

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Woodlands Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4088 Frame Rd Newburgh, IN 47630	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>35733</p> <p>Based on observation and record review, the facility failed to ensure dignity for 2 of 2 observations of meal service. Staff did not knock or announce themselves before delivering meal trays to resident rooms. (Resident 9, Resident 14, Resident 66, Resident 75, Resident 78, Resident 84, Resident 96)</p> <p>Findings include:</p> <p>On 6/23/24 during observation of the noon meal the following was observed:</p> <ol style="list-style-type: none"> 1. At 11:34 a.m., CNA 2 entered Resident 96's room to deliver a beverage without knocking or announcing self. 2. At 11:52 a.m., CNA 2 entered Resident 66's room to deliver a beverage without knocking or announcing self. 3. At 11:53 a.m., CNA 3 entered Resident 84's room, walked back out and got a beverage, walked back in the room to deliver the beverage without knocking or announcing self. 4. At 11:55 a.m., CNA 3 entered Resident 75's room to deliver a meal tray, walked back out and got a beverage, walked back in to deliver the beverage without knocking or announcing self. 5. At 11:57 a.m., CNA 2 entered Resident 9's room to deliver a meal tray without knocking or announcing self. 6. At 11:59 a.m., CNA 3 entered Resident 84's room to deliver a beverage without knocking or announcing self. <p>On 6/27/24 during observation of the noon meal the following was observed:</p> <ol style="list-style-type: none"> 7. At 11:49 a.m., CNA 2 walked in Resident 78's room to deliver a meal tray without knocking or announcing self. 8. At 11:50 a.m., CNA 2 walked in Resident 14's room to deliver a meal tray without knocking or announcing self. <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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/23/24 at 12:00 p.m., CNA 3 indicated when delivering meal trays to a resident's room, staff should knock on the door, tell the resident nursing, let them know why you are there.</p> <p>48057</p> <p>9. During a random observation on 6/27/24 at 9:58 A.M., Physician 2 was sitting on the couch in a resident common area, where additional staff, residents, and resident family were present, asking residents medical questions and taking a resident's blood pressure.</p> <p>38770</p> <p>10. During a meal observation on 6/26/24 at 7:48 A.M., Licensed Practical Nurse (LPN) 21 was observed to apply clothing protectors to two of four residents at a table on the ACU (Alzheimer's Care Unit). LPN 21 applied the clothing protectors from behind the residents without asking permission, and without explaining what she was doing.</p> <p>On 6/28/24 at 1:46 P.M., LPN 17 indicated staff should ask residents before putting on a clothing protector if they wanted one or not, as well as explain what they were doing.</p> <p>On 6/27/24 at 2:38 p.m., the Regional Nurse Consultant provided the current policy on promoting/maintaining resident dignity with a copyright date of February 2023. The policy included, but was not limited to: It is the practice of this facility to protect and promote resident rights and treat each other with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. Compliance Guidelines: 1. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights . 12. Maintain resident privacy .</p> <p>3.1-3(a)</p> <p>3.1-3(p)(3)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>46758</p> <p>Based on observation, record review and interview, the facility failed to develop a care plan for 2 of 5 resident reviewed for care plan intervention. Resident fall interventions and head of bed elevation not being in place. (Resident 24, Resident 351)</p> <p>35733</p> <p>1. On 6/24/24 at 2:14 p.m., Resident 24's clinical record was reviewed. Diagnoses included, but were not limited to, unspecified dementia, unspecified severity, without behavioral disturbance, abnormal gait and mobility, displaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for closed fracture with routine healing.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 5/7/24, indicated Resident 24's cognition was moderately impaired, bed mobility extensive, one staff assist, transfer extensive two staff assist.</p> <p>A care plan for falls indicated: At risk for falls related to: History of falls. Use of medication, gout, dementia, osteoarthritis macular degeneration right eye, polymyalgia rheumatic, ulcer, abnormal gait and mobility. HTN (hypertension), muscle weakness.</p> <p>Interventions included, but were not limited to: wedge pillows on sides of recliner to prevent resident from rolling out, date initiated, 6/22/24.