

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

PRINTED: 11/19/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155730		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/22/2024	
NAME OF PROVIDER OR SUPPLIER  RIPLEY CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 1200 WHITLATCH WAY MILAN, IN 47031			
(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	This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.  Survey dates: October 16, 17, 18, 21, and 22, 2024  Facility number: 000420 Provider number: 155730 AIM number: 100266230  Census Bed Type: SNF/NF: 81 Residential: 20 Total: 101  Census Payor Type: Medicare: 4 Medicaid: 57 Other: 20 Total: 81  These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.  Quality review completed on October 25, 2024.			F 0000			
F 0641 SS=D Bldg. 00	483.20(g) Accuracy of Assessments  Based upon record review and interview the facility failed to accurately to complete Minimum Data Set assessments for 3 of 18 residents reviewed. (Residents 5, 57, and 61)  Findings include:  1. The clinical record for Resident 5 was reviewed			F 0641	Resident #57 MDS ARD 9/27/2024 modified on 10/3/2024 by MDS Coordinator. Resident #61 MDS ARD 9/10/2024 modified on 10/29/2024 by MDS Coordinator with interviews that were completed on paper.		11/08/2024

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

TITLE

(X6) DATE

Trina Johnson

Administrator

11/08/2024

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>on 10/17/24 at 3:35 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 09/18/2024, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, hypertension, diabetes, Alzheimer's disease, anxiety, and depression. Section "O", Special Treatment and Programs, indicated the resident was receiving Hospice care. Section "J", Health Conditions, indicated the resident did not have a terminal diagnosis.</p> <p>During an interview on 10/18/24 at 11:04 A.M., the Director of Nursing (DON) indicated a local Hospice company provided care to the resident.</p> <p>During an interview on 10/22/24 at 2:21 P.M., the MDS Coordinator indicated she received information related to Hospice care from the resident's paper chart. The resident did have a terminal diagnosis and the MDS assessment should have been marked as such.</p> <p>2. The clinical record for Resident 57 was reviewed on 10/18/24 at 1:10 P.M. A Quarterly MDS assessment, dated 09/27/24, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, diabetes, hypertension, dementia, anxiety, depression, and a psychotic disorder. Section "N", Medications, indicated a gradual dose reduction (GDR) was attempted on 07/14/24 and the physician did not indicate it was contraindicated.</p> <p>A "Consultant Pharmacist Communication to Physician" form dated, 07/14/24, indicated Resident 57 received Olanzapine (an antipsychotic medication) 5 mg (milligrams) every morning for delusional disorder, and Risperidone (an antipsychotic medication) 0.25 mg every morning</p>				<p>Resident #5 MDS ARD 9/18/2024 modified on 10/22/2024 by MDS Coordinator.</p> <p>MDS/Reimbursement Consultants completed an audit on 11/1/2024 of the last OBRA MDS for all residents on antipsychotics to ensure GDRs were coded correctly in Section N. Modifications completed by 11/1/2024 for any MDSs found incorrect.</p> <p>MDS/Reimbursement Consultants completed an audit on 11/1/2024 of Sections C and D of the most recent OBRA MDSs for all residents for any other assessments dashed. No other dashes found on Sections C and D.</p> <p>MDS/Reimbursement Consultants completed an audit on 11/1/2024 of the last OBRA assessment for all Hospice resident of O0100K and J1400 to ensure accurate coding. Modifications completed on 11/1/2024 for any MDSs found inaccurate.</p> <p>Education provided to facility MDS Coordinators on 11/8/2024 by the MDS/Reimbursement Consultants for accurate coding of GDR is Section N and accurate coding of O0100K and J1400.</p> <p>Education provided to facility MDS Coordinator and facility social services director on 11/11/2024 by MDS/Reimbursement Consultants on timely interview and MDS completion.</p>		

