

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

PRINTED: 05/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155327	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/27/2019
NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227		
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00285846 and IN00287320. This visit resulted in a Partially Extended Survey-Substandard Quality of Care - Immediate Jeopardy.</p> <p>Complaint IN00285846 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00287320 - Substantiated. Federal/State deficiencies related to the allegations are cited at F686.</p> <p>Survey dates: February 25, 26 & 27, 2019</p> <p>Facility number: 000220 Provider number: 155327 AIM number: 100267650</p> <p>Census Bed Type: SNF/NF: 132 SNF: 16 Total: 148</p> <p>Census Payor Type: Medicare: 20 Medicaid: 105 Other: 23 Total: 148</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000			
F 686 SS=J	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity</p>	F 686			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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F 686	<p>Continued From page 1</p> <p>§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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to assess and document a change in condition to a resident's skin that was later identified as an infected, unstageable ulcer, measuring 7 centimeters in length by 3.2 centimeters in width, which resulted in a hospitalization requiring the need for surgery for 1 of 3 residents reviewed for skin integrity. (Resident D)</p> <p>The Immediate Jeopardy began on 2/14/19, when the facility failed to follow-up with a change in condition to a resident's skin that was later identified as an infected, unstageable ulcer. The Administrator and Director of Nursing were notified of the Immediate Jeopardy on 2/26/19 at 3:15 p.m. The Immediate Jeopardy was removed and the deficient practice corrected on February 17, 2019, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed</p>	F 686	Past noncompliance: no plan of correction required.		

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F 686	<p>Continued From page 2</p> <p>on 2/25/19 at 2:00 p.m. The diagnoses included, but were not limited to, pressure ulcer of right buttock, muscle weakness and peripheral vascular disease.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 11/14/18, noted Resident D to have severe cognitive impairment and needed extensive assistance per staff for completion of activities of daily living.</p> <p>An Event Report, dated 1/21/19, indicated the following, "...Change in Condition...open area to scrotum r/t [related to] excessive moisture r/t [related to] incontinence...."</p> <p>A physician order, dated 1/21/19, noted for Calmoseptine ointment to Resident D's scrotum every shift. The order was discontinued on 1/30/19. There was no documentation related to the reasoning on why the Calmoseptine ointment was discontinued.</p> <p>The Treatment Administration Record (TAR), for February of 2019, noted a weekly skin inspection completed on 2/3/19 and 2/10/19. There was no documentation of any alterations in skin integrity for Resident D on those date(s).</p> <p>An interview conducted with Certified Nursing Assistant (CNA) 4, on 2/26/19 at 8:40 a.m., indicated she worked on 2/8/19 and Resident D's buttocks appeared red at that time. She was off of work on 2/9/19 and 2/10/19. When she returned to work, on 2/11/19, there was an open area that appeared to be the size of a penny to Resident D's buttock. She notified the nurse and cream was applied to Resident D's buttocks. She further indicated she would apply cream,</p>	F 686		

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F 686	<p>Continued From page 3</p> <p>identified as Calmoseptine ointment, to Resident D's buttocks, regularly, leading up to the open area being identified.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) 8, on 2/26/19 at 10:20 a.m., indicated she was off of work on 2/14/19. On 2/13/19 or 2/11/19, unsure of exact date, she was notified by a CNA that Resident D's buttocks appeared worse. She didn't note any open areas but the excoriation had gotten worse. She notified Unit Manager 6 about Resident D's skin appearing worse on his buttocks.</p> <p>An interview conducted with Unit Manager 6, on 2/26/19 at 9:20 a.m., indicated he was not aware of any skin alterations on Resident D until 2/14/19.</p> <p>An interview conducted with LPN 9, on 2/26/19 at 5:04 p.m., indicated she worked 2/10/19 and only noted redness to his scrotal area. She then worked on 2/13/18, evening shift, and the CNA told her that Resident D's bottom looked worse. She was under the impression the CNA was referring to his scrotum. She did not observe Resident D's skin that shift and instructed the CNA to continue to apply barrier cream to the area. When she returned to work, on 2/14/19, she noted Resident D had an area to his right buttocks that was noted with dark and hard tissue.</p> <p>There were no physician orders for a medicated ointment to be applied to Resident D during the time period of 1/31/19 through 2/13/19.</p> <p>A document titled Wound Management, dated 2/14/19, indicated an unstageable pressure ulcer</p>	F 686			