</p> <p>A progress note dated 6/22/24 at 7:00 a.m., indicated : .Situation: Resident sleeping in recliner in common area in front of nurses station. Heard resident say oh God damn. Noted resident on floor between the 2 recliners. Background: Hx (history) dementia, repeated falls and decreased safety awareness .Response: [name of physician] triage notified as well as RR (resident representative). Intervention to use pillows on sides of recliner to prevent further rolling out .</p> <p>On 6/27/24 at 9:19 a.m., QMA 2 was observed to transfer Resident 24 from his wheelchair to a recliner, put the foot of the recliner up, walk away and return with a cover and lay across Resident 24. No pillows were placed beside Resident 24.</p> <p>On 6/27/24 at 10:07 a.m., Resident 24 was observed asleep in the recliner, no pillows were beside him.</p> <p>On 6/27/24 at 10:09 a.m., LPN 3 was sitting at the nurses station in front of the common area. She indicated Resident 24 was supposed to have pillows beside him in the recliner to help prevent him from falling out.</p> <p>On 6/27/24 at 10:10 a.m., QMA 2 indicated usually the charge nurse will let staff know of any fall and new fall interventions, it is also on their assignment sheet. QMA 3 indicated she was not sure what Resident 24's fall interventions were, she didn't work with him everyday.</p> <p>50827</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 6/27/24 at 12:13 P.M. RN (Registered Nurse) 3 and LPN (Licensed Practical Nurse) 2 were observed performing a treatment on Resident 351. Resident had slid down in bed, stated could not breathe and needed to sit up. Two minutes passed before LPN 2 and RN 3 used the bed pad under resident to pull up higher in bed. The bed remained flat during treatment. Resident was visualized breathing with pursed lips. Treatment completed at 12:26 P.M. Head of the bed was then raised.</p> <p>On 6/27/24 at 12:13 P.M. Resident 351's clinical record was reviewed. Diagnosis included but was not limited to Chronic Lung Disease.</p> <p>The most recent MDS (Minimum Data Set) Assessment, dated 6/17/24, indicated Resident was cognitively intact, required set up and clean up assistance with eating, substantial or maximum assistance with toileting, substantial or maximum assistance with showering or bathing, and substantial or maximum assistance with bed mobility.</p> <p>Physician orders included but were not limited to head of bed elevated to alleviate/avoid shortness of breath when lying flat every shift related to chronic obstructive pulmonary disease, dated 6/10/24.</p> <p>Care plan for Resident, dated 6/11/24, alteration in respiratory status due to Chronic Obstructive Pulmonary Disease, due to Congestive Heart Failure indicated an intervention but was not limited to elevate head of bed to alleviate/avoid shortness of breath while lying flat.</p> <p>6/28/24 10:24 A.M. LPN 4 indicated that usually Resident 351 tolerates bed being flat for treatments, but if resident became short of breath or verbalized not being able to breathe staff should stop the treatment so the resident can recover.</p> <p>On 6/28/24 at 2:30 P.M., the Regional Nurse supplied a current, nonrated policy Comprehensive Care Plans. The policy indicated . it was the policy of the facility of develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes .the objectives will be utilized to monitor the resident's progress. Alternative interventions documented, as needed .</p> <p>On 6/28/24 at 2:38 p.m., the Regional Nurse Consultant provided the current accidents and supervision policy with a copyright date of 2023. The policy included, but was not limited to: .Implementation of Interventions- a. Communicate the interventions to all relevant staff, e. Ensuring that the interventions are put into action .Monitoring and Modification- a. Ensuring that interventions are implemented correctly and consistently .</p> <p>3.1-35(a)</p> <p>3.1-35(d)(2)(B)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46758</p> <p>Based on record review and interview, the facility failed to ensure care plans were revised in 1 of 2 residents reviewed for care plans. (Resident 45)</p> <p>Findings include:</p> <p>On 6/25/24 at 9:03 A.M., Resident 45's clinical record was reviewed. Diagnoses included, but were not limited to, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety</p> <p>The most current Quarterly MDS (Minimum Data Set) assessment dated [DATE] indicated Resident 45 was severely cognitively impaired. The resident need supervision for transfer and mobility with substantial help for mobility</p> <p>Current physician orders included but were not limited to:</p> <p>Weekly weights every day shift every Sunday for 4 weeks ordered 6/14/24</p> <p>Vaseline Pure Ultra [NAME] External Gel (White Petroleum) Apply to right cheek topically every day shift for wound care cleanse facial biopsy site to right cheek with normal saline. Pat dry, apply thin layer of Vaseline to wound bed. Cover with dry dressing dated 6/19/24.