

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

PRINTED: 04/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155270		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/07/2023	
NAME OF PROVIDER OR SUPPLIER CORE OF DALE				STREET ADDRESS, CITY, STATE, ZIP COD 510 W MEDCALF ROAD DALE, IN 47523			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00402634 and Complaint IN00401133.</p> <p>Complaint IN00402634: Federal/state defeciencies related to the allegations are cited at F656.</p> <p>Complaint IN00401133: Federal/state defeciencies related to the allegations are cited at F677 and F741.</p> <p>Survey dates: March 6 & 7, 2023</p> <p>Facility number: 000170 Provider number: 155270 AIM number: 100287490</p> <p>Census Bed Type: SNF/NF: 40 Total: 3940</p> <p>Census Payor Type: Medicare: 3 Medicaid: 34 Other: 3 Total: 40</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 14, 2023.</p>			F 0000			
F 0656 SS=D Bldg. 00	<p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with</p>						

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

TITLE

(X6) DATE

Lorri Maples

Administrator

03/28/2023

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 disclosable 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>the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or</p>						

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	<p>arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the plan of care was implemented for 2 of 3 residents reviewed for wound care. Wound treatments were not provided as ordered by the physician. (Resident B, Resident C)</p> <p>Findings include:</p> <p>1. During an observation on 3/6/23 at 10:06 A.M., RN 2 completed a wound treatment to Resident B's left lower leg. RN 2 removed a dressing dated 3/5/23, cleansed the wound, and applied a new dressing per the physician's order.</p> <p>During record review on a 3/6/23 at 11:00 A.M., Resident B's diagnoses included, but were not limited to; type II diabetes, blindness in left and right eye, schizophrenia, and chronic pain.</p> <p>Resident B's most recent quarterly MDS (Minimum Data Set), dated 11/9/22, indicated the resident was cognitively intact.</p> <p>Resident B's physician orders included, but were not limited to; cleanse left lower extremity with wet washcloth, pat dry, apply triple antibiotic ointment, wrap with Kerlix due to cellulitis (initiated 1/5/23).</p> <p>Resident B's treatment administration record (TAR) for February, 2023 lacked documentation that the physicians order (cleanse left lower extremity with wet washcloth, pat dry, apply triple antibiotic ointment, wrap with Kerlix due to cellulitis) was not completed on the following</p>			F 0656	<p>It is the policy of the facility to ensure wound treatments are completed as ordered by the physician and care plans updated accordingly.</p> <p>Affected resident: (Resident B and Resident C). Facility has assessed Resident B and Resident C to ensure all treatments are completed as ordered and care plan updated.</p> <p>Potential to affect all residents. All residents were assessed, and no other residents were identified.</p> <p>Systemic Changes: All Nurses were in-serviced on completion of resident treatments as ordered on 3/10/23 and again on 3/24/23. QA tools was developed, and Director of Nursing or designee will QA completion of documenting wound treatment and care plan updates. This will be done 5 times week x 30 days, 1 x week x one month and then random audits monthly x four months and reported to QA committee monthly for 6 months or until compliance has been met.</p>		04/14/2023

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	<p>dates; 2/5/23, 2/14/23, 2/18/23, 2/21/23, and 2/22/23.</p> <p>Resident B's care plan did not include or acknowledge the resident's cellulitis or dressing to the resident's left leg, and lacked goals and interventions for the treatment and healing of the residents wound.</p> <p>During an interview on 3/6/23 at 1:45 P.M., Resident B indicated the dressing to the left lower leg does not always get changed daily and that it often does not get changed on the weekends.</p> <p>During an interview on 3/6/23 at 10:05 A.M., RN 2 indicated Resident B's dressing should be changed daily.</p> <p>2. During an observation on 3/6/23 at 1:50 P.M., Resident C was sitting her room in a wheelchair. Resident C had a wound to the right lower leg with a wound VAC (vacuum-assisted closure) attached.</p> <p>During record review on a 3/7/23 at 8:00 A.M., Resident C's diagnoses included, but were not limited to; type II diabetes, R side hemiparesis, neuropathy, psychosis, and chronic pain.</p> <p>Resident C's most recent quarterly MDS (Minimum Data Set), dated 10/27/22, indicated the residents cognition was moderately impaired, required limited assistance with transfers, and had 1 venous or arterial ulcer.</p> <p>Resident C's physician orders included, but were not limited to; cleanse area to right lower extremity with wound cleanser, pat dry, apply Nitrobid paste to periwound, do not apply to wound bed, apply wearing gloves, apply Santyl ointment to</p>						

