

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

PRINTED: 07/11/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155843		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/26/2024	
NAME OF PROVIDER OR SUPPLIER SPRINGS OF RICHMOND, THE				STREET ADDRESS, CITY, STATE, ZIP COD 400 INDUSTRIES ROAD RICHMOND, IN 47374			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00436445.</p> <p>Complaint IN00436445 -- Federal/State deficiencies related to the allegations are cited at F692.</p> <p>Survey dates: June 25 and 26, 2024</p> <p>Facility number: 013635 Provider number: 155843 AIM number: 300026664</p> <p>Census Bed Type: SNF/NF: 8 SNF: 43 Residential: 14 Total: 65</p> <p>Census Payor Type: Medicare: 39 Medicaid: 8 Other: 4 Total: 51</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 27, 2024.</p>			F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Investigation of Complaint 436445</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of July 15, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0692 SS=D Bldg. 00	483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the						

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

TITLE

(X6) DATE

Benjamin Meier

Executive Director

07/10/2024

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>facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on interview and record review, the facility failed to routinely document meal intakes for 3 of 3 residents reviewed for nutritional concerns. (Residents B, C and D)</p> <p>Findings include:</p> <p>1. The clinical record of Resident B was reviewed on 6-25-24 at 11:25 a.m. Her diagnoses included, but were not limited to, non-ST elevation MI (heart attack), Covid-19 at admission, hypertensive chronic kidney disease (stage 3), diabetes, esophageal obstruction, cerebral ischemia, hyperlipidemia, depression, obesity and generalized muscle weakness. Her admission Minimal Data Set assessment, dated 5-15-24, indicated she was cognitively intact, required substantial assistance with bed mobility (turning and repositioning), bathing, toileting, was dependent for transfers, was non-ambulatory and required supervision assistance, after initial meal set up, with eating. It indicated she had concerns regarding her appetite.</p>			F 0692	<p>1 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident B is discharged. Resident C&D had no ill effects r/t the alleged deficient practice.</p> <p>2. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected. DHS or designee to educate staff on the Guidelines for Meal Service</p> <p>3. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: As a measure of ongoing compliance, the DHS or designee will audit meal intakes on 5 residents</p>		07/15/2024

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	<p>In an interview, on 6-25-24 at 1:14 p.m., with a family member, she indicated Resident B had difficulty chewing as does not like to wear her dentures. The family member indicated she requested for a "nutritionist and was told they would see what they could do and to my knowledge, nothing was done." She added around this time Resident B was declining in her health, in her opinion. "I don't think they documented her meal intake."</p> <p>In an interview, on 6-26-24 at 2:10 p.m., with the Wound Nurse, she indicated Resident B was admitted to the facility with Covid-19 and was placed in isolation. She added an entry was made into the resident's record concerning her skin. "By the time I did my skin rounds several days later, I identified the skin area not as pressure [ulcer], but MASD (moisture associated skin damage), and it was actively healing. So I didn't make any notations or any changes, because the staff were already providing the care she needed."</p> <p>A progress note, dated 5-24-24, by the facility's Registered Dietitian (RD), indicated the resident's meal intake for her physician-ordered diet of a regular diet with regular texture was averaging 70% (percent). It indicated she consumed meals independently with supervision following set up assistance. It indicated she was edentulous (no teeth) and did not wear dentures. It indicated she had no known chewing or swallowing difficulties. The RD's recommendations included, but were not limited to, adding a dietary supplement for two weeks, due to the recent identification of skin issues "to promote wound healing and collagen production," as well as monitoring her weight and meal intakes.</p> <p>A review of Resident B's meal intake</p>				<p>weekly x4 weeks, then bi-weekly x 2 months, then, monthly x3 months. 4. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: For quality assurance, the ED or designee will review any findings and subsequent corrective action at least quarterly for at least two quarters (six months) in the campus quality assurance meetings. Any identified issues will be reviewed in detail by the QAPI committee and new processes put in place to ensure compliance with this regulation.</p> <p>5. Date of completion: 07/15/24</p>		

