

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

PRINTED: 02/10/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155512		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/09/2023	
NAME OF PROVIDER OR SUPPLIER  ASCENSION LIVING SACRED HEART VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 515 N MAIN ST AVILLA, IN 46710			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00395563. This visit included a State Residential Licensure Survey.</p> <p>Complaint IN00395563 - Unsubstantiated due to lack of evidence. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 3, 4, 5, 6 and 9, 2023</p> <p>Facility number: 000404 Provider number: 155512 AIM number: 100290810</p> <p>Census Bed Type: SNF/NF: 74 Residential: 19 Total: 93</p> <p>Census Payor Type: Medicare: 6 Medicaid: 79 Private: 8 Total: 93</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 10, 2023</p>			F 0000			
F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and</p>						

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

TITLE

(X6) DATE

David Deffenbaugh

Executive Director

02/07/2023

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 disclosed 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>bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, interview, and record review, the facility failed to ensure signs of a urinary tract infection were promptly reported to a physician or designee for 1 of 1 resident reviewed. (Resident 68).</p> <p>Findings include:</p>			F 0690	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>1.R68 was assessed by a staff nurse on 1/09/23. Assessment findings including urinalysis results from 1/06/23 urinalysis</p>		01/30/2023

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	<p>During an observation on 1/3/23 at 9:47 AM, Resident 68 was observed seated in a reclining wheelchair in the unit lounge area with his eyes closed.</p> <p>During an observation on 1/3/23 at 2:23 PM, Resident 68 was observed at a table with other residents. Resident 68 frequently closed his eyes and frequently nodded his head forward, showing signs of drowsiness. Resident 68 did not respond to other residents seated at the table who attempted to interact with him.</p> <p>During an observation on 1/4/23 at 11:15 AM, Resident 68's catheter tubing had medium yellow, cloudy urine with whitish sediment.</p> <p>During an observation on 1/5/23 at 10:21 AM, Resident 68's catheter tubing had medium yellow, cloudy urine with whitish sediment. Irregularly shaped whitish matter with a mucous-like appearance was also noted in the tubing.</p> <p>During catheter care observation on 1/6/23 at 11:35 AM, Certified Nursing Assistant (CNA) 6 indicated irregularities in urine odor and appearance should be reported to the nurse when observed. Resident 68 kept his eyes closed throughout the procedure. CNA 6 indicated Resident 68 had been sleepy a lot lately. Urine in catheter tubing was medium yellow with whitish sediment and irregularly shaped whitish matter with a mucous-like appearance.</p> <p>During an interview conducted on 1/6/23 at 11:46 AM, Licensed Practical Nurse (LPN) 7 indicated urine in catheter tubing should be observed each shift and irregularities such as foul odor, cloudiness, abnormal color, or sediment should be reported to the Nurse Practitioner (NP).</p>				<p>order were reported to the NP 1/09/23. NP gave the order to start R68 on antibiotic therapy on 1/9/23. R68 care plan was reviewed and updated 1/9/23.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; 1.Residents residing in the community with catheters were assessed by the DON on 1/9/23. No other residents were identified as being affected by the cited practice.</p> <p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur; 1.Current clinical associates will be reeducated on identification of signs and symptoms of UTI's and prompt notification of abnormal findings to physician or supervisor on or before 1/30/23.</p> <p>The Quality Director, or designee, will conduct routine reviews of sample residents to verify prompt identification of signs and symptoms of UTI and prompt reporting to MD/designee. Findings will be reported to the Interdisciplinary Team at the routine clinical huddle.</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</p>		

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	<p>During a record review conducted on 1/9/22 at 11:01 AM, a Minimum Data Set (MDS) dated 11/8/2022 indicated Resident 68 had diagnoses including hydrocephalus, non-Alzheimer's dementia, and hypertension. A Basic Interview for Mental Status (BIMS) score of 6 indicated Resident 68 was cognitively impaired and unable to be interviewed.</p> <p>A nurse's note dated 12/28/22 at 10:21 PM indicated Resident 68 was unable to be awakened enough to take his medications.</p> <p>No notes or assessments of urine between 12/28/22 and 1/6/22 were available for review.</p> <p>A nurse's note dated 1/6/22 at 12:18 PM indicated Resident 68's urine was malodorous and contained sediment. The NP was notified, and a dip procedure was ordered with a urinalysis and culture and sensitivity to follow if dip results were positive.</p> <p>A nurse's note dated 1/7/22 at 4:07 AM indicated urine was collected for urinalysis. The urine was described as brownish yellow, cloudy, and malodorous.</p> <p>A lab report dated 1/7/22 indicated Resident 68's urinalysis had many abnormal findings, including protein detected, positive nitrite results and 4+ (many) bacteria. The report indicated the urine had been sent to microbiology for culture.</p> <p>A facility policy titled Procedure: Catheter Care, Urinary, last revised 12/2017 indicated caregivers should observe for signs of a urinary tract infection and report them immediately to the physician.</p>				<p>put in place;</p> <p>1.Physical inspection of urine and review of nurses notes for all residents with catheters will be reviewed monthly by DON or designee monthly at QAPI per infection assessment tool for 6 months. At that time, the QAPI committee will then review trends to determine if further monitoring and/or education is needed.</p> <p>2.Completion Date: 1/30/23</p>		

