Mental Status) score of 14 indicated he was cognitively intact. No behaviors and no rejection of care were documented. Resident C required extensive assistance of 2 or more persons physical assist for bed mobility, transfers, toileting, and bathing. He required extensive assistance of 1 person physical assistance for locomotion on and off the unit, dressing, and personal hygiene. He required supervision and 1 person physical assist for eating. The resident did not walk in the room or</p>				<p>identified and what corrective action(s) will be taken</p> <p>·All residents have the potential to be affected</p> <p>·Nursing staff will be educated by the DNS/Designee on providing bathing per residents' preferences on or before 10/26/22</p> <p>what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>·Nursing staff will be educated by the DNS/Designee on providing bathing per residents' preferences on or before 10/26/22</p> <p>·DNS/designee will review documentation of bathing provided per residents' preference daily</p> <p>·Nurse managers will verify bathing/showers are being provided per residents' preferences during their daily rounds</p> <p>·how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>To ensure compliance,</p>		

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	<p>corridor. The resident had an indwelling catheter and was always incontinent of bladder and bowel. The resident had a stage 4 pressure ulcer/injury over a bony prominence that was present upon admission.</p> <p>A care plan for Resident C, dated 12/14/21, indicated the resident required assistance with ADLs (Activities of Daily Living). Approaches included assist with bathing as needed per resident preference, offer showers two times per week, and provide partial baths in between. Current preference was for a shower in the evening.</p> <p>2. On 9/23/22 at 10:35 a.m., Resident H indicated he did not always get his showers, and the Certified Nursing Assistants (CNAs) got grumpy if he asked for a shower. Staff would give him a bed bath occasionally, but he did not like bed baths because he did not feel clean. He wanted a shower.</p> <p>On 9/26/22 at 1:00 p.m., Resident H indicated that he got bed baths automatically, but he did not like them and did not feel clean. He may get a shower maybe once a week, but he wanted a shower. It had gotten a "little" better since he filed a grievance, but it still was not consistent. He never asked for a bed bath, and never refused a shower.</p> <p>Resident H's record was reviewed on 9/23/22 at 1:58 p.m. Diagnoses on Resident H's profile included, but were not limited to, repeated falls, cerebral infarction due to thrombosis (clot) of right middle cerebral artery, age-related physical debility, hemiplegia or hemiparesis (partial paralysis), anxiety disorder, and depression.</p> <p>A Concern/Grievance Form, dated 9/1/22,</p>				<p>the DNS/Designee is responsible for the completion of the <u>Accommodation of Needs</u> CQI tool weekly times 4 weeks, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance</p>		

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	<p>indicated Resident H stated he had not been getting his showers. He stated he was supposed to get 2 per week but did not get them when scheduled.</p> <p>A Preference for Customary Routine and Activities form for Resident H, dated 8/11/2022, indicated it was somewhat important for the resident to choose between tub bath, shower, bed bath/sponge bath. The resident preferred to be bathed more than 2 times per week in the evening and was used to a shower.</p> <p>Shower sheets for Resident H provided by the ED on 9/23/22, dated August and September 2022, indicated there were 3 shower reports with the resident's name, 1 dated 8/29/22 indicated resident refused and was given a bed bath, and 2 were undated.</p> <p>The quarterly MDS assessment, completed on 8/2/22, assessed Resident H as having the ability to make himself understood and to understand others. A BIMS score of 12 indicated moderate cognitive impairment. The resident required extensive assistance of 1 physical assist for bed mobility, toileting, and personal hygiene, and physical help in part of the bathing activity.</p> <p>A care plan for Resident H, dated 5/3/22, indicated the resident required assistance with ADLs. Approaches included assist with bathing as needed per resident preference, offer showers two times per week, and provide partial bath in between. Current preference was for showers in the morning.</p> <p>During an interview on 9/26/22 at 10:41 a.m., QMA (Qualified Medication Aide) 7 was observed to open a shower book and indicated Resident H</p>						