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	<p>documentation for her time at the facility, 24 days and approximately 70 meals, revealed no meal documentation on the following dates and times:</p> <ul style="list-style-type: none">-5-9-24: dinner.-5-11-24: dinner.-5-12-24: dinner.-5-13-24: dinner.-5-15-24: breakfast and lunch.-5-17-24: breakfast, lunch and dinner.-5-26-24: dinner. <p>2. The clinical record of Resident C was reviewed on 6-25-24 at 10:15 a.m. Her diagnoses included, but were not limited to, rhabdomyolysis (muscle tissue breakdown that may release a damaging protein into the blood), history of sepsis, pneumonia, Covid-19, previous heart attack and urinary tract infection, congestive heart failure and COPD (chronic obstructive pulmonary disease). Her most recent Minimum Data Set assessment, dated 4-27-24, indicated she was cognitively intact, required substantial assistance with bed mobility (turning and repositioning), was dependent for bathing, toileting and transfers, was non-ambulatory and required meal set up with eating.</p> <p>A quarterly nutrition note, dated 6-3-24, by the facility's Registered Dietitian (RD), indicated Resident C is over 90 years old, was on a physician's ordered diet of a regular mechanical soft diet with ice cream at dinner daily. Her average meal intake was 80%. Current concerns identified were bilateral lower extremity edema (swelling). The RD noted the resident had a significant weight gain of approximately 10% in the last 6 months and a non-significant weight gain 5.8% in the last 3 months, followed by a non-significant weight gain of 3.2% in the last 30 days, with her BMI (body mass index) in the</p>						

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	<p>overweight range, though within ideal range for age. She indicated Resident B's "trending weight gain is beneficial for overall QOL (quality of life)." The RD's plan of care was identified as "Will follow weights and intakes."</p> <p>A review of Resident C's meal intake documentation for June, 2024, or 25 days and approximately 74 meals, revealed no meal documentation on the following dates and times: -6-1-24: breakfast and lunch. -6-9-24: breakfast. -6-14-24: breakfast and lunch. -6-16-24: breakfast and lunch.</p> <p>3. The clinical record of Resident D was reviewed on 6-26-24 at 10:34 a.m. His diagnoses included, but were not limited to, left hip fracture, malnutrition, pneumonia, enlarged heart, hypertensive heart and kidney disease, diabetes and pressure ulcers. His admission Minimum Data Set assessment, dated 4-12-24, indicated he was moderately cognitively impaired, required supervision with bed mobility (turning and repositioning), eating and hygiene, required moderate assistance with toileting and was non-ambulatory.</p> <p>Resident D had been followed closely by the Registered Dietitian (RD), due to weight loss. In a visit note dated, 5-21-24, the RD identified a "significant weight loss of [sign for about] 21% since 4-9-24. At time of admission Resident did have severe edema r/t [related to congestive heart failure] CHF, though edema is under control at this time." The RD indicated Resident D's appetite was poor, with meal intakes at 73% recently. The RD's recommendations included, but were not limited to, liberalizing his diet to a regular, fortified diet to allow for higher caloric options and foods</p>						

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	<p>at each meal and additional nutritional supplements three times daily and a prescription appetite stimulant, dependent on the agreement of his physician, the resident and family.</p> <p>An RD visit note on 5-31-24, indicated Resident D had newly acquired pressure wounds. Her documented concerns were listed as poor appetite and poor intakes resulting in weight loss and decreased skin integrity. "Recent interventions in place to increase appetite through stimulant (mirtazapine)," nutritional supplements three times daily and a liberalized diet from the previous limited diabetic diet. Further RD recommendations included additional dietary supplements twice daily for "additional calorie and protein support to aid wound healing."</p> <p>The most recent RD note, dated 6-14-24, indicated Resident D continued to demonstrate significant weight loss compared to his admission weight. However, he was now demonstrating a significant weight gain in the last 2 weeks of 10%, related to medication changes and nutrition interventions put in place. "This weight gain is warranted and beneficial for overall QOL [quality of life]."</p> <p>A review of Resident D's meal intake documentation for June, 2024, or 25 days and approximately 74 meals, revealed no meal documentation on the following dates and times: -6-9-24: dinner. -6-10-24: lunch. -6-13-24: lunch. -6-14-24: breakfast, lunch and dinner.</p> <p>On 6-26-24 at 4:12 p.m., the Corporate Nurse provided a copy of a policy entitled, "Guidelines for Meal Service," with a revision date of 12-31-23. This policy indicated, "Meal intakes should be</p>						

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	recorded in the electronic health record." This citation relates to Complaint IN00436445. 3.1-46(a)(1) 3.1-46(a)(2)				