STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155238	A. BUILDING 00 B. WING	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
YORKTOWN MANOR	2000 S ANDREWS RD YORKTOWN, IN 47396

(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 the Investigation of Complaint IN00419033. Complaint IN00419033 - Federal/State deficiency related to the allegation is cited at F684. Survey date: October 12, 2023 Facility number: 000143 Provider number: 155238 AIM number: 100283890 Census Bed Type: SNF/NF: 62 Total: 62 Census Payor Type: Medicare: 4 Medicaid: 46 Other: 12 Total: 62 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed October 20, 2023.	F 0000	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective ¿October 30, 2023, to the Complaint Survey completed on October 12, 2023. We respectfully request a desk review for paper compliance.	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennifer Bailey	Administrator	10/26/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	comprehensive person-centered care plan, and the residents' choices. Based on record review, interview and observation, the facility failed to ensure wound care was provided per physician order for 1 of 3 residents reviewed for wound care. (Resident E) Findings include: The clinical record for Resident E was reviewed on 10/12/23 at 12:54 a.m. Diagnoses include orthopedic aftercare for surgical amputation, diabetes type 2, dementia, and nutritional deficiency. Review of the physician orders indicated to cover left below the knee amputation site incision with 4x4 gauze, wrap stump with roll bandage, then wrap with an elastic bandage, once daily (10/12/23). During an observation with the Director of Nursing (DON) on 10/12/23 at 12:12 p.m., Resident E was sitting up in a wheelchair in their room. Their left leg stump area was wrapped in an elastic bandage. The DON removed the elastic bandage from the resident's left leg surgical site stump. Upon removal of the elastic bandage, no gauze dressing was observed on the incision. The DON indicated the incision site should have had a dressing under the elastic bandage, per physician order. The resident was unable to verbalize when the dressing had been last changed. The DON indicated the resident would not have been able to remove the dressing and replace the bandage. Review of the October 2023 Treatment Administration Record indicated the resident's dressing had been last changed on 10/11/23.	F 0684	F – 684 Quality of Care It is the practice of Yorktown Manor that all residents are provided wound care per physician's orders. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident E's dressing was immediately changed to comply with physician's orders. MD was notified. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents receiving wound care have the potential of being affected by the deficient practice. An audit was completed on all residents with wound care to ensure treatments were completed as per physician's orders with no further findings. · What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: The policy “Wound and Dressing Care” was reviewed by the IDT. An in-service was held with all licensed nurses on the procedure for wound care. The Director of Nursing, Wound NP and wound Nurse are completing a weekly audit on all residents with wounds. A performance	10/30/2023

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	This citation relates to Complaint IN00419033. 3.1-37(a)		improvement tool has been developed to monitor that wound and treatment care is completed per MD order. · How the corrective action(s) will be monitored to ensure the deficient practice will not recur: A performance improvement tool has been initiated that randomly audits five (5) residents with wounds to ensure wound treatments have occurred per MD order. This Quality Assurance Audit Tool will be completed by the Director of Nursing/Designee weekly for three weeks; then monthly for three months, then quarterly x three. In the event any further concerns are identified the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Meeting · By what date the systemic changes for the deficiency will be completed: 10/30/2023	