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	<p>was documented to have showers on Monday and Thursday evenings. QMA 7 indicated the resident preferred showers and he never refused.</p> <p>3. Resident B's record was reviewed on 9/23/22 at 1:30 p.m. Diagnoses on Resident B's profile included, but were not limited to, displaced intertrochanteric fracture of right femur (from the hip to the knee along the thigh), hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, dementia without behavioral disturbance, and difficulty walking.</p> <p>A Preference for Customary Routine and Activities form for Resident B, dated 8/30/2022, indicated it was somewhat important for the resident to choose between tub bath, shower, bed bath/sponge bath. The resident preferred to be bathed more than 2 times per week in the morning and was used to a shower.</p> <p>Shower sheets for Resident B provided by the ED (Executive Director) on 9/23/22, dated August and September 2022, indicated there was no documentation of Resident B having a bed bath or shower.</p> <p>A Record of Facility Inservice form was provided by the DNS, indicated education on showers and 4 staff signatures. The form lacked documentation of what date or time the in-service was supposed to have happened, or the name of the person who conducted the education.</p> <p>On 9/26/22 the DNS provided 2 handwritten shower sheets for Resident B, dated 8/26/22 and 9/2 (no year), with no documentation to indicate if the resident received a shower or care/services provided.</p>						

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	<p>The Admission MDS assessment, completed on 8/26/22, assessed Resident B as having the ability to make himself understood and to understand others. BIMS score of 13 indicated he was cognitively intact. No signs or symptoms of delirium, behaviors, or rejection of care were documented. He required extensive assistance of 2 or more persons physical assist for bed mobility, transfers, and toileting. He required extensive assistance of 1 person physical assist for dressing, and personal hygiene. He required total dependence of 1 person physical assist for locomotion on the unit. He required extensive assist for the bathing activity. Mobility devices included a wheelchair and walker.</p> <p>A care plan for Resident B, dated 8/22/22, indicated the resident required assistance with ADLs. Approaches included assist with bathing as needed per resident preference. Offer showers two times per week, partial bath in between. Current preference for shower in evening.</p> <p>During an interview on 9/23/22 at 11:12 a.m., Registered Nurse (RN) 5 indicated residents were all scheduled for showers, and staff knew who was due by the dates on the shower schedule she demonstrated in a binder on the medication cart.</p> <p>During an interview on 9/26/22 at 10:45 a.m., RN 8 indicated, the CNAs knew when residents were due to have a shower as they had shower sheets and a shower schedule. Showers were also scheduled for them to see in the electronic documentation system.</p> <p>On 9/26/22 at 10:45 a.m., a family member indicated, Resident B had resided in the facility for almost 3 weeks and had never gotten out of bed nor was given a shower during his stay.</p>						

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	<p>During an interview on 9/26/2022 10:50 a.m., the Assistant Director of Nursing Services (ADNS) indicated all residents were to have 2 showers per week and shower sheets to document the showers. Skin checks and showers were scheduled in the electronic documentation system.</p> <p>On 9/26/22 at 11:14 a.m., a family member indicated she was concerned with the lack of care the resident received at the facility. Resident B maybe had 1 shower the entire time he was at the facility.</p> <p>On 9/26/22 at 11:01 a.m., LPN (Licensed Practical Nurse) 10 indicated, she did not have a shower schedule. The DNS (Director of Nursing Services) working nearby was able to locate a binder on another medication cart. Resident B was scheduled to have a shower on Monday and Thursdays.</p> <p>During an interview on 9/26/22 at 12:33 p.m., the DNS indicated the unit managers were responsible for monitoring completion of showers.</p> <p>During the exit conference on 9/26/22 at 2:15 p.m., the ED and DNS indicated they were aware shower sheets were not consistently dated, therefore making it difficult to confirm when showers had been given. It was an issue they were addressing.</p> <p>On 9/26/22 at 12:20 p.m. the ED indicated, the facility had no policy that specifically addressed resident showers, although showers were addressed in the Skin Management Program policy.</p> <p>This Federal tag relates to Complaints IN00390275,</p>						

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F 0686 SS=D Bldg. 00	<p>IN00390289, and IN00390343.</p> <p>3.1-3(t) 3.1-3(v)(1)</p> <p>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 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, interview, and record review, the facility failed to ensure a resident at risk for development of pressure ulcers was monitored, had weekly skin assessments, did not develop pressure ulcers, and received timely interventions to pressure ulcers for 1 of 3 residents reviewed for wound care (Resident B).</p> <p>Findings include:</p> <p>Resident B's record was reviewed on 9/23/22 at 1:30 p.m. Diagnoses on Resident B's profile included, but were not limited to, displaced intertrochanteric fracture of right femur (from the hip to the knee along the thigh), hemiplegia and hemiparesis (partial paralysis) following cerebral infarction affecting right dominant side, dementia</p>			F 0686	<p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice - All residents have been assessed for skin impairment and new orders obtained as indicated for treatment</p> <p>- how other residents having the potential to be effected by the same deficient practice will be identified and what corrective action(s) will be taken; - All residents have the potential to be effected</p>		10/26/2022