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F 686	<p>Continued From page 4</p> <p>to Resident D's right buttock measuring 7 centimeters in length by 3.2 centimeters in width. The wound was present with 100% necrotic tissue.</p> <p>A Nurse Practitioner progress note, dated 2/14/19, indicated the following, "...Patient was seen for wound rounds. Pt [patient] noted to have new skin breakdown to right buttock into coccyx. Pt [patient] poor historian but states wound has been present for "a couple days"...Reports mild pain at site...Unstageable ulcer noted to right buttock/coccyx area...Wound complicated by surrounding cellulitis...Refer for xray of pelvis and likely MRI as well to determine depth of wound...Skin: Right buttock into coccyx: 7 cm x 3.2 cm [centimeters] ulcer with wound bed 100% covered with black necrotic tissue. Erythema extending 3 cm from wound bed...."</p> <p>A nurses' note, dated 2/16/19 at 12:57 p.m., indicated Resident D had a temperature of 102.8 and was sent to the hospital at that time.</p> <p>The hospital records were obtained on 2/25/19 at 10:00 a.m. They indicated the following, "...ED [emergency department] Notes...2. Right proximal posterior thigh and right lower buttock has a chronic decubitus ulcer...Radiology Results...2/16/19...soft tissue gas in the medial aspect of the posterior right upper thigh/lower right buttock over a region measuring 7.7 x 4.5 x 4.4 cm [centimeters]...Findings are concerning for soft tissue infection with gas-forming organism...History of Present Illness...presented to [name of hospital] ED on 2/16/18 [sic] from [name of facility]...Patient does has [sic] a known chronic decubitus ulcer present. Scrotal/Perineum abscess discovered on</p>	F 686			

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F 686	<p>Continued From page 5 Wednesday 2/13 at the facility...."</p> <p>A hospital procedure note, dated 2/16/19, indicated the following, "...necrotizing soft tissue infection, right upper inner thigh/perineum...Procedure: incision and drainage, debridement of necrotic tissue...necrotic tissue was excised...deeply all necrotic tissue was debrided down to and including fascia of the adductors and somewhat into the proximal hamstrings as well...."</p> <p>The hospital discharge summary, dated 2/23/19, noted the following in italics, "... admitted with decubitus ulcer/necrotizing fasciitis status post I&D [incision and drainage]. He has been transitioned to oral antibiotics. Wound VAC in place...." The hospital discharge summary indicated, "...Primary Discharge Diagnosis: decubitus ulcer with possible necrotizing fasciitis."</p> <p>An "Employee Discipline Form", dated 2/19/19, indicated the following, "...[name of LPN 8]...Employer Statement Regarding Incident...For failure to follow procedure for notification of new health condition. Wound was reported to [name of LPN 8] without appropriate follow-up...."</p> <p>An interview conducted with the DON, on 2/16/19 at 10:34 a.m., indicated the expectations are for a skin event to be opened when any skin impairment is noted. There is to be a treatment in place, documentation of the skin impairment and what the staff member did for the skin impairment at that time.</p> <p>A policy titled "Skin Assessment Policy", dated 1/15/15, was provided by the Director of Nursing (DON) on 2/25/19 at 1:45 p.m. The policy</p>	F 686			

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F 686	<p>Continued From page 6</p> <p>indicated the following, ""...a head-to-toe skin assessment completed by a licensed nurse upon admission and weekly thereafter...The nurse doing the assessment will document any abnormal findings affecting the skin...If a new skin condition is identified by a licensed nurse while completing a skin assessment, the nurse will open the "change in condition" assessment form and complete all of the sections that pertain to the patient including the skin section. The licensed nurse that discovers a new open area will perform the following actions:...1. Notify the MD and obtain a treatment order...2. Apply the initial treatment...6. Document these items in the patient medical record....""</p> <p>A policy titled "Change in Resident's Condition or Status", revised October of 2010, was provided by the DON on 2/26/19 at 11:40 a.m. The policy indicated the following, "...1. The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician when there has been:...d. A significant change in the resident's physical/emotional/mental condition...e. A need to alter the resident's medical treatment significantly...."</p> <p>The Past Noncompliance Immediate Jeopardy began on 2/14/19. The Immediate Jeopardy was removed and corrected by 2/17/19 after the facility completed skin assessments for all residents, in-serviced all nursing staff on prevention strategies for pressure ulcers and protocol when a wound or skin condition is identified, implemented an audit sheet for monitoring residents' skin, and instituted on-going daily audits of all residents' relating to their skin integrity.</p>	F 686			

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F 686	Continued From page 7 This Federal tag related to Complaint IN00287320. 3.1-40(a)(1) 3.1-40(a)(2)	F 686			