</p> <p>There was a current care for a seborrheic lesion to the right cheek dated 8/8/23. Resident had a biopsy done on 6/19/24. The care plan lacked revision of interventions related to wound care.</p> <p>There was a current care plan of nutritional risk for inadequate food/beverage intake with dementia and triggered for 10% weight loss dated 6/17/24. Current interventions indicated monthly weights but lack revision for weekly weights.</p> <p>During an interview on 6/25/24 at 10:07 A.M., MDS RN (Registered Nurse) indicated if a resident had an open area, they would document a care plan and update as needed for surgeries and biopsies</p> <p>On 6/28/24 at 2:30 P.M., the Regional Nurse supplied a current, nondated policy Comprehensive Care Plans. The policy indicated . it was the policy of the facility of develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes .the objectives will be utilized to monitor the resident's progress. Alternative interventions will documented, as needed .</p> <p>3.1-35(d)(2)(B)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48057</p> <p>Based on observation, record review, and interview, the facility failed to provide care through maintenance of a PICC (peripherally inserted central catheter) line for 1 of 1 residents reviewed for IV therapy. (Resident 302)</p> <p>Findings include:</p> <p>On 6/25/24 at 1:14 P.M., Resident 302's clinical record was reviewed. Resident 302 was admitted on [DATE]. Diagnoses included, but were not limited to, infection of joint prosthesis, anxiety, and hypertension. The Admission MDS (Minimum Data Set) Assessment, dated 6/17/24 was not completed.</p> <p>Current physician orders included, but were not limited to:</p> <p>PICC (peripherally inserted central catheter) line dressing change every Tuesday. Start date 6/18/24.</p> <p>Current care plans included, but were not limited to:</p> <p>I have a PICC line (in my) right arm and have the potential risk of infection at the site. Do not take blood pressure on arm of access site. Encourage patient not to sleep on arm with access site. Date Initiated: 6/12/24.</p> <p>Dressing change as ordered with measurements of the length of the external catheter and the circumference of arm 10 cm above insertion site. Date Initiated: 6/12/24.</p> <p>On 6/28/24 at 9:15 A.M., Resident 302's electronic medication administration record was reviewed. The following dates/times indicated staff obtained a blood pressure reading in Resident 302's restricted limb:</p> <p>6/26/24 10:34 A.M. sitting right arm</p> <p>6/24/24 8:18 A.M. lying right arm</p> <p>6/22/2024 2:25 P.M. lying right arm</p> <p>6/17/2024 8:24 A.M. sitting right arm</p> <p>6/16/2024 8:40 A.M. sitting right arm</p> <p>6/15/2024 8:16 A.M. sitting right arm</p> <p>6/14/2024 8:29 A.M. lying right arm</p> <p>6/10/2024 6:25 P.M. lying right arm</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/27/24 9:40 A.M., RN 3 indicated she was the nurse covering nursing duties for the 600 hall today and indicated staff should not be taking blood pressure in Resident 302's right arm because of the PICC line and that it was not policy for PICC line measurements, but if there was conflicting information in the policy and care plan, staff should use the care plan since it is specific to each resident.</p> <p>During an observation on 6/27/24 at 3:19 P.M., Resident 302's PICC line dressing was observed. The dressing read 6-11 1555 CD.</p> <p>During an interview on 6/27/24 3:25 P.M., the Director of Nursing indicated there was no documentation of catheter length in Resident 302's clinical record and she doesn't know why Resident 302 was care planned for her PICC line to be measured during dressing changes because the facility doesn't do that.</p> <p>On 6/28/24 at 2:38 P.M., the clinical regional nurse provided a policy titled PICC/Midline/CVAD Dressing Change, dated 2023, that indicated It is the policy of this facility to changes peripherally inserted central catheters (PICC) dressing weekly or if soiled, in a manner to decrease potential for infection and/or cross-contamination. 13. Use sterile measuring tape to measure external length of the catheter from hub too skin entry to ensure that it has not migrated.