

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: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2023
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NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND STREET INDIANAPOLIS, IN 46250
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00413306, IN00415213, and IN00415909.</p> <p>Complaint IN00413306 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00415213 - Federal/State deficiencies related to the allegations are cited at F686 and F693.</p> <p>Complaint IN00415909 - No deficiencies related to the allegations are cited.</p> <p>Survey date: August 29, 2023</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 3 Medicaid: 95 Other: 27 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		
F 0686 SS=D	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melanie Sigler	RN/DON	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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Bldg. 00	<p>Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on interview and record review, the facility failed to ensure identified skin impairments were assessed after admission/readmission to the facility and ensure treatments were initiated timely after identification of skin impairments for 2 of 3 residents reviewed for pressure ulcers. (Resident C and Resident D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 8/29/23 at 12:09 p.m. The diagnoses included, but were not limited to, encephalopathy, tracheostomy status, stage 3 pressure ulcer, and gastrostomy status.</p> <p>A care plan for pressure ulcer, revised 6/21/23, indicated Resident C had impaired skin integrity related to right buttock wound. The interventions listed to administer treatments as ordered by the physician.</p> <p>A wound care provider note, dated 8/8/23,</p>	F 0686	<p>F686</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: No residents were harmed by the deficient practice. Resident C and D's treatments were in place at time of deficiency. Residents C and D remain at the facility and continue to be evaluated weekly by a Certified Wound Nurse Practitioner and a licensed nurse at the facility which include accurate description of the wounds including measurements and location of each wound.</p> <p>Identification of other residents having the potential</p>	09/15/2023

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	<p>indicated a deep tissue injury (DTI) located to Resident C's left heel and a DTI located to the sacrum.</p> <p>Resident C was hospitalized from 8/13/23 to 8/18/23.</p> <p>A readmission assessment, dated 8/18/23, indicated an identified skin impairment was noted to Resident C's sacrum and listed as "NON PRESSURE". It was marked "yes" for a treatment order in place for such skin area. There were no measurements or completed assessment of the skin impairment located on Resident C's sacrum.</p> <p>A wound care provider note, dated 8/22/23, indicated an identified skin impairment located on Resident C's right buttock as a stage 3 pressure ulcer, a DTI to the left heel, a stage 3 pressure ulcer to the sacrum, and a stage 2 pressure ulcer to the right ankle. These areas were marked as "present on admission".</p> <p>The electronic treatment administration record (ETAR), for August of 2023, was reviewed and indicated there were no physician orders for treatments to Resident C's skin impairments to the right buttock, left heel, sacrum, and right ankle until 8/22/23.</p> <p>There were no treatments located on the ETAR prior to the wound consult conducted on 8/22/23.</p> <p>2. The clinical record for Resident D was reviewed on 8/29/23 at 1:36 p.m. The diagnoses included, but were not limited to, tracheostomy status, diabetes mellitus, weakness, chronic pain syndrome, and gastrostomy status.</p> <p>A care plan for impaired skin integrity, revised</p>		<p>to be affected by the same alleged deficient practice and corrective actions taken: All admissions/readmissions have the potential to be affected.</p> <p>All residents have the potential to be affected. The facility conducted a full house skin sweep on 9/12/23 and 9/14/23 to ensure all wounds were documented. Any new findings were documented in the medical chart, treatment orders were obtained and the plan of care was updated to reflect the changes.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:</p> <p>Education has been provided to all licensed nurses utilizing the Skin Care and Wound Management Overview policy with emphasis on assessing skin upon admission/readmission and documenting location and type of wounds with measurements and implementing treatment orders.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</p> <p>The DON/Designee will complete</p>	