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	<p>wound bed, cover with Adaptic, cover with abdominal pad, wrap loosely with Kerlix, change every day and as needed for dislodgement or soiling (initiated 1/24/23).</p> <p>Resident C's treatment administration record (TAR) for February, 2023 lacked documentation that the physicians order (cleanse area to right lower extremity with wound cleanser, pat dry, apply Nitrobid paste to periwound, do not apply to wound bed, apply wearing gloves, apply Santyl ointment to wound bed, cover with Adaptic, cover with abdominal pad, wrap loosely with Kerlix, change every day and as needed for dislodgement or soiling) was not completed on the following dates; 2/1/23, 2/17/23, and 2/19/23.</p> <p>Resident council minutes from a January 31, 2023 Resident Council meeting included, "people not getting bandages changed regularly."</p> <p>On 3/7/23 at , the facility administrator supplied a facility policy titled Comprehensive Care Plans, and dated 11/2017. The policy included, "It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs... The comprehensive care plan will be prepared by an interdisciplinary team, that includes, but is not limited to: The attending physician... The physician , other practitioner, or professional will inform the resident... of the risks and benefits of proposed care, of treatment, and treatment alternatives/options... Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions..."</p>						

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F 0677 SS=D Bldg. 00	<p>This federal tag relates to complaint IN00402634.</p> <p>3.1-35(a) 3.1-35(g)(2)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, interview, and record review, the facility failed to provide assistance with ADL (Activities of Daily Living) for 3 of 4 residents reviewed for bathing. Residents requiring assistance or supervision did not receive at least 2 showers a week. (Resident B, Resident D, Resident F)</p> <p>Findings include:</p> <p>1. During an observation and interview on 3/6/23 at 1:35 P.M., Resident D was laying in bed fully clothed. The resident's hair appeared to be oily. Resident D indicated they would like a shower but can not get one.</p> <p>During record review on 3/7/23 at 9:00 A.M., Resident D's diagnoses included, but were not limited to; major depression, anxiety, diabetes, and back pain. An admission assessment completed on 1/25/23 (day of admission) indicated Resident D was alert and orientated x 3 (person, place, time). Minimum Data Set (MDS) assessment for admission was not completed at time of the record review.</p>			F 0677	<p>It is the policy of the facility to provide assistance with Activities of Daily Living.</p> <p>Affected resident (Resident B, Resident D, Resident F,) Resident B, Resident D and Resident F are now receiving showers twice weekly.</p> <p>Potential to affect all resident. All resident were assess and no other residents were identified.</p> <p>Systemic Changes: All Nursing staff were in-serviced on 3/10/23 and again on 3/24/23 on completing and documenting showers given or refused at a minimum of twice weekly, QA tool was developed and Director of Nursing or designee will monitor daily. This will be ongoing and reported to QA committee.</p>		04/14/2023

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	<p>Resident D's care plan, dated 1/26/23, included, but was not limited to, Resident has ADL self-care deficit or potential for decline in ADL status and resident requires assistance with personal hygiene.</p> <p>An undated West hall shower sheet indicated Resident D was supposed to receive showers on Tuesday and Friday night shift.</p> <p>During review of Resident D's documented showers from 2/1/23 thru 3/7/23, Resident D was bathed on; 2/3/23, 2/10/23, 2/14/23, 2/17/23, and 2/21/23.</p> <p>2. During an observation and interview on 3/6/23 at 12:25 P.M., Resident F was lying in bed with their hair uncombed. Resident F indicated they received a shower on 3/5/23 but that they went 3 weeks without a shower prior to that. Resident F indicated they do not always get 2 showers/baths per week.</p> <p>During record review on 3/7/23 at 9:30 A.M., Resident F's diagnoses included, but were not limited to; schizoaffective disorder (bipolar type), chronic pain, bilateral blindness, morbid obesity, depression, anxiety, and need for personal assistance.</p> <p>Resident F's most recent quarterly Minimal Data Set (MDS) assessment, dated 2/2/23, indicated the resident had moderate cognitive impairment, and was totally dependent for bathing.</p> <p>An undated East hall shower sheet indicated Resident F was supposed to receive showers on Tuesday and Friday day shift.</p> <p>During review of Resident F's documented</p>						