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	<p>without behavioral disturbance, and difficulty walking.</p> <p>An Admission Observation assessment, dated 8/20/22, and Hospital Discharge notes, dated 8/23/22, assessed Resident B as having a hip surgical incision, no rashes or pressure ulcers.</p> <p>A New Skin Event form for Resident B, dated 9/05/2022 at 1:48 p.m., indicated on 9/4/22 the resident had a new skin tear on his right heel measuring 2 cm. The medical doctor (MD) and representative were notified.</p> <p>A Wound Management Detail Report for Resident B created by the Director of Nursing Services (DNS) on 9/8/22 at 2:05 p.m., indicated on 9/4/22 at 5:48 p.m., a stage 2 pressure ulcer on right heel that was not present upon admission was identified. The wound measured 4 cm (centimeter) in length x (by) 4 cm in W (width) x 0.1 cm in D (depth) with moderate serosanguineous (pale red to pink, thin and watery) exudate. The medical record lacked documentation new orders were obtained.</p> <p>A Wound Management Detail Report for Resident B created by the DNS on 9/8/22 at 11:48 a.m., indicated on 9/7/22 at 11:02 a.m., an unstageable pressure ulcer on the right heel that was not present upon admission was identified. The wound measured 6 cm L x 13 cm W and no depth with light serosanguineous exudate.</p> <p>A Wound Management Detail Report for Resident B created by the DNS on 9/8/22 at 11:48 a.m., indicated on 9/7/22 at 11:02 a.m., an unstageable pressure ulcer on the left heel that was not present upon admission was identified. The wound measured 5 cm L x 5 cm W with no depth.</p>				<p>- All residents have been assessed for skin impairment and new orders obtained as indicated for treatment</p> <p>- Nursing staff will be educated by the DNS/Designee on or before 10/26/22 on completing weekly skin assessments, interventions for preventing and treating pressure wounds and obtaining treatment orders when a wound is first identified</p> <p>- what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>- Nursing staff will be educated by the DNS/Designee on or before 10/26/22 on completing weekly skin assessments, interventions for preventing and treating pressure wounds and obtaining treatment orders when a wound is first identified</p> <p>- Weekly skin assessments will be checked for completion daily by the DNS/Designee</p> <p>- Nurse managers will verify interventions for skin/wound and re-positioning are being provided during daily rounds</p>		

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	<p>Skin surrounding wound dark purple or rusty discoloration.</p> <p>Physician's orders for Resident B included, a. On 8/30/22 weekly skin assessment with full set of vitals every Wednesday. b. On 9/7/22 apply skin prep to deep tissue injury on left heel, cover with foam dressing every Wednesday and Sunday. c. On 9/7/22 cleanse right heel ulcer, apply TheraHoney wound gel (used to treat difficult to dress wounds), cover and secure daily and as needed. Special Instructions: Float heels while in bed.</p> <p>A New Skin Event form for Resident B, dated 9/07/2022 at 11:54 a.m., indicated the resident had a new deep tissue injury noted on 9/7/22 measuring 5 cm x 5 cm x 0 cm. that was not present upon admission. The MD and family representative were notified. New interventions included float heels, and treatment orders.</p> <p>Hot Charting events were opened on 9/07/2022 at 2:03 p.m., indicated monitor left and right heel ulcers for signs and symptoms of infection. Charting guidelines to include location/type of wound or skin conditions, notation of drainage including color, odor and amount, description of surrounding tissue, pain: location, severity and intervention with resident response, tolerance to treatment, communication with physician/change in treatment, turning/repositioning and resident response, and change in status/progress.</p> <p>Progress notes for Resident B, dated 9/07/2022 at 7:35 p.m., indicated the resident was transferred to a local hospital for evaluation accompanied by his wife. The resident was alert, some confusion, no complaints of pain or discomfort.</p>				<p>- Charge nurses will verify interventions for skin/wound and re-positioning are being provided during daily rounds</p> <p>- how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>- To ensure compliance, the DNS/Designee is responsible for the completion of the <u> Skin Management </u>-QAPI tool weekly times 4 weeks, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance</p>		

