STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155790	A. BUILDING 00 B. WING	11/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRIDGEWATER HEALTHCARE CENTER	14751 CAREY ROAD CARMEL, IN 46033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for the Investigation of Complaint IN00366444 and IN00366782. Complaint IN00366444 - Substantiated. Federal/State deficiencies related to the allegations are cited at F686. Complaint IN00366782 - Substantiated. Federal/State deficiencies related to the allegations are cited at F686. Survey dates: November 15 and 16, 2021 Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census Bed Type: SNF/NF: 77 Total: 77 Census Payor Type: Medicare: 9 Medicaid: 55 Other: 13 Total: 77 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on November 22, 2021.	F 0000	/p>	
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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	§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 promote healing of a pressure ulcer when the physician orders were not followed regarding daily dressing changes and failure to provide pressure reduction for the resident's lower extremities, according to the resident's physician orders for 1 of 3 residents reviewed for pressure ulcers. (Resident B) Finding includes: The record for Resident B was reviewed on 11/14/2021. Diagnosis included, but were not limited to, paraplegia (paralysis of the legs and lower body), osteomyelitis (infection of the bone), major depressive disorder, anxiety disorder and pressure induced deep tissue damage of sacral region. During an observation of a dressing change, on 11/15/2021 at 3:14 p.m., the wound treatment nurse, assisted by the unit manager, entered the room of Resident B. The resident was laying supine on an air mattress. When the resident's sheets were removed to reveal the resident's lower extremities, a pillow was observed laying between	F 0686	1) Resident B was not harmed by the deficient practices. Resident's treatment orders and care plan were reviewed for accuracy. 2) All residents with pressure ulcers have the potential to be affected. An audit was completed on all residents with pressure ulcers to ensure that treatment orders and preventative intervention orders were entered accurately and being completed and documented per physician orders. MD and family was notified of any deficiencies. 3) Licensed nurses were re-educated on facilities policy "Skin care and wound management overview" with an emphasis on ensuring physician orders are entered timely, accurately, and completed per	12/03/2021

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	the resident's legs. Both of the resident's legs were laying directly on the mattress. The wound treatment nurse removed the pillow from between the resident's legs and asked the resident if a "heels up" cushion could be placed under his calves to raise his heels off the mattress. The resident readily agreed. The wound treatment nurse went to the back of the room and reached behind a chair in the room, retrieved a "heels up" cushion, still in the manufacturer's plastic cover. She removed the covering on the cushion and with assistance from the unit manager, placed the cushion under the resident's calf areas, elevating his lower extremities and heels off the mattress. The resident was observed to have 5 different areas of pressure on his lower extremities, 3 areas on his left side and 2 on his right side. When the adhesive foam dressing on the resident's right posterior lower leg was removed, written on the exterior of the dressing was, "11/11/14 Medihoney WT". When questioned at this time, the wound treatment nurse indicated the writing on the dressing was her writing and confirmed the dressing had been placed by her on 11/11/2021, 3 days prior. The wound treatment nurse further indicated, "This is my writing. They must have forgotten to change the dressing because it was under his leg". She indicated she did not know why she had written "11/11/14" instead of "11/11/21" for the date and added "WT" meant "wound team" and again verified this was the same dressing she had placed on the resident on 11/11/2021. The wound treatment nurse indicated she wrote the treatment on the exterior of the dressing so anyone changing the dressing would know what medication to use for the area. Physician orders, reviewed and confirmed during an interview with the Director of Nursing on 11/16/2021 at 2:50 p.m., indicated Resident B's		physician order. 4) The following audits and /or observations for 5 residents will be conducted by the DON or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: 1) Residents identified with pressure wounds will have treatment completion per physician order validated 2) Validate that ordered pressure reduction device is in place The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation	

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	current physician orders contained an order for "Float heels while in bed", dated 11/12/2021 at 1:57 p.m., and an order, dated 11/12/2021 at 1:23 p.m., for the resident's right posterior leg "cleanse ...with NS [normal saline]. Pat dry. apply medihoney to ...wound bed cover area with adhesive foam dressing." A current facility policy, titled "Physician Orders," last updated on 12/01/2018 and received on 11/16/2021 at 1:43 p.m., indicated "...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents...The nurse that takes the physician order will be responsible for executing the order or provide for the safe hand-off to the next nurse...." This Federal Tag relates to Complaint IN00366444 and IN00366782. 3.1-40(a)(2)			