

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Altenheim Health & Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  3525 E Hanna Ave Indianapolis, IN 46237	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>44849</p> <p>Based on interview and record review, the facility failed to provide care and services for a resident admitted with a pressure ulcer for 1 of 3 residents reviewed for pressure ulcers. Treatments were not completed as ordered and care plans were not developed. (Resident B)</p> <p>Findings include:</p> <p>During an interview on 10/10/24 at 10:14 a.m., Licensed Practical Nurse (LPN) 1 indicated she would have checked the physician's orders for treatment orders, special repositioning instructions, and medications for wound care. If a wound treatment was not signed off as completed on the electronic medical record (EMR), then the wound treatment was not completed.</p> <p>The clinical record for Resident B was reviewed on 10/10/24 at 1:28 p.m. The diagnoses included, but were not limited to, physical debility, diabetes, and malnutrition.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 8/22/24, indicated Resident B was admitted with one unhealed stage 1 pressure ulcer (a reddened area of skin that does not change color when palpated).</p> <p>Hospital discharge orders, dated 8/16/24, indicated apply barrier cream to the deep tissue injury (a pressure ulcer that cannot be staged because the depth and damage under the skin cannot be evaluated) along the sacral region and reposition every two hours.</p> <p>A Weekly Skin Assessment, dated 8/16/24, indicated Resident B had a pressure wound to the tailbone area that measured 1.3 cm (centimeters) by 2.4 cm with the letter P drawn over the tailbone area of the picture to indicate pressure as instructed on the form.</p> <p>A physician's order started on 8/26/24, indicated cleanse sacral wound with wound cleanser, pat dry, apply medihoney (ointment applied to wound base to improve healing), cover with foam dressing, change every day and as needed. The dressing was to be completed on day shift.</p> <p>The Medication Administration Record (MAR), dated 8/26/24 through 9/9/24, indicated Resident B's sacral wound treatment was not completed on 8 of 14 days as follows:</p> <p>- 8/26/24, not administered due to new order.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- 8/27/24, not administered due to Resident B was unavailable.</li> <li>- 8/28/24, not administered due to Resident B was up in chair all shift.</li> <li>- 8/29/24, not administered due to Resident B was unavailable.</li> <li>- 9/2/24, blank.</li> <li>- 9/4/24, not administered due to previous shift.</li> <li>- 9/5/24, not administered due to first shift.</li> <li>- 9/6/24, blank.</li> </ul> <p>During an interview on 10/10/24 at 1:40 p.m., the Regional Nurse indicated the sacral wound should have been measured at least weekly and the sacral dressings should have been completed as ordered by the physician.</p> <p>The clinical record for Resident B lacked a care plan for a sacral pressure wound.</p> <p>The clinical record for Resident B lacked a physician's order to turn Resident B side to side starting, on 8/16/24.</p> <p>On 10/11/24 at 10:30 a.m., the Regional Nurse provided a copy of a facility policy, titled Wound Management Policy, dated 2/1/19, and indicated this was the current policy used by the facility. A review of the policy indicated the wound team would observe pressure areas to provide oversight of the care plan interventions and to ensure the resident's condition was accurately assessed in a timely manner. The Interdisciplinary Team would document the wound assessment weekly in the medical record.</p> <p>This Federal Tag relates to Complaints IN00444835 and IN00443767.</p> <p>3.1-40(a)(2)</p>