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	<p>Late entry progress notes for Resident B, dated 9/15/22 at 12:50 p.m., indicated on 9/07/2022 at 7:49 p.m. the Director of Nursing Services (DNS), the Executive Director (ED), and physician were notified of the resident being transfer to the emergency department(ED).</p> <p>New order documentation/temporary care plan, dated 9/7/22 at 3:20 p.m., indicated Resident B was transferred to a nearby hospital. There was no indication for the transfer.</p> <p>A physician communication tool, dated 9/08/2022 at 10:16 a.m., indicated Resident B was transferred to the ED per family preference for pain and pressure areas to bilateral heels. The resident had complaints of pain and the family preferred to send out for evaluation of pressure area to bilateral heels. The document indicated the "Problem determined" was that the patient deteriorating.</p> <p>A Braden Scale for Predicting Pressure Sore Risk upon admission, 8/20/2022 at 12:48 p.m., total score 18 indicated resident at risk for developing pressure sores.</p> <p>An admission Minimum Data Set (MDS) assessment, completed on 8/26/22, assessed the resident as having the ability to make himself understood and to understand others. A Brief Interview for Mental Status (BIMS) score of 13 indicated he was cognitively intact. There were no signs or symptoms of delirium, behaviors, or rejection of care. He required extensive assistance of 2 or more (+) persons physical assist for bed mobility, transfers, and toileting. He required extensive assistance of 1 person physical assist for dressing and personal hygiene. He did not</p>						

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	<p>walk in the room, corridor, or off the unit. Total dependence of 1 person physical assist for locomotion on the unit was required. Mobility devices included a wheelchair and walker. He had an indwelling foley catheter with no incontinence of urine, was always incontinent of bowel. The resident had falls in the 6 months prior to admission, falls in the last month before admission with a fracture, and no falls since admit to facility. The resident was at risk for but did not have unhealed pressure ulcers/injury.</p> <p>A care plan for Resident B, dated 8/22/22, indicated the resident was at risk for skin breakdown. Approaches included float heels while in bed as the resident tolerated, encourage resident to turn and reposition at least every 2 hours, provide assistance as needed, incontinent care as needed, and pressure reducing/redistribution mattress on bed. The goal, revised on 9/12/22 after the resident discharged, indicated the resident was at risk for further skin breakdown. A new approach, dated 9/12/22, indicated to provide pressure relieving boots to bilateral lower extremities</p> <p>A care plans for Resident B, dated 9/7/22, indicated the resident had pressure ulcers to right and left heels related to risk for skin breakdown related to occasionally moist, chairfast, slightly limited mobility and diagnoses. The goal was for the wounds to heal and be free from signs of complications. Approaches, dated 9/7/22, included assess for pain, treat as ordered, notify MD of unrelieved/worsening pain, assess wound weekly documenting measurements and description, encourage resident to eat at least 75% of meals, float heels while in bed, labs as ordered, pressure reducing/redistribution cushion in chair, pressure reducing/redistribution mattress on bed,</p>						

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	<p>RD (Registered Dietician) to assess routinely and treatment as ordered, turn and reposition every 2 hours and notify MD of worsening or no change in wound and/or signs of infection. Staff were to observe for signs of infection including redness, pain, drainage, malodorous drainage, fever, increase in size/depth of wound. An approach added on 9/12/22 after resident discharge indicated pressure relieving boots to bilateral lower extremities.</p> <p>During an interview on 9/26/22 at 10:45 a.m., a family member indicated Resident B had resided in the facility for almost 3 weeks and was never assisted out of bed which caused sores on his heels, and he went days before they notified the family about the wound and cleaned or dressed the sores.</p> <p>A second family member indicated she was concerned with the lack of care the resident received at the facility. The resident had declined and was back in the hospital with a spot on his foot that was "super nasty" and painful to him. The staff did not notify the family about the spot on the resident's foot for days.</p> <p>During an interview on 9/26/22 at 10:52 a.m., a family member indicated, Resident B had gone to the facility for therapy post fall with a hip fracture. When the resident discharged from the hospital, he had been receiving therapy and could stand and pivot to transfer. After admission to the facility staff rarely got him out of bed for therapy. Resident B developed a bad sore on his foot because they would not get him out of bed. When the family member visited, he would prop the resident's foot on a pillow, he never saw the staff propping the resident's feet. During one visit to the facility, the family member observed a band</p>						