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	<p>7/25/23, indicated Resident D has impaired skin integrity or at risk for altered skin integrity. The interventions listed were to administer treatments as ordered by the physician.</p> <p>An admission assessment, dated 7/22/23, indicated there was a pressure ulcer to the sacrum and a surgical incision to the right ear. There were no measurements or further assessments of the area(s) listed.</p> <p>A wound care provider note, dated 7/25/23, indicated a stage 3 pressure ulcer to Resident D's right ear. The treatment was listed as bordered foam and change three times a week.</p> <p>The ETAR for July of 2023 was reviewed and did not reflect any treatments to Resident D's skin.</p> <p>Resident D was hospitalized from 8/3/23 to 8/15/23.</p> <p>A readmission assessment, dated 8/16/23, indicated a pressure ulcer to the sacrum and nothing reflecting Resident D's ears. There were no measurements or further assessments of the area listed.</p> <p>A wound care provider note, dated 8/18/23, indicated a stage 3 pressure ulcer to the right ear and another stage 3 pressure ulcer to the left ear noted upon readmission. The treatment was listed as bordered foam and change twice a week for both ears.</p> <p>The ETAR for August of 2023 was reviewed and did not show treatments being initiated to the pressure ulcers to Resident D's ears until 8/18/23. No treatment was noted prior to 8/18/23.</p>		<p>a head to toe skin assessment within 24 hours of admission on all new admission/readmissions and audit 3 residents charts per week for 4 weeks and then 1 resident per week for 8 weeks, then 1 resident per month for 3 months to ensure admission assessment completed by the licensed nurse captures all wounds upon admission and has accurate documentation with type of wounds as well as measurements and treatment orders.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of six months then randomly thereafter for further recommendations.</p>	

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F 0693 SS=D Bldg. 00	<p>An interview conducted with the Director of Nursing (DON), on 8/29/23 at 4:00 p.m., indicated the expectations are for the nursing staff to assess the skin for any impairments upon admission/readmission and document the assessment in the clinical record. A treatment was to be initiated upon identification of a skin impairment.</p> <p>A policy titled "Skin Care & Wound Management Overview", dated 4/20/2017, was provided by the DON on 8/29/23 at 3:58 p.m. The policy indicated the following, "...Procedure...Prevention...2. Complete an Admission Observation Tool. Identify areas of skin impairment and pre-existing signs...4. Develop a care plan with individualized interventions to address risk factors...6. Evaluate for consistent implementation of interventions and effectiveness at clinical meeting...Treatment...2. Review and select the appropriate treatment for the identified skin impairment...3. Obtain a physician's order...5. Document treatment on the Treatment Administration Record (TAR)...."</p> <p>This Federal tag relates to Complaint IN00415213.</p> <p>3.1-40(a)(2)</p> <p>483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able</p>			

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	<p>to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.</p> <p>Based on observation, interview, and record review, the facility failed to ensure gastrostomy (g-tube/feeding tube) feedings and flushes were consistent with physician orders for 3 of 4 residents reviewed for feeding tubes. (Resident C, Resident D, and Resident E)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 8/29/23 at 12:09 p.m. The diagnoses included, but were not limited to, encephalopathy, tracheostomy status, gastrostomy (g-tube) status, and congestive heart failure.</p> <p>A care plan for nutrition, revised 4/3/23, indicated Resident C had a feeding tube and the intervention was listed to provide supplements per physician orders.</p> <p>A physician order, dated 8/24/23, was noted to flush feeding tube with 25 mL of water every hour.</p> <p>A physician order, dated 8/24/23, was noted for tube feeding at 70 mL every hour.</p>	F 0693	<p>F 693</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Residents C, D, and E feeding and water flushes were adjusted immediately to match physician orders. Physician and responsible party have been notified of the discrepancy in the feeding and flush orders that were administered to these residents.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents receiving enteral feedings and flushes have the potential to be affected. All residents receiving enteral</p>	09/15/2023

