

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

PRINTED: 09/20/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155292		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/29/2023	
NAME OF PROVIDER OR SUPPLIER  AMERICAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 2026 EAST 54TH ST INDIANAPOLIS, IN 46220			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00415131 and Complaint IN00416297.</p> <p>Complaint IN00415131- Federal/state deficiencies related to the allegations are cited at F0692 and F0770.</p> <p>Complaint IN00416297- No Federal/state deficiencies cited.</p> <p>Survey dates: August 28 and 29, 2023</p> <p>Facility number: 000189 Provider number: 155292 AIM number: 100267330</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 8 Medicaid: 77 Other: 40 Total: 125</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 31, 2023</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 in order to respond to the allegation of noncompliance cited during a Recertification and State Licensure survey on August 29, 2023. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0692 SS=D Bldg. 00	<p>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</p>						

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

TITLE

(X6) DATE

Gina Couch

Executive Director

09/15/2023

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>resident's comprehensive assessment, the 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.</p> <p>Based on interview and record review, the facility failed to monitor and record fluid intake and urine output from a urinary catheter accurately for 1 of 3 residents reviewed for hospitalization. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 8/28/23 at 10:30 a.m. The Resident's diagnosis included, but were not limited to, hypertension and fractured left hip. She was discharged from the facility on 7/21/23.</p> <p>A care plan, initiated 5/19/23, indicated that Resident B was at risk for fluid imbalance due to her muscle weakness, difficulty in walking, fractured left hip, hypertension dementia, and diuretic (water pill) medication. The goal was for her to remain free from signs and symptoms of fluid volume deficit (dehydration). The approaches included, but were not limited to,</p>			F 0692	<p>F 692 – Nutrition/Hydration Status Maintenance</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>Resident B has been discharged from the facility.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>All residents have the potential to be affected by the alleged deficient practice.</li> <li>DNS/Designee will conduct an in-service with all nursing staff on fluid intake and documentation of urine outputs for residents with</li> </ul>		09/18/2023

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	<p>record intake, initiated 5/19/23, labs as ordered, initiated 5/19/23, and administer medications as ordered, initiated 5/19/23.</p> <p>A physician's order, dated 5/24/23, indicated that catheter care was to be done and the nurse was to record urinary output every shift.</p> <p>A Dietician Review, dated 5/23/23, indicated that Resident B had an estimated fluid need of 1510 to 1760 ml (milliliter) daily.</p> <p>An Admission MDS (Minimum Data Set) Assessment, completed 5/25/23, indicated she had severe cognitive impairment, needed extensive assist of 2 staff members for bed mobility, limited assist of 1 staff member for eating, had received a diuretic (water pill) daily and had an indwelling urinary catheter.</p> <p>A care plan, initiated 5/31/23, indicated Resident B had an indwelling urinary catheter. The goal was for her to have her catheter care managed appropriately as evidenced by not exhibiting signs of urinary tract infection or urethral trauma. The approaches included, but were not limited to, staff to record urinary output in ml, initiated 5/31/23, encourage fluids, initiated 5/31/23, and report signs of urinary tract infections, initiated 5/31/23.</p> <p>The oral intake record for July 2023 was missing documentation of the amounts of food and fluid consumed during meals on the following days: 7/1, 7/2, 7/3, 7/4, 7/7, 7/8, 7/9, 7/12, 7/13, 7/15, and 7/16/2023.</p> <p>The July 2022 TAR (Treatment Administration Record) did not contain the amount of urinary output for each shift.</p>				<p>foley catheters.</p> <ul style="list-style-type: none"> <li>DNS/Designee ensured all other residents with catheters output was monitored per physician order.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>DNS/Designee will conduct an in-service with all nursing staff on fluid intake and documentation of urine outputs for residents with foley catheter.</li> <li>Fluid intake results to be audited daily in clinical meeting.</li> <li>Urine output documentation for residents with foley catheters to be reviewed daily in clinical meeting.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>POC QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director</li> <li>If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</li> </ul>		

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F 0770 SS=D Bldg. 00	<p>During an interview on 8/28/23 at 12:15 p.m., LPN (Licensed Practical Nurse) 2 indicated that the staff assisted Resident B in eating her meals and taking fluids. Resident B did not eat well and would refuse food and fluids.</p> <p>During an interview on 8/29/23 at 1:41 p.m., the Director of Nursing indicated the physician's order for catheter care and to record urinary output had been entered into the electronic health record incorrectly, and the urinary output should have been recorded in milliliters each shift.</p> <p>On 8/29/23 at 11:21 a.m., the Director of Nursing provided the Hydration Management policy, last revised 11/2017, which read "...11. Nursing staff is responsible for documenting fluid intake at mealtime in the EMR [Electronic Medical Record]. 12. Nursing staff is responsible for documenting all fluid intake in the EMR for his/her assigned residents on each shift..."</p> <p>On 8/29/23 at 1:52 p.m., the Nurse Consultant provided the Indwelling Urinary Catheter Care, Emptying Drainage Bag and Catheter Removal Nursing Policy and Procedure- Nursing Skills, last reviewed 12/2012, which read "...Emptying a Urinary Catheter Bag...12. Measure and accurately record amount of urine..."</p> <p>This Federal tag relates to complaint IN00415131.</p> <p>3.1-46(2)(b)</p> <p>483.50(a)(1)(i) Laboratory Services §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs</p>						