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	<p>showers from 2/1/23 thru 3/7/23, Resident F was bathed on; 2/17/23, refused on 2/28/23, and bathed on 3/2/23.</p> <p>3. During an observation and interview on 3/6/23 at 1:45 P.M., Resident B sitting on the side of his bed. Resident B removed his cap to show his hair and indicated he had to wash it himself in his bathroom sink because he never receives a bath or shower at the facility. Resident B indicated he is never offered a shower on his shower days.</p> <p>During record review on 3/7/23 at 8:00 A.M., Resident B' diagnoses included, but were not limited to; type II diabetes, blindness, schizophrenia, and chronic pain.</p> <p>Resident B's most recent Admission Minimal Data Set (MDS) assessment, dated 11/9/22, indicated the resident had no cognitive impairment, and required 1 person physical assistance with bathing.</p> <p>Resident B's care plan, dated 11/2/22, included, but was not limited to, resident requires assistance with the following ADL's related to blindness, chronic pain... personal hygiene and bathing.</p> <p>An undated West hall shower sheet indicated Resident B was supposed to receive showers on Tuesday and Friday night shift.</p> <p>During review of Resident F's documented showers from 2/1/23 thru 3/7/23, Resident F was bathed on; 2/14/23 (refused), 2/21/23 (refused).</p> <p>A resident concern/grievance form filled out for Resident B on 1/23/23 included that the resident reported not receiving showers on his scheduled</p>						

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F 0741 SS=D Bldg. 00	<p>shower days.</p> <p>Resident Council minutes from a Resident Council meeting held 2/27/23 included, "CNA's telling people they don't have time. Showers not being given."</p> <p>During an interview on 3/7/23 at 10:40 A.M., CNA 3 indicated residents should receive, at minimum, 2 baths/showers per week. If a resident refuses, staff must document the refusal on a shower sheet stating how many attempts the staff member made to persuade a resident to bathe. CNA 3 indicated they can get the residents' scheduled showers 90% of the time.</p> <p>On 3/7/23 at 1:00 P.M., the Facility Administrator supplied a facility policy titled, Activities of Daily Living, and dated 10/2022, The policy included, "...Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care..."</p> <p>This Federal tag relates to complaint IN00401133.</p> <p>3.1-38(a)(3)(B)</p> <p>483.40(a)(1)(2) Sufficient/Competent Staff-Behav Health Needs</p> <p>§483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and</p>						

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	<p>diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:</p> <p>§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)].</p> <p>§483.40(a)(2) Implementing non-pharmacological interventions.</p> <p>Based on interview and record review, the facility failed to ensure sufficient staff were available to provide direct services to residents with mental and/or psychosocial disorders. Social services were not provided routinely for 2 of 4 resident reviewed with psychological diagnoses. (Resident D, Resident F)</p> <p>Findings include:</p> <p>1. During an interview on 3/6/23 at 1:35 P.M., Resident D indicated he wished to discharge from the facility and would like to talk with Social Services, however the facility did not have a Social Service worker, to his knowledge.</p> <p>During record review on 3/7/23 at 9:00 A.M. , Resident D's diagnoses included, but were not limited to; major depression disorder, anxiety, mood disorder, and insomnia. An admission assessment completed on 1/25/23 (day of</p>			F 0741	<p>It is the policy of this facility to provide sufficient staffing for direct services to residents with mental and/or psychosocial disorders.</p> <p>Affected residents (Resident D and Resident F) Resident D and F will receive follow up on concerns.</p> <p>Potential to affect all Residents: No other residents were identified.</p> <p>Facility did hire a Social Services Designee 1/2/23-1/21/23 and never showed back up or put in a notice.</p> <p>Facility has been actively searching for a Qualified Social Service Designee and did hire Lacy Beyl in facility once monthly.</p>		03/21/2023