</p> <p>3.1-47(a)(2)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48057</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was receiving oxygen as physician ordered for 1 of 2 residents reviewed for respiratory care. (Resident 39)</p> <p>Finding includes:</p> <p>During an observation on 6/27/24 at 11:36 A.M., Resident 39 was receiving oxygen via nasal cannula from an oxygen concentrator in her room. The oxygen concentrator was set at two liters. RN 3 observed the oxygen concentrator at two liters, checked the resident's orders and confirmed the orders stated three liters, and turned the oxygen up to three liters.</p> <p>On 6/28/24 at 10:09 A.M. Resident 39's clinical record was reviewed. Resident 39 was admitted on [DATE]. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease and chronic respiratory failure with hypoxia.</p> <p>The most recent Admission MDS (Minimum Data Set) Assessment, dated 6/4/24, indicated resident 39 was cognitively intact, required maximal assistance from staff for toileting, bathing, and transfers, and was receiving oxygen therapy and dialysis therapy.</p> <p>Current physician orders included, but were not limited to:</p> <p>Supplementary oxygen continuously via nasal cannula at 3 L (three liters) every shift for to prevent/relieve hypoxia related to chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia. Start date 6/4/24.</p> <p>Check fistula to right arm for bruit and thrill every shift for fistula care. Start date 5/29/24.</p> <p>Current care plans included, but were not limited to:</p> <p>Oxygen as ordered. Date Initiated: 5/29/24.</p> <p>I have a fistula RUE (right upper extremity) and have the potential risk of infection at the site. Date Initiated: 5/29/24.</p> <p>Do not take blood pressure on arm of access site. Encourage patient not to sleep on arm with access site. Date Initiated: 5/29/24.</p> <p>On 6/28/24 at 10:09 A.M., Resident 39's electronic medication administration record was reviewed. The following dates/times indicated staff obtained a blood pressure reading in Resident 39's restricted limb:</p> <p>6/22/24 12:23 P.M. sitting right arm</p> <p>6/20/24 11:55 A.M. standing right arm</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6/18/24 4:09 P.M. lying right arm</p> <p>6/16/24 12:22 P.M. standing right arm</p> <p>6/15/24 9:38 A.M. sitting right arm</p> <p>6/3/24 4:42 P.M. sitting right arm</p> <p>6/2/24 12:07 P.M. sitting right arm</p> <p>6/1/24 10:01 A.M. lying right arm</p> <p>On 6/28/24 at 2:38 P.M., the Regional Clinical Nurse provided a policy titled Oxygen Administration, dated 2024, that indicated Oxygen is administered under orders of a physician. The resident's care plan shall identify the interventions for oxygen therapy, based on resident's assessment and orders, such as, but not limited to: equipment setting for the prescribed flow rate.</p> <p>3.1-47(a)(2)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48057</p> <p>Based on record review, interview, and observation, the facility failed to ensure care and services were implemented for 1 of 2 residents reviewed for dialysis. (Resident 75)</p> <p>Findings include:</p> <p>On 6/25/24 at 8:44 A.M., Resident 75's clinical record was reviewed. Resident 75 was admitted on [DATE]. Diagnoses included, but were not limited to, end stage renal disease and diabetes mellitus.</p> <p>The most recent Quarterly MDS (Minimum Data Set) Assessment, dated 5/17/24, indicated Resident 75 was moderately cognitively impaired and was dependant on staff for assistance with bathing and transfers, and was receiving dialysis therapy.</p> <p>Current physician orders included, but were not limited to,</p> <p>Dialysis Monday, Wednesday, Friday at 11:20 (A.M.) (arrival time) at (dialysis center) 11: 40 A.M. chair time one time a day every Monday, Wednesday, Friday for dialysis. Start date 5/13/24.</p> <p>Check Bruit and Thrill to fistula to LUE (left upper extremity) every shift for fistula care. Start date 4/15/24.</p> <p>1800 cc (equivalent to mL) fluid restriction per 24 hours as follows: Nursing to provide a total of 480 cc/24 hr as follows: Days=180 cc Evening=180 cc Nights=120 cc.</p> <p>every shift for fluid restriction. Start date 2/27/23.</p> <p>Current care plans included, but were not limited to:</p> <p>I have a new fistula to LUE (left upper extremity) and have the potential risk of infection at the site. Dated 4/16/24.</p> <p>I have a perma-cath left side of chest and have the potential risk of infection at the site. Dated 5/13/24.</p> <p>Alteration in kidney function evidenced by hendiadys CKD III (chronic kidney disease stage three), acute kidney failure dialysis 3 x a week due to End Stage Renal Disease (ESRD). Date Initiated: 12/4/23.</p> <p>Do not take blood pressure, on arm of access site. Encourage patient not to sleep on arm with access site Date Initiated: 4/16/24.</p> <p>Weights per MD (doctor) order. Date Initiated 7/10/23.