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	<p>An observation conducted on 8/29/23 at 1:18 p.m., of Resident C lying in bed and the g-tube was connected to the feeding pump. There was a container of feeding and a container with water present for water flushes to the g-tube. The feeding pump had settings of 70 milliliters (mL)/hour for the feeding and 20 mL of water every 4 hours. The water flush setting on the feeding tube pump was not consistent with physician orders.</p> <p>2. The clinical record for Resident D was reviewed on 8/29/23 at 1:36 p.m. The diagnoses included, but were not limited to, tracheostomy status, diabetes mellitus, and gastrostomy status.</p> <p>A care plan for tube feeding, revised 7/26/23, indicated Resident D would maintain adequate nutrition and hydration status. The interventions included, but were not limited to, administer flushes per physician orders, provide tube feeding per physician orders, and monitor intake of enteral tube feeding.</p> <p>A physician order, dated 8/15/23, was noted for Nepro (feeding tube solution) 45 mL an hour continuous.</p> <p>A physician order, dated 8/18/23, was noted for water flushes to the feeding tube at 45 mL an hour.</p> <p>An observation conducted of Resident D, on 8/29/23 at 11:15 a.m., noted him lying in bed and connected to the feeding pump. There were settings on the feeding pump of 45 mL/hour of feeding solution and 30 mL/hour of water flushes.</p> <p>An observation conducted of Resident D, on</p>		<p>feedings and flushes have been audited to ensure feedings pumps matched physician orders.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Director of Nursing Services or designee will re-educate all licensed nurses on the following policy: Enteral General Nutritional Guidelines</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the Director of Nursing Services or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: Observe residents receiving enteral feedings to ensure feeding pump matches the physician order.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>	

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	<p>8/29/23 at 1:15 p.m., noted him lying in bed and connected to the feeding pump. There were settings on the feeding pump of 45 mL/hour of feeding solution and 30 mL/hour of water flushes.</p> <p>The water flush orders were not consistent with the settings on the feeding pump.</p> <p>3. The clinical record for Resident E was reviewed on 8/29/23 at 1:40 p.m. The diagnoses included, but were not limited to, tracheostomy status, metabolic encephalopathy, congestive heart failure, and gastrostomy status.</p> <p>A care plan for feeding tube, initiated on 7/22/23, indicated the use for a feeding tube for Resident E to meet their nutrition and hydration needs. The interventions listed to administer tube feedings per physician orders and provide water flushes per physician orders.</p> <p>A physician order, dated 8/4/23, indicated to utilize Vital 1.2 (tube feeding) at 63 mL/hour continuous.</p> <p>A physician order, dated 8/4/23, indicated to flush the feeding tube with 55 mL of water every hour.</p> <p>An observation conducted of Resident E, on 8/29/23 at 11:20 a.m., noted her sitting up in a wheelchair and connected to the feeding pump. There were settings on the feeding pump of 75 mL/hour of feeding solution and 20 mL/hour of water flushes.</p> <p>An observation conducted of Resident E, on 8/29/23 at 1:14 p.m., noted her sitting up in a wheelchair and connected to the feeding pump. There were settings on the feeding pump of 75 mL/hour of feeding solution and 20 mL/hour of</p>			

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	<p>water flushes.</p> <p>The settings on Resident E's feeding pump were not consistent with the physician orders for feeding solution along with water flushes.</p> <p>An interview conducted with the Director of Nursing (DON), on 8/29/23 at 4:00 p.m., indicated the expectations are to follow the physician orders.</p> <p>A policy titled "Enteral General Nutritional (tube feeding) Guidelines", dated November 2021, was provided by the DON on 8/29/23 at 3:58 p.m. The policy indicated the following, "...Policy...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents...Continuous nutritional meals will utilize an electronic programmable pump to deliver the required amount of solution over time...A physician/provider order is required to include type of feeding and its caloric value, volume, rate, duration, and mechanism of administration i.e. pump or bolus syringe, and water flushes...."</p> <p>This Federal tag relates to Complaint IN00415213.</p> <p>3.1-44(a)(2)</p>			