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F 0761 SS=D Bldg. 00	<p>3.1-41 (a)(1)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe medication storage for 1 of 1 resident reviewed. (Resident 11).</p> <p>Findings include:</p>			F 0761	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>1.Nursing staff inspected and removed all OTC medications from the R11's room on 1/6/23. How other residents having the</p>		01/30/2023

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	<p>During an observation on 1/3/23 at 9:52 AM, Resident 11 was observed lying in bed with her head elevated. A bottle of Refresh tears (eye drops) was observed on Resident 11's overbed table within her reach. A bottle of elderberry gummy supplements was also observed within Resident 11's reach on top of the bedside table.</p> <p>During an observation on 1/3/23 at 2:18 PM, the bottle of Refresh tears and elderberry gummy supplements remained in the same places as observed that morning.</p> <p>During an observation on 1/4/23 at 1:45 PM, Resident 11 was positioned in her wheelchair with her overbed table positioned in front of her. The bottle of Refresh tears was placed on the overbed table in front of Resident 11. The bottle of elderberry gummy supplements was observed sitting on Resident 11's bedside table.</p> <p>During an interview conducted on 1/4/23 at 2:03 PM, Registered Nurse (RN) 2 indicated self-administration assessments should be done to determine appropriateness of any bedside medications. She also indicated any medications deemed appropriate for self-administration must be kept in a locked box and should not be accessible to other residents. During an observation of Resident 11's room with RN 2, she indicated the eye drops and elderberry supplements should not be at the bedside.</p> <p>During an interview conducted on 1/4/23 at 2:26 PM with the Director of Nursing (DON), the DON indicated Resident 11 was not able to correctly self-administer or keep medications at her bedside.</p> <p>During a record review on 1/4/23 at 1:50 PM, a Minimum Data Set (MDS) dated 10/26/2 indicated</p>				<p>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>1.All other residents' rooms were inspected for OTC medications by the DON on 1/6/23. No other residents were affected by the cited practice. What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>1.ED will send email to all family members on or before 1/30/23 to encourage families to provide any OTC medications to nursing staff instead of delivering medications to the residents. Resident rounding program will be revised to include inspecting resident rooms for any OTC medications. DON or designee will complete random room inspections to monitor safe medication storage. All nursing staff will be in-serviced on monitoring and reporting of any OTC medications in residents rooms on or before 1/30/23 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 in place;</p> <p>1.Resident rooms will be inspected to monitor for medications at bedside by assigned facility leaders weekly for 6 months. Results of</p>		

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R 0000  Bldg. 00	<p>Resident 11 had diagnoses including myasthenia gravis, diabetes mellitus, and hypothyroidism. The MDS included a Basic Interview for Mental Status (BIMS) score of 10, indicating Resident 11 was cognitively impaired.</p> <p>A Medication Self-Administration Evaluation dated 11/10/22 indicated Resident 11 was unable to state the proper dosage of medications. The evaluation also indicated Resident 11 was unable to demonstrate secure storage of medication kept in her room. The evaluation deemed Resident 11 unable to safely self-administer medication. A current physician's order for the elderberry gummy supplement was not available for review.</p> <p>A facility policy titled Self-Administration of Medications, last revised 12/2017, indicated if the nurse and physician determined the resident cannot safely self-administer medications, the nursing staff will administer the medications. The policy also indicated self-administered medications must be stored in a safe and secure place.</p> <p>3.1-25 (m)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. This visit also included the Investigation of complaint IN00395563.</p> <p>Survey dates: January 3, 4, 5, 6, and 9, 2023</p> <p>Facility number: 000404</p> <p>Residential Census: 19</p>			R 0000	<p>inspections will be reviewed during morning clinical huddles. The QAPI committee will review results for any trends of non-compliance monthly for 6 months, and then re-evaluate to determine if further monitoring and/or education is indicated.</p> <p>2.Completion date: 1/30/23</p>		

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	Ascension Living Sacred Heart Village was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.  Quality review completed January 10, 2023						