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	<p>and 0.5 mg at bedtime for delusional disorder were to be continued as prescribed. The form was signed by the psychiatric nurse practitioner on 07/15/24.</p> <p>During an interview on 10/22/24 at 2:26 P.M., the MDS Coordinator indicated she received GDR information from the Social Service Director (SSD).</p> <p>During an interview on 10/22/24 at 2:28 P.M., the SSD indicated he was unsure why the MDS assessment documentation said a GDR had been done when it had not.</p> <p>During an interview on 10/22/24 at 2:42 P.M., the MDS Coordinator indicated the facility did not have a policy related to MDS assessments. She followed the Resident Assessment Instrument (RAI) manual.</p> <p>3. The clinical record for Resident 61 was reviewed on 10/21/24 at 9:16 A.M. A Quarterly MDS assessment, dated 09/10/24, indicated the resident was "not assessed" for section "C", Cognitive Patterns, and section "D", Mood".</p> <p>During an interview on 10/22/24 at 2:30 P.M., the MDS Coordinator indicated she was unaware as to why sections C and D, for the Quarterly MDS assessment, dated 09/10/24, were not assessed and the SSD completed those sections.</p> <p>During an interview on 10/22/24 at 2:34 P.M., the SSD indicated he filled out sections C and D on the MDS assessments. Sections C and D were completed on all Quarterly, Annual, and Significant Change assessments. He did not know why the sections were not completed.</p> <p>The Progress Notes for September 2024, were provided by the MDS Coordinator on 10/22/24 at</p>				<p>MDS/Reimbursement Consultants will conduct audits starting on 11/4/2024 weekly X4 weeks then monthly for no less than 3 months on all OBRA assessments completed to ensure accurate coding of GDRs in Section N, accurate coding of O0100K and J1400 for hospice residents, and timely interview and MDS completion of Sections C and D. Findings will be submitted to the monthly QAPI Committee for review and further recommendations for a minimum of three (3) months or until audit compliance is maintained at 100% then on-going per routine QAPI reviews.</p>		

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F 0698 SS=D Bldg. 00	<p>3:01 P.M., and included, but were not limited to, the following:</p> <p>- A Social Service note, dated 09/09/24 at 10:28 A.M., indicated the SSD had followed up with the resident. The resident voiced that she felt down due to their family being unable to visit due to their health.</p> <p>3.1-31(c)(6) 3.1-31(c)(13) 3.1-31(c)(3) 3.1-31(c)(7)</p> <p>483.25(l) Dialysis</p> <p>Based on interview, observation, and record review, the facility failed to adequately monitor a dialysis access site for 1 of 1 resident that received dialysis treatments. (Resident 42)</p> <p>Findings include:</p> <p>During an interview on 10/16/24 at 1:29 P.M., Resident 42 indicated he received dialysis treatments three days a week. He had an arteriovenous (AV) shunt (an abnormal connection between an artery and a vein used for dialysis) in his left arm. The nurses at the facility did not assess the shunt, they did put a numbing cream on his arm before he went out to dialysis.</p> <p>The resident's left arm was observed on 10/22/24 at 2:07 P.M. there was no swelling, drainage, or signs of infection at the shunt site.</p> <p>During an interview on 10/22/24 at 9:56 A.M., Licensed Practical Nurse (LPN) 2 indicated the resident went out for dialysis on Mondays,</p>			F 0698	<p>Resident 42's order was updated to assess the dialysis shunt every shift for thrill and bruit, swelling, pain, and change in temperature. There are no other residents on dialysis at this time.</p> <p>The Director of Nursing or designee will monitor nursing to ensure they are checking the site as ordered. The Director of Nursing or designee will monitor the emar to ensure the site is being checked per physician's order daily, Monday through Friday for 2 weeks, then weekly for 4 weeks, then monthly for no less than 3 months.</p> <p>Findings will be submitted to the QAPI committee for review and further recommendations for a minimum of 3 months or until audit compliance is maintained at 100% then ongoing per QAPI reviews.</p>		10/23/2024

