

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

PRINTED: 02/22/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155148		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2024	
NAME OF PROVIDER OR SUPPLIER NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 650 FAIRWAY DR EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 Complaint IN00426893.</p> <p>Complaint IN00426893- Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Survey dates: January 29, 30, 2024.</p> <p>Facility number: 000069 Provider number: 155148 AIM number: 100288980</p> <p>Census Bed Type: SNF: 9 SNF/NF: 83 Total: 92</p> <p>Census Payor Type: Medicare: 3 Medicaid: 63 Other: 26 Total: 92</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 1, 2024.</p>			F 0000	<p><u>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 of any violation of regulation.</u></p> <p>- <u>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Compliant Survey Revisit on or after 2/15/24</u></p>		
F 0677 SS=D Bldg. 00	<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 interview and record review, the facility failed to provide ADL (activities of daily living)</p>			F 0677	<p>What corrective action(s) will be accomplished for those</p>		02/15/2024

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

TITLE

(X6) DATE

Brandie Snyder, RN

DNS

02/13/2024

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>care for 3 of 3 resident's reviewed for bathing. Bathing was not provided to residents. (Resident B, Resident C, Resident D)</p> <p>Finding includes:</p> <p>1. On 1/29/24 at 9:50 a.m., Resident B indicated his showers are lacking, he has had a few bed baths, staff helped him change his diaper and get dressed that morning so he could go to therapy. Resident B indicated staff handed him his deodorant and he put it on, but did not wash him including using wipes on his bottom. Resident B indicated when was at home he took two showers a day.</p> <p>On 1/29/24 at 11:24 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, acute metabolic acidosis, chronic obstructive pulmonary disease, hypertensive heart disease with heart failure. Resident B was admitted to the facility on 12/15/23.</p> <p>An admission MDS (Minimum Data Set) assessment, dated 12/21/23, indicated Resident D's cognition was intact, shower-dependent, personal hygiene - dependent.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>Resident requires assistance with ADL's including bed mobility, transfers, eating and toileting related to: weakness, decreased mobility, incontinence, fall risk, advanced age, hypertensive heart disease w/heart failure, bradycardia, acidosis, hypokalemia, hypomagnesemia, BPH w/lower urinary tract symptoms et obstructive uropathy, retention of urine, alcohol dependence, alcoholic hepatitis, COPD, adult failure to thrive, HTN,</p>				<p>residents found to have been affected by the deficient practice?</p> <p>Resident B was offered and received a shower on 1/30/24 and has continued to be offered a shower on his regular shower days.</p> <p>Resident D was offered and received a shower on 1/30/24 and has continued to be offered a shower on his regular shower days.</p> <p>Resident C was offered and received a bed bath on 1/30/24 and has continued to be offered a bed bath on her regular shower days per her request.</p> <p>Licensed staff in-serviced on shower compliance on 1/31/24</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>Shower schedule audit conducted on 1/31/24 and on-going to ensure all showers are scheduled per resident preference.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Daily audits will be completed by the DNS/designee to ensure residents are receiving</p>		

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	<p>A-FIB, anemia, HLD, depression, hereditary and idiopathic neuropathy, GERD, DX constipation. Approach included, but was not limited to, assist with bathing as needed per resident preference. Offer showers two times per week, partial bath in between...start date 12/20/23.</p> <p>Current shower sheets were reviewed and Resident B was scheduled to receive showers on Sunday and Wednesday evening shift.</p> <p>Shower days for December 2023 were: 12/20, 12/24, 12/27, 12/31</p> <p>Shower days for January 2024 were: 1/3, 1/7, 1/10, 1/14, 1/17, 1/21, 1/24, 1/28, 1/31</p> <p>Point of care history for bathing was reviewed and contained the following for December 2023 and January 2024:</p> <p>12/18- PBB (partial bed bath) 12/20- shower 12/21- PBB 12/26- PBB 12/27- PBB</p> <p>1/2- PBB 1/4- PBB & CBB (complete bed bath) 1/8- shower 1/10- PBB 1/11- shower 1/12- PBB 1/17- CBB 1/18- PBB 1/25- shower 1/26- CBB</p> <p>Shower report sheets for December 2023 and January 2024 were reviewed. Shower sheets</p>				<p>baths/showers per shower preferences.</p> <p>An in-service will be completed by ED/DNS monthly with nursing staff regarding shower compliance.</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 put into place?</p> <p>The DNS/designee will be responsible for the completion of a shower/bath compliance tool weekly times 4 weeks, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</p>		