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	<p>of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>(i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter.</p> <p>Based on interview and record review, the facility failed to timely obtain labs, as ordered by the physician for 1 of 3 residents reviewed for hospitalization. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 8/28/23 at 10:30 a.m. The Resident's diagnosis included, but were not limited to, hypertension and fractured left hip. She was discharged from the facility on 7/21/23.</p> <p>A care plan, initiated 5/19/23, indicated that Resident B was at risk for fluid imbalance due to her muscle weakness, difficulty in walking, fractured left hip, hypertension dementia, and diuretic (water pill) medication. The goal was for her to remain free from signs and symptoms of fluid volume deficit (dehydration). The approaches included, but were not limited to, record intake, initiated 5/19/23, labs as ordered, initiated 5/19/23, and administer medications as ordered, initiated 5/19/23.</p> <p>An Admission MDS (Minimum Data Set) Assessment, completed 5/25/23, indicated she had severe cognitive impairment, needed extensive assist of 2 staff members for bed mobility, limited assist of 1 staff member for eating, had received a diuretic (water pill) daily and had an indwelling urinary catheter.</p>			F 0770	<p>F770 Laboratory Services</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>Resident B has been discharged from this facility.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>All residents receiving labs have the potential to be affected by the alleged deficiency.</li> <li>Full audit of labs to be completed by DNS/Designee.</li> <li>DNS/Designee will conduct an in-service with all licensed nurses and QMAs on timeliness of labs.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>The DNS/designee will review the previous day labs daily in clinical meeting.</li> <li>DNS/Designee will conduct an in-service with all licensed</li> </ul>		09/18/2023

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	<p>A care plan, initiated 5/31/23, indicated Resident B had an indwelling urinary catheter. The goal was for her to have her catheter care managed appropriately as evidenced by not exhibiting signs of urinary tract infection or urethral trauma. The approaches included, but were not limited to, staff to record urinary output in ml, initiated 5/31/23, encourage fluids, initiated 5/31/23, and report signs of urinary tract infections, initiated 5/31/23.</p> <p>A NP (Nurse Practitioner) Progress Note, dated 7/10/23, indicated Resident B was being seen for hematuria (blood in urine). Resident B had an indwelling urinary catheter which was draining blood-tinged urine. The plan was to obtain a CBC (Complete Blood Count), a BMP (Basic Metabolic Panel) and a urinalysis with culture and sensitivity.</p> <p>A physician's order, dated 7/10/23, indicated to obtain a UA (Urinalysis) with C&amp;S (Culture and Sensitivity). The order was discontinued on 7/16/23.</p> <p>A physician's order, dated 7/11/23, indicated to obtain a BMP and CBC without Differential. The order was discontinued on 7/11/23.</p> <p>A NP Progress Note, dated 7/17/23, indicated Resident B was being seen for an acute visit due to lethargy. Labs and urine were ordered last week but had not been obtained. The plan was to obtain a CBC and BMP STAT (right away) for lethargy and that the UA had already been obtained.</p> <p>A physician's order, dated 7/18/23, indicated to obtain a BMP and CBC with differential.</p>				<p>nurses and QMAs on timeliness of labs.</p> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>POC QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director</li> <li>If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</li> </ul>		

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	<p>A NP Progress Note, dated 7/18/23, indicated that Resident B was being seen for an acute visit due to being lethargic and having poor intake. Labs had been ordered but were not done.</p> <p>A physician's order, dated 7/19/23, indicated to obtain a BMP and CBC.</p> <p>A NP Progress note, dated 7/20/23, indicated that Resident B was being seen for an acute visit due to inability to draw labs, poor intake, and lethargy. Resident B was very lethargic and eating and drinking poorly. The lab had attempted to draw her blood work but was unable to obtain the specimens. Resident B's oral mucosa was very dry. A midline (type of intravenous catheter) had been placed and IV fluids were being started, and labs should be reattempted later.</p> <p>A physician's order, dated 7/20/23, indicated to obtain a BMP and CBC STAT.</p> <p>A NP Progress note, dated 7/21/23, indicated Resident B was being seen for an acute visit due to critical labs. Resident B had been started on IV fluids for dehydration and her lab work had been drawn. The lab results showed acute renal failure. She was being sent to the acute care hospital for treatment.</p> <p>During an interview on 8/29/23 at 9:30 a.m., the DON (Director of Nursing) indicated Resident B had refused to have the BMP and CBC drawn on 7/10/23. She was not sure why it had not been reattempted. The order for the BMP and CBC on 7/18/23 had been entered into the electronic health record, however it had not shown on the lab draw list for the lab technician to collect.</p>						

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	<p>On 8/29/23 at 9:38 a.m., the LB (Lab Representative) 3 was interviewed with the DON. LB3 indicated the lab had received a Urinalysis sample on 7/13/23, but it had not been correctly labeled so it could not be used.</p> <p>During an interview on 8/29/23 at 1:20 p.m., NP 4 indicated that if a resident refuses to have labs drawn, she expected that the lab would attempt to recollect the next day. NP 4 would have liked to have the lab results in order to treat Resident B. The Urinalysis had been completed on 7/17/23 and would not have been treated with antibiotics due to the colony count of bacteria being below 100,000.</p> <p>On 8/29/23 at 11:21 a.m., the DON provided the Lab and Diagnostics policy, dated 11/2017, which read "...Policy: It is the Policy of American Senior Communities to provide or obtain laboratory and diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services..."</p> <p>This Federal tag relates to complaint IN00415131.</p> <p>3.1-49(a)</p>						