</p> <p>The clinical record lacked an order to obtain Resident 75's weight.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/25/24 at 8:44 A.M., Resident 75's electronic medication administration record was reviewed. The following dates/times indicated staff obtained a blood pressure reading in Resident 75's restricted limb:</p> <p>6/21/24 12:21 P.M. sitting left arm</p> <p>5/24/24 8:07 A.M. sitting left arm</p> <p>5/19/24 9:19 A.M. sitting left arm</p> <p>During an interview on 6/27/24 2:15 P.M. CNA 6 indicated she was the CNA for the 500 hall today but did not know who was on fluid restrictions. The CNA then went to nurses desk, found CNA assignment sheets and looked for residents who were on fluid restrictions.</p> <p>During an interview on 6/28/24 at 9:35 A.M., LPN 17 indicated nurses and CNA's should be recording fluid amount delivered to residents on fluid restrictions throughout the day and after meals, the nurse then enters the total amount at end of shift, and would expect the CNA's assigned to the hall to know who is on fluid restrictions.</p> <p>On 6/28/24 at 2:38 P.M., the Regional Clinical Nurse provided a policy titled Hemodialysis, dated 2023, that indicated The facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.</p> <p>3.1-37(a)</p>

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NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Woodlands Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4088 Frame Rd Newburgh, IN 47630	

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46758</p> <p>Based on observation and interview the facility failed to provide proper storage of medications in 1 of 1 treatment carts located in the ACU (Alzheimer Care Unit) for 9 of 9 residents reviewed. Unlabeled and undated medications were found in the treatment cart. (Resident 12, Resident 15, Resident 22, Resident 25, Resident 45, Resident 47, Resident 49, Resident 57, Resident 88,</p> <p>Findings include:</p> <p>On 6/26/24 at 12:35 P.M., the locked nightstand/treatment cart was observed to have the following:</p> <p>1 tub of Curad petroleum jelly lacked a prescription label and an open date</p> <p>1 tub of petroleum jelly for Resident 45 has prescription label but lacked an open date</p> <p>1 tube of Diclofenac cream (analgesic cream) lacked a label and an open date</p> <p>1 glass case with unreadable name and no glasses</p> <p>1 tube of Volteran cream Resident 47 with a prescription label but lacked an open date</p> <p>1 tub of Sombra (analgesic cream) Resident 49 with a prescription label but lacked an open date</p> <p>1 tube of Aspercreme (analgesic cream) Resident 25 with a prescription label but lacked an open date</p> <p>1 tube of Aspercreme (analgesic cream) Resident 25 with a prescription label but lacked an open date</p> <p>1 tube of arthritis pain medication Resident 12 with a prescription label but lacked an open date</p> <p>1 tube of Diclofenac (analgesic cream) Resident 57 with a prescription label but lacked an open date</p> <p>1 tube of Aspercreme (analgesic cream) lacked a prescription label and an open date</p> <p>1 bottle of fungal powder with Resident 22 with a prescription label but lacked an open date</p> <p>2 bottles of fungal powder with Resident 88 with a prescription label but lacked an open date</p> <p>1 tube of arthritis cream with Resident 57 with a prescription label but lacked an open date</p> <p>1 tub of Sombra (analgesic cream) Resident 49 with a prescription label but lacked an open date</p> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1 tub of Sombra (analgesic cream) without a prescription label and lacked an open date</p> <p>1 bottle of Nystatin Powder (fungal powder) Resident 15 with a prescription label but lacked an open date</p> <p>During an interview on 6/26/24 at 12:40 P.M., the DON (Director of Nursing) indicated the medications should not be in the nightstand/ treatment cart and be in the medication room.</p> <p>During an interview on 6/28/24 at 9:26 A.M., LPN (Licensed Practical Nurse) 22 indicated medication are to be labels with a resident name, medical doctor, medication name on the prescription. All medications such as ointments creams, and powders should be dated with open date.</p> <p>On 6/28/24 at 2:38 P. M., the Regional Nurse provided a current, non-dated policy Medication Storage. The policy indicated .it was the policy of this facility to ensure all medications housed on the premises will be stored medication rooms .all drugs and biologicals will be stored in locked compartments . only authorized personal will have access to the keys to the locked compartments .