

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

PRINTED: 11/21/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155229		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/03/2023	
NAME OF PROVIDER OR SUPPLIER WOODLANDS THE				STREET ADDRESS, CITY, STATE, ZIP COD 3820 W JACKSON ST MUNCIE, IN 47304			
(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	<p>This visit was for the Investigation of Complaints IN00420316, IN00420568 and IN00421004 .</p> <p>Complaint IN00420316 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420568 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421004 - Federal/state deficiency related to the allegations is cited at F580.</p> <p>Survey dates: November 2 and 3, 2023</p> <p>Facility number: 000134 Provider number: 155229 AIM number: 100275430</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 49 Medicaid: 6 Other: 15 Total: 70</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 9, 2023.</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 any violation of regulation. This Provider respectfully requests that the Plan of Correction be considered the letter of credible allegation of compliance and request a desk review.</p>		
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Delirium/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the</p>						

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

TITLE

(X6) DATE

William Rees

Executive Director

11/20/2023

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>resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A</p>						

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	<p>facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on interview and record review, the facility failed to notify a cognitively impaired resident's (Resident D) representative when there was a change in the resident's condition.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 11/2/23 at 11:48 a.m. Diagnoses included Parkinson's disease, paranoid personality disorder, type 2 diabetes with diabetic chronic kidney disease, Alzheimer's disease, and delirium.</p> <p>An 8/15/23, admission, Minimum Data Set (MDS) assessment indicated the resident was severely cognitively impaired.</p> <p>Review of a progress note, dated 10/19/23 at 2:50 p.m., indicated the resident presented with redness and swelling on facial cheeks. The Medical Director was called and new order for Benadryl 25 mg every 6 hours as needed was received. The facility contacted a family member not listed as the POA (power of attorney).</p> <p>Review of a progress note, dated 10/27/23 at 11:38 a.m., indicated the resident complained of neck pain. The resident was seen by the Medical Director and a new order for Keflex (antibiotic) 500 mg three times daily was received. The facility contacted a family member who was not listed as the POA.</p>			F 0580	<p>Action(s) taken for Resident(s) Identified as Having Been Affected: Resident D had her POA paperwork audited and reviewed for accuracy as well as emergency contact order. All discrepancies addressed and correct order for emergency contacts obtained and reflected now in resident's chart. Employee that notified the wrong responsible party received individual education by the Director of Nursing Resident(s) with the Potential to be affected: Other residents have the potential of being affected therefore a In House audit of all residents' responsible parties per SW/SW Designee completed to assure proper legal paperwork is in place that is required to establish emergency contact/responsible party for every resident including the responsible party to reflect that the emergency contact number one is the correct person to receive notifications by facility regarding resident's care by Date of Compliance</p> <p>Methods to Prevent Recurrence: In-servicing to all nursing staff addressing advance care planning,</p>		11/17/2023

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	<p>Review of a progress note, dated 10/27/23 at 1:40 p.m., indicated the resident was seen by the Medical Director and an order for Keflex was received to treat a diagnoses of cellulitis. No representative notification was documented.</p> <p>During an interview on 11/2/2023 at 12:02 p.m., the resident's POA indicated the facility did not call her with the change of condition on 10/19/23. The POA was upset and indicated the resident could have been seen by a dermatologist much sooner if the facility had contacted her.</p> <p>During an interview on 11/2/23 at 3:49 p.m., the Director of Nursing indicated the POA should have been contacted instead of the other family member.</p> <p>Review of a current policy, dated 11/26/2018 and last reviewed on 8/9/2023, titled "Change in Resident's Condition or Status," and provided by the DON on 11/3/23 at 10:06 a.m., indicated the following: "...Policy The facility will notify the resident, his/her primary care provider, and resident, resident representative of changes in the resident's condition or status."</p> <p>This citation relates to Complaint IN00421004.</p> <p>3.1-5(a)(3)</p>				<p>and responsible party notification performed by Director of Nursing to licensed nursing by date of Compliance. Any licensed nursing staff will not be allowed to work until completed. This education will be completed on orientation for licensed nurses and at least annually.</p> <p>Monitoring: Upon admission to the facility Admissions/Business Development will inquiry and then receive all legal documents to prove responsible party if necessary for a resident. This information will then be given to BOM and she will then place emergency contacts in proper order according to legal documents or by next of kin status. She will then upload the document into the resident's chart. This Administrator/DON/Designee to assure audits are completed by Admissions team and Business Office Manager. IDT will review audits in QAPI and make changes as deemed necessary according to results and findings as compliance is maintained. The proposed date of completion for the plan of correction is 11/17/23. This new process will be audited with every new resident and readmission weekly x 4 weeks, monthly x 6 weeks then quarterly x 6 months to assure compliance. Date of compliance 11-17-23</p>		