PRINTED: 12/28/2021 FORM APPROVED OMB NO. 0938-039

CENTERS FOI	R MEDICARE & MEDIC	CAID SERVICES			OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155790		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 11/16/2021		
NAME OF PROVIDER OR SUPPLIER BRIDGEWATER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 14751 CAREY ROAD CARMEL, IN 46033			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE SICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
F 0000						
Bldg. 00	IN00366444 and IN Complaint IN00366	6444 - Substantiated.	F 0000	/p>		
	Federal/State defici allegations are cited	iencies related to the d at F686.				
	_	6782 - Substantiated. iencies related to the d at F686.				
	Survey dates: Nov	ember 15 and 16, 2021				
	Facility number: 01 Provider number: 1 AIM number: 2010	55790				
	Census Bed Type: SNF/NF: 77 Total: 77					
	Census Payor Type Medicare: 9 Medicaid: 55 Other: 13 Total: 77	::				
	This deficiency refl accordance with 41	lects State Findings cited in 0 IAC 16.2-3.1.				
	Quality review was 2021.	s completed on November 22,				
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to	o Prevent/Heal Pressure				

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

§483.25(b) Skin Integrity

(X6) DATE

TITLE

Any defiency statement 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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CENTERS FO	R MEDICARE & MEDIC	CAID SERVICES		OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
155790			B. WING		11/16/2021
NAME OF	PROVIDER OR SUPPLIEI	R	STREET.	ADDRESS, CITY, STATE, ZIP COD	
TVI IVIL OI	I KO VIDEK OK SCI I EIEI		14751	CAREY ROAD	
BRIDGE	WATER HEALTHC	ARE CENTER	CARMI	EL, IN 46033	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
	§483.25(b)(1) Pre				
		nprehensive assessment of			
		cility must ensure that-			
	1 ''	eives care, consistent with			
	1 -	dards of practice, to prevent			
	1 -	nd does not develop			
		nless the individual's clinical			
		trates that they were			
	unavoidable; and				
	(ii) A resident with pressure ulcers receives necessary treatment and services, consistent				
	1				
	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				
			F 0686	Resident B was not harr	med 12/03/2021
				by the deficient practices.	12/03/2021
				Resident's treatment orders a	nd
				care plan were reviewed for	
				accuracy.	
				2) All residents with pressu	ıre
				ulcers have the potential to be)
				affected. An audit was comple	eted
				on all residents with pressure	
				ulcers to ensure that treatmen	ıt
				orders and preventative	
				intervention orders were enter	
				accurately and being complete	
		myelitis (infection of the bone),		and documented per physicial	
		isorder, anxiety disorder and		orders. MD and family was no	tified
	_ ^	eep tissue damage of sacral		of any deficiencies.	
	region.				
	During an observat	ion of a dressing change, on		3) Licensed nurses were	
	1	p.m., the wound treatment		re-educated on facilities policy	,
	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			"Skin care and wound	
				management overview" with a	ın
				emphasis on ensuring physici	

sheets were removed to reveal the resident's lower

extremities, a pillow was observed laying between

orders are entered timely,

accurately, and completed per

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

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SAME OF PROVIDER OR SUPPLIER BRIDGEWATER HEALTHCARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCY FREETY (RACH PERCIENCY MIST BE PRECEDED BY PULL TAG REGULATORY OR I.S.C IDENTITYING INFORMATION TAG 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 that the percentage of the mattress. The resident readily agreed. The wound treatment nurse went to the back of the room, retrieved "heels behind a chair in the room, retrieved heels had been placed the cushion and with assistance from the unit manager, placed the cushion of the cresidents and heels off the mattress. The resident was observed to have 5 different areas of pressure on his lower extermities, a 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 had been placed by her on 11/11/201, 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 "Wi'm earnt wound team" 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 order. Year Don Or dosignate and for observations for 5 residents will be conducted by the DON or dosignated and of or the dres	AND PLAN OF CORRECTION IDENT		IDENTIFICATION NUMBER 155790		UILDING	00	COMPL 11/16/	ETED	
REGIL ATORY OR LSC IDENTIFYINO INFORMATION TAG REGILATORY OR LSC IDENTIFYINO INFORMATION 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 ushion 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, 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 exterior of 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 de writing on 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 order. 2 hypsician order. 2 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 on completion sequence of the coverage over validated. 2) Validate th				<u>, </u>	14751 CAREY ROAD				
were laying directly on the mattress. The wound treatment nurse removed the pillow from between the resident nurse removed the pillow from between the resident sign 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 her writing and confirmed the dressing hab been placed by he not 11/11/2021, 3 days prior. The wound treatment nurse indicated 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	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION	
an interview with the Director of Nursing on 11/16/2021 at 2:50 p.m., indicated Resident B's		the resident's legs. It were laying directly treatment nurse remains the resident's legs at "heels up" cushion calves to raise his heresident readily agranurse went to the base behind a chair in the cushion, still in the She removed the cowith assistance from cushion under the rehis lower extremities. The resident was observed areas of pressure on on his left side and adhesive foam dress posterior lower lege exterior of the dress WT". When questic treatment nurse indidressing was her with dressing was her with dressing had been pushed a days prior. The word indicated, "This is reforgotten to change under his leg". She why she had writter "11/11/21" for the disame dressing she had same dressing she had same dressing so anyone know what medicated. Physician orders, rean interview with the	Both of the resident's legs on the mattress. The wound loved the pillow from between and asked the resident if a could be placed under his leels off the mattress. The leed. The wound treatment lack of the room and reached lee room, retrieved a "heels up" manufacturer's plastic cover. In like lower lowering on the cushion and leels off the mattress. In like lower extremities, 3 areas 2 on his right side. When the like lower extremities, 3 areas 2 on his right side. When the like lower lowering on the resident's right like lower was removed, written on the like lower lowering on the resident's right like lower lowering on the resident's right like lower lowering on the like lower lowering on the like lower lowering on the like lowering loweri			physician order. 4) The following audits and observations for 5 residents w conducted by the DON or designee 2 times per week tim 8 weeks, then monthly times 4 months to ensure compliance: Residents identified with press wounds will have treatment completion per physician orde validated 2) Validate that ord pressure reduction device is in place The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Qui Assurance Committee for a minimum of 6 months then randomly thereafter for further	/or ill be nes (1) sure r ered		

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING 00		COMPLETED			
155790		B. WING 11/16/2021			/2021			
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD					
BRIDGEWATER HEALTHCARE CENTER			14751 CAREY ROAD CARMEL, IN 46033					
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	ID PROVIDER'S PLAN OF CORRECTION (2)			
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIATE OF THE APPROP		COMPL	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	AIL	DATE	
	current physician or	rders contained an order for						
	"Float heels while is	n bed", dated 11/12/2021 at						
	1:57 p.m., and an or	rder, 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 towo	und 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 residentsThe nurse that takes the physician order will be responsible for executing the order or provide for the safe hand-off to the next nurse"							
	and IN00366782.							
	3.1-40(a)(2)							

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