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	<p>aid on the resident's right heel, and when he asked staff why was told the resident had a sore. Family member indicated he had never been notified by staff of the sore. Family had requested the resident return to the hospital due to decline. The resident remained in the hospital and had been ordered a special shoe to accommodate the pressure ulcer on the right heel.</p> <p>During an interview on 9/26/22 10:45 a.m., Registered Nurse (RN) 8 indicated skin assessments were completed by the aides on scheduled shower days and documented on the shower sheets. The Certified Nursing Assistants (CNAs) would notify the nurse to come check a resident's skin during the shower. The nurse had to sign the shower/skin sheets to verify skin was assessed.</p> <p>During an interview on 9/26/2022 10:50 a.m., the Assistant Director of Nursing Services (ADNS) indicated all residents received a full body assessment weekly and any issues were addressed. Skin checks and showers were scheduled in the electronic documentation system.</p> <p>During an interview on 9/26/22 at 11:00 a.m., Licensed Practical Nurse (LPN) 9 indicated CNAs looked at resident's skin on shower days and notified the nurse of any skin problems, the nurse would then assess and document. Weekly skin assessments were assigned to the nurse in the electronic documentation system.</p> <p>During an interview on 9/26/22 at 11:00 a.m., LPN 10 indicated resident skin checks were a weekly assignment and documented in the electronic medical record.</p>						

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	<p>During an interview on 9/26/22 at 11:14 a.m., a family member indicated, Resident B admitted to the facility on a Saturday, and when they visited the next day they found the resident in bed, the room dark, and he had not had breakfast. Family was frustrated how quickly the resident declined during his short stay at the facility. The family member indicated there were problems with communication between the staff and family. They would ask for information repeatedly without response. They even brought in a white board for sharing of information without success. When the resident developed an ulcer on his foot the family found out by observing a bandage on his foot, they had not been called. On the resident's final day on 9/7/22 the family member had a conversation with the DNS and felt the DNS had been "nasty" to her and made comments that bothered the family, and the DNS was not even aware Resident B had a decubitus ulcer on his heel.</p> <p>During an interview on 9/26/22 at 12:33 p.m., the DNS indicated after review of the electronic medical record (EMR) Resident B had a physician's order for weekly skin assessments, but there was no documentation that weekly skin assessments from 8/21 to 9/6/22 had been completed by a nurse. CNAs were supposed to observe residents for skin issues during care and when giving showers, and skin breakdown was to be reported to the nurse. If a resident developed a new wound, management found out by running a skin event report and reviewing it in the morning meeting. The DNS indicated Resident B had developed wounds on his heels during his stay, but she was unable to verbalize if the wounds developed on the same or different days. The DNS indicated she had not been present in the facility on 9/4/22 or 9/5/22 due to the holiday but</p>						

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	<p>had worked on 9/6/22 and 9/7/22. The Assistant Director of Nursing Services (ADNS) had recently been made responsible for monitoring that weekly skin assessments were being completed.</p> <p>During the exit conference on 9/26/22 at 2:15 p.m., the DNS provided a typed physician statement, undated, that indicated based on the resident's complex medical needs and health conditions Resident B had been and continued to be very high risk for skin impairment and he agreed that the current wounds were unavoidable.</p> <p>On 9/26/22 at 12:20 p.m., the Executive Director (ED) provided a Skin Management Program policy, dated 5/22, and indicated the policy was the one currently being used by the facility. The policy indicated, "It is the policy of the [company] to ensure that each resident receives care, consistent with professional standards of practice, to prevent pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable ...Avoidable Pressure Ulcer/Injury: means that the resident developed a pressure ulcer/injury and that the facility did not do one or more of the following: evaluate the resident's clinical condition and risk factors, define and implement interventions that were consistent with the resident needs ...monitor and evaluate the impact of the interventions ...Any skin alterations noted by direct care givers during daily care and/or shower days must be reported to the licensed nurse for further assessment ...Alterations in skin integrity will be reported to the MD/NP, the resident and/or resident representative as well as to the direct care staff ...A care plan will be initiated ..."</p> <p>This Federal tag relates to Complaints IN00390275, IN00390289, IN00390343 and IN00390373.</p>						

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