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	<p>included an area for staff to initial two times re-attempts for shower, a signature box for resident to sign if they refused shower.</p> <p>12/27- refused shower, not initialed by staff for re-attempts, not signed by resident 12/20 - shower</p> <p>1/3- CBB 1/6- refused shower- initialed by staff 2 attempts, not signed by resident 1/8- shower 1/10- refused shower, not initialed by staff or signed by resident, comments : wants shower @ 5 am -:30 (1/11/24) am going to ask that PT give shower due to morning rush 1/17- refused shower signed by resident for refusal 1/24- refused shower x 3 not initialed by staff or signed by resident 1/26- CBB</p> <p>No bathing refusals were in the clinical record for the days with no bathing documented.</p> <p>2. On 1/29/24 at 12:36 p.m., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, Parkinson's disease, type 2 diabetes mellitus with diabetic poluneuropathy, unilateral primary osteoarthritis of left knee. A quarterly MDS (Minimum Data Set) assessment, dated 1/16/24, indicated Resident C's cognition was intact, shower/bathe self- supervision or touching assist.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>[name] requires assistance with ADL's including bed mobility, transfers, eating and toileting related</p>						

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	<p>to weakness, decreased mobility, incontinence at times, Parkinson's disease without dyskinesia, DM 2 w/diabetic polyneuropathy, HTN, HLD, hypothyroidism, chronic pain syndrome, depression, insomnia, mononeuropathy of bilateral lower limbs, BPH, constipation, allergic rhinitis, dysphagia, osteoarthritis left knee. Approach included, but was not limited to, assist with bathing as needed per resident preference. Offer showers two times per week, partial bathing in between, start date 10/26/23.</p> <p>On 1/29/24 at 1:11 a.m., Resident C indicated they got their showers and bathing most of the time, but not always, shower days were Monday, Wednesday, and Friday.</p> <p>Current shower sheets were reviewed and Resident C was scheduled to receive showers Monday, Wednesday, and Friday day shift.</p> <p>Shower days for December 2023 were: 12/1, 12/4, 12/6, 12/8, 12/11, 12/13, 12/15, 12/18, 12/20, 12/22, 12/25, 12/27, 12/29</p> <p>Shower days for January 2024 were: 1/1, 1/3, 1/5, 1/8, 1/10, 1/12, 1/15, 1/17, 1/19, 1/22, 1/24, 1/26, 1/19, 1/31.</p> <p>Point of care history for bathing was reviewed and contained the following for December 2023 and January 2024:</p> <p>12/2- PBB 12/3- PBB 12/4- shower 12/7- PBB 12/9- PBB 12/11- shower 12/14- PBB</p>						

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	12/15- shower 12/16- shower 12/18- PBB 12/24- PBB 12/25- shower 12/31- PBB 1/3- shower 1/8- PBB 1/12- shower 1/13- PBB 1/15- shower 1/17- shower 1/26- PBB 1/29- PBB Shower report sheets for December 2023 and January 2024 were reviewed. Shower sheets included an area for staff to initial two times re-attempts for shower, a signature box for resident to sign if they refused shower. 12/4- shower 12/6- shower 12/9- shower 12/11- left blank not signed by staff 12/14- shower 12/15- shower 12/18- shower 12/20- shower 12/25- shower 12/28- shower 1/3- shower 1/5- shower 1/8- left blank not signed by staff 1/12- shower 1/15- shower 1/17- shower 1/22- shower				