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	<p>Wednesdays, and Fridays. He had a shunt in his arm for dialysis. On dialysis days the nurses were to fill out a form that went with the resident to dialysis. They would check and document the resident's vital signs, weigh him, and assess the dialysis shunt before he left and then again when he returned from dialysis. She did not assess the shunt on days the resident didn't go out for dialysis.</p> <p>The resident's clinical record was reviewed on 10/21/24 at 11:13 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/07/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, End Stage Renal Disease (ESRD), diabetes, and heart failure. The resident received dialysis treatments.</p> <p>The resident's current physician's orders included an open-ended order, with a start date of 11/23/23, to assess the resident's dialysis shunt every shift for thrill and bruit, swelling, pain, and change in temperature. The physician's order did not appear on the resident's Electronic Medication Administration Record/Electronic Treatment Administration Record (EMAR/ETAR ). The shunt assessment was documented on the dialysis form on the days the resident went out for dialysis but was not routinely assessed on non-dialysis days.</p> <p>During an interview on 10/22/24 at 1:22 P.M., the Director of Nursing (DON) indicated the nurses should be looking at the resident's dialysis shunt every shift. There was a physician's order in the computer but there was nowhere to document any assessments. The order didn't show up on the EMAR/ETAR. The nurses probably didn't assess the dialysis shunt every shift because the order</p>						

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F 0921 SS=E Bldg. 00	<p>wasn't there to tell them to do it.</p> <p>The resident's current dialysis care plan, initiated on 11/10/23, included, but was not limited to, the following interventions:</p> <p>- Assess bruit and thrill every shift.</p> <p>The current facility policy, titled "Hemodialysis", dated 01/13/22, was provided by the DON on 10/22/24 at 1:32 P.M. The policy indicated, "...The nurse will ensure that the dialysis access site (e.g. AV shunt or graft) is checked before and after dialysis treatments and every shift as ordered by nephrologist for patency by auscultating for a bruit and palpating for a thrill. If absent, the nurse will immediately notify the attending physician, dialysis facility and/or nephrologist..."</p> <p>3.1-37(a)</p> <p>483.90(i)</p> <p>Safe/Functional/Sanitary/Comfortable Environ</p> <p>Based on interview, observation, and record review, the facility failed to provide safe water temperatures between 100 degrees and 120 degrees Fahrenheit per the federal guidelines for 10 of 11 residents' bathroom water access observed. (Rooms 201, 301, 302, 303, 304, 307, 308, 402, 403, and 404)</p> <p>Findings include:</p> <p>During an interview and observation on 10/17/24 at 10:35 A.M., Resident 61 indicated the water was hot but she had never been burned. The resident was standing at the sink in her room combing her hair and was able to safely walk around her room unassisted. The water stream was too hot to keep</p>			F 0921	<p>Facility purchased 2 mixing valves to install along with 1 that we had. Mixing valves will be installed by 11/27/2024.</p> <p>The water temperature will be set with the new mixing valves to maintain the temperature between 100 degrees Fahrenheit to 120 degrees Fahrenheit for all residents on the affected wings. The Maintenance Supervisor will monitor temperatures daily, Monday through Friday, for 3 weeks. Then weekly for 5 weeks, then monthly for 4 months. The water temperature checks will</p>		11/27/2024