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	<p>admission) indicated Resident D was alert and orientated x 3 (person, place, time). Minimum Data Set (MDS) assessment for admission was not completed at time of the record review</p> <p>A hospital discharge summary report dated 1/25/23 indicated the reason for Resident D's hospitalization was suicidal ideation. A history and physical report included admitting diagnoses including, but not limited to suicidal ideation and homelessness.</p> <p>A nurse practitioner (NP) visit note for Resident D, dated 2/14/23, included, "Patient was homeless (prior to admission), discussed safe (discharge) options with staff so planning can begin."</p> <p>Resident D's care plan lacked a discharge plan including goals with relative interventions.</p> <p>On 3/7/23 at 1:27 P.M., the Facility Administrator supplied an undated Social Service Director/Designee Job Description. Major duties and responsibilities included, but were not limited to, "The Social Service will participate in discharge planning, development and implementation of care plans and resident assessments."</p> <p>2. During record review on 3/7/23 at 9:30 A.M., Resident F's diagnoses included, but were not limited to; schizoaffective disorder (bipolar type), bilateral blindness, depression, and anxiety.</p> <p>Resident F's most recent quarterly Minimal Data Set (MDS) assessment, dated 2/2/23, indicated the resident had moderate cognitive impairment and experienced moderately severe depression.</p> <p>Resident F's care plan included, but was not</p>				<p>Systemic changes: Facility has hired a Social Service Designee and Started on 3/21/23. Facility will continue to employ Lacy Beyl Consulting, once a month, ongoing for 6 months, to ensure coverage is not lacking and to support the current SSD. Any concerns regarding SSD coverage/support will be addressed in monthly QA meetings for 6 months to ensure the psych/social needs of the residents are being met.</p>		

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155270		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/07/2023	
NAME OF PROVIDER OR SUPPLIER CORE OF DALE				STREET ADDRESS, CITY, STATE, ZIP COD 510 W MEDCALF ROAD DALE, IN 47523			
(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
	<p>limited to; At risk for depression as evidenced by: persistent anger with self or others, other anxiety symptoms, insomnia, withdrawal from activities of interest. Interventions included but were not limited to; Social Service to provide 1 to 1 as needed (dated 2/2/23). Presence of behavioral symptoms that me be harmful to self or others, or interfering with function or care as evidenced by: verbally abusive, physically abusive, sensory impairment. Interventions included, but were not limited to; Social service to provide 1 to 1 as needed.</p> <p>Resident F's nurse's notes form 2/1/23 to 3/7/23 included but were not limited to: 2/15/23 at 9:00 P.M., Resident on her cell phone calling 911... Resident stated in loud tone of voice, very anxious, "I cant get a hold of my son. I called three time and he didn't answer, he always answers the first attempt..." 2/10/23 at 2:10 P.M., Resident yelling out all day. Disrupting unit. 2/3/23 at 5:45 P.M., Resident yelling most of shift. Very demanding of staff. Redirection attempted with no success.</p> <p>During an interview on 3/6/23 at 8:30 A.M., the Director of Nursing (DON) indicated the social service director quit at the beginning of January 2023.</p> <p>During an interview on 3/7/23 at 9:10 A.M., the DON indicated a contracted social service staff comes to the facility once a month.</p> <p>On 3/7/23 at 1:27 P.M., the Facility Administrator supplied an undated Social Service Director/Designee Job Description. Major duties and responsibilities included, but were not limited to, "The Social Service will participate in...</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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	<p>development and implementation of care plans...</p> <p>The Social Services will advocate for residents and assist them in assertion of their rights... The Social Services will ensure that residents who display mental illness, or psychosocial difficulties such as coping with grief and loss, have access to appropriate treatment and recourses."</p> <p>This Federal tag relates to complaint IN00401133.</p> <p>3.1-37(a)</p>						