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	<p>1/27- shower</p> <p>No bathing refusals were in the clinical record for the days with no bathing documented.</p> <p>On 1/30/24 at 10:00 a.m. a facility concern/grievance form dated 1/5/24 for Resident C was reviewed and included the following: Nature of concern: Resident states he is only getting 1 shower a week. He states he use to get 3 a week on the other unit. Department Head review and action: Spoke to resident about showers, explained when he switched rooms the shower days are 2 x a week. Writer also explained if he would like 3 x a week for showers I can update the shower sheet so he can have 3 a week. Writer also stated we would speak with staff about showers.</p> <p>3. On 1/30/24 at 9:50 a.m., Resident D indicated they did not get their shower last night, staff will mark refusals, but they just don't wake them up, sometimes they get a shower the next day. Resident D indicated staff did not wash them today only dressed them.</p> <p>On 1/30/24 at 10:18 a.m., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, spinal stenosis, lumbosacral region, spinal stenosis, cervical region, contracture right shoulder, contracture right elbow. A quarterly MDS (Minimum Data Set) assessment, dated 12/8/23, indicated Resident D's cognition was intact, shower/bathe self- partial moderate assistance.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>Resident requires assistance with ADL's including</p>						

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	<p>bed mobility, transfers, eating and toileting related to: weakness, decreased mobility, impaired balance, impaired mobility to BUE et BLE, incontinence, fall risk, ...spinal stenosis, contracture right shoulder/left elbow/right hand...Approach included, but was not limited to, assist with bathing as needed per resident preference. Offer showers two times per week in the AM, partial bath in between.</p> <p>Current shower sheets were reviewed and Resident D was scheduled to receive showers on Monday and Thursday night shift.</p> <p>Shower days for December 2023 were: 12/4, 12/7, 12/11, 12/24, 12/18, 12/21, 12/25, 12/28</p> <p>Shower days for January 2024 were: 1/1, 1/4, 1/8, 1/11, 1/15, 1/18, 1/22, 1/25, 1/29</p> <p>Point of care history for bathing was reviewed and contained the following for December 2023 and January 2024:</p> <p>12/4 CBB 12/5- CBB 12/7- CBB 12/11-CBB 12/16- PBB 12/17- PBB 12/20- PBB 12/23- PBB 12/31- CBB</p> <p>1/1- PBB 1/7-PBB 1/8- PBB 1/12- CBB 1/22- CBB</p>						

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	<p>1/25- PBB 1/29- PBB</p> <p>Shower report sheets for December 2023 and January 2024 were reviewed. Shower sheets included an area for staff to initial two times reattempts for shower, a signature box for resident to sign if they refused shower.</p> <p>12/4- comments: was charted that her bath was already done, not signed by staff or resident 12/8- CBB 12/11- written by staff: BB morning before she gets up. Not signed by staff or resident 12/15- Comments: refused, no initialed by staff for reattempts, not signed by resident</p> <p>1/11- CBB 1/12- CBB 1/16- CBB 1/21- CBB 1/22- CBB</p> <p>No bathing refusals were in the clinical record for the days with no bathing documented.</p> <p>A anonymous interview indicated when a shower is done, the CNA fills out a shower sheet, the nurse looks at it to ensure it was done, if a shower is refused by the resident, staff are supposed to attempt again, let the nurse know, and have the resident sign the shower sheet for refusal, they believe staff sometimes are signing that a resident refuses a shower when the resident didn't refuse.</p> <p>On 1/30/24 at 12:18 p.m., CNA 1 indicated is a resident refuses a shower, staff are supposed to reattempt twice and sign the sheet, tell the nurse, have the resident sign for refusal on the third attempt.</p>						

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	<p>On 1/30/24 at 12:35 p.m., the DON indicated the facility does not have a specific policy on bathing or ADL's.</p> <p>On 1/30/24 at 12:40 p.m., the DON provided the current policy on resident rights with an original date of 11/15. The policy included, but was not limited to: In accordance with this right to dignity and respect, residents are entitled to all of the freedoms and privileges of any other citizen...(20) Residents have the right to be suitably dressed at all times and given assistance when needed in maintaining body hygiene and good grooming...</p> <p>This citation relates to Complaint IN00426893.</p> <p>3.1-38(b)(2)</p>						