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	<p>a hand under the water flow without discomfort.</p> <p>During an interview and observation on 10/17/24 at 10:58 A.M., Resident 33 indicated she had not had any problems with the water being too hot. The resident was able to propel herself in her wheelchair unassisted and walk with her walker. The water stream was too hot to keep a hand under the water flow without discomfort.</p> <p>During an interview and observation on 10/17/24 at 11:03 A.M., Resident 28 indicated the water took a while to get hot. She had never gotten burned by the water. The resident was able to propel herself in her wheelchair unassisted. The water stream was too hot to keep a hand under the water flow without discomfort.</p> <p>On 10/17/24 at 11:00 A.M., the following water temperatures were checked using a probe thermometer:</p> <ul style="list-style-type: none"> <li>- Rooms 301 and 302's shared bathroom sink, 120.4 degrees Fahrenheit,</li> <li>- Rooms 303 and 304's shared bathroom sink, 127.8 degrees Fahrenheit, and</li> <li>- Rooms 307 and 308's shared bathroom sink, 124.7 degrees Fahrenheit.</li> </ul> <p>Random water temperatures were observed with the Maintenance Director on 10/17/24 at 11:48 A.M. Upon entering room 402, he filled a plastic cup with hot water from the sink in the room and placed his thermometer in the cup. He indicated he thought the entire probe of the thermometer needed to be covered with water. He then tested the water temperatures by holding the tip of the facility's thermometer probe under the hot running</p>				<p>be reviewed by the Administrator. Findings will be submitted to the QAPI committee for review and further recommendations for a minimum of 3 months or until audit compliance is maintained at 100% then ongoing per QAPI reviews.</p>		

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	<p>water and obtained the following temperatures:</p> <p>- Room 402, the sink in the room, 128 degrees Fahrenheit,</p> <p>- Room 404, the sink in the room, 126 degrees Fahrenheit, the Maintenance Director said, "Oww," while having his fingers under the flow of water, and</p> <p>- Room 403, the sink in the room, 125 degrees Fahrenheit.</p> <p>The Maintenance Director indicated he tried to keep the water temperatures at 120 degrees. He tested random rooms once a month. Each wing had a separate water heater for the resident rooms. When he tested water temperatures, he would sometimes get 125 degrees, but he did not know why because the water was circulated.</p> <p>The hot water heater on the 400 Hall was observed with the Maintenance Director on 10/17/24 at 1:42 P.M. The Maintenance Director pointed out the thermometer in the main water line coming off the hot water heater. He indicated he had turned down the blending/mixing valve to cool down the water and it had felt a little stuck when he had adjusted the valve.</p> <p>Water temperatures in sinks in residents' rooms and bathrooms were observed with the Maintenance Director on 10/22/24 at 10:43 A.M., and included, but were not limited to, the following:</p> <p>- Room 201, the sink in the private bathroom, 95.1 degrees Fahrenheit,</p> <p>- Rooms 301 and 302's shared bathroom sink, 99.3</p>						

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	<p>degrees Fahrenheit,</p> <p>- Rooms 303 and 304's shared bathroom sink, 93.5 degrees Fahrenheit,</p> <p>- Rooms 307 and 308's shared bathroom sink, 102.3 degrees Fahrenheit,</p> <p>- Room 402, the sink in the room, 109.5 degrees Fahrenheit,</p> <p>- Room 404, the sink in the room, 108.8 degrees Fahrenheit, and</p> <p>- Room 409, the sink in the room, 106.3 degrees Fahrenheit.</p> <p>The Water Temperature log sheets for 2024 were provided by the Administrator on 10/17/24 at 12:31 P.M., and indicated the following:</p> <p>- The 200 Hall residents' rooms ranged between 111 and 112 degrees Fahrenheit in August, September, and October,</p> <p>- The 300 Hall, all residents' rooms tested at 114 degrees Fahrenheit in August, September, and October, and</p> <p>- The 400 Hall, all residents' rooms tested at 112 degrees Fahrenheit in August, September, and October.</p> <p>During an interview on 10/22/24 at 11:06 A.M., the Maintenance Director indicated he had gotten a new thermometer for testing water temperatures, he had turned down the temperature on the water heaters because it was too hot, and the water temperatures should be between 110 and 120 degrees.</p>						

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R 0000  Bldg. 00	<p>During an interview on 10/22/24 at 11:09 A.M., the Administrator indicated they did not have a policy related to water temperatures, they followed the federal guidelines.</p> <p>3.1-19(r)(1) 3.1-19(r)(2)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: October 16, 17, 18, 21, and 22, 2024</p> <p>Facility number: 000420</p> <p>Residential Census: 20</p> <p>Ripley Crossing was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed on October 25, 2024.</p>			R 0000			