</p> <p>3.1-25(k)</p> <p>3.1-25(m)</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48057</p> <p>Based on observation, record review, and interview, the facility failed to document assessment for symptoms of urinary tract infection for 1 of 1 residents reviewed for IV therapy. (Resident 302)</p> <p>Findings include:</p> <p>On 6/25/24 at 1:14 P.M., Resident 302's clinical record was reviewed. Resident 302 was admitted on [DATE]. Diagnoses included, but were not limited to, infection of joint prosthesis, anxiety, and hypertension. The Admission MDS (Minimum Data Set) Assessment, dated 6/17/24 was not completed.</p> <p>Current care plans included, but were not limited to:</p> <p>Observe for signs and symptoms of UTI (urinary tract infection). Date initiated: 6/11/24.</p> <p>A progress note dated 6/24/24 at 12:23 P.M., indicated Resident 302 complained of lower back pain, received pain medication that was ineffective, peri-area (was) red, blanchable but irritated, barrier cream applied, and (resident) having increased confusion and irritability. Triage (physician phone line) notified and requested urinalysis, awaiting response.</p> <p>The clinical record lacked follow-up of signs and symptoms of a possible urinary tract infection (UTI) or follow up of order request from 6/24/24 at 12:23 P.M. until 6/28/24 at 10:54 A.M. when a progress note was entered that indicated a new order from nurse practitioner for a UA C&S (urinalysis with culture and sensitivity). The record lacked a bowel assessment and need for the administration of Miralax.</p> <p>During an interview on 6/28/24 at 10:20 A.M., the Regional Clinical Nurse indicated the resident received an order for PRN (as needed) Miralax for the possible UTI symptoms.</p> <p>On 6/28/24 at 2:38 P.M., the Regional Clinical Nurse provided a policy titled Documentation in Medical Records, dated 2024, that indicated Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy. Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, or care service occurred.</p> <p>3.1-50(a)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48057</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident was on EBP (enhanced barrier precautions) for open wounds, PPE was worn during wound care for a resident who required EBP, and that wound dressings were changed as ordered for 1 of 2 residents observed for wound care and contact precautions . (Resident 352, Resident 45)</p> <p>Findings include:</p> <p>1. During an observation of wound care on 6/27/24 at 10:37 A.M., RN 3 and LPN 2 entered Resident 352's room. LPN 2 closed Resident 352's door and pulled the privacy curtain. RN 3 and LPN 2 washed their hands and put gloves on. Resident 352 had two dressings on the middle and lower right abdomen dated 6/25/24 and initials (initials of nurse); RN 3 removed the dressings from Resident 352's abdomen. LPN 2 sat up supplies on the bedside table and dated the new dressings 6/27/24. RN 3 cleansed wounds on Resident 352's abdomen, washed her hands, then applied one dressing covering the open wound on the upper middle abdomen, one dressing covering the open wound on the lower middle abdomen, and two dressings covering the open wounds on the lower right abdomen. RN 3 gathered the trash and removed gloves. RN 3 and LPN 2 washed their hands and exited the room. There was not an EBP (enhanced barrier precaution) sign on Resident 352's door.</p> <p>During an interview on 6/27/24 at 10:40 A.M., LPN 2 indicated Resident 352's dressings covering open wounds were ordered to be changed daily.</p> <p>On 6/27/24 at 1:30 P.M., Resident 352's clinical record was reviewed. Resident 352 was admitted on [DATE]. Diagnoses included, but were not limited to, infection following a procedure surgical site, chronic obstructive pulmonary disease, and sepsis. An Admission MDS (Minimum Data Set) Assessment was not complete.</p> <p>Current physician orders included, but were not limited to:</p> <p>Cleanse 2 (two) open lesion on RLQ (right lower quadrant) of abdomen with wound cleanser, pat dry, cover with dry bordered dressing, every day shift for wound care. Start date 6/25/24.</p> <p>Cleanse open lesion to middle lower abdomen with wound cleanser, pat dry, cover with dry bordered dressing every day shift for wound care. Start date 6/24/24.</p> <p>Cleanse navel with wound cleanser, pat dry, apply foam bordered dressing, every day shift for wound care. Start date 6/24/24.</p> <p>Cleanse open lesion on RUQ (right upper quadrant) of abdomen with wound cleanser, pat dry, cover with dry bordered dressing, every day shift for wound care. Start date 6/24/24.</p> <p>Current care plans included, but were not limited to:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Altered skin integrity non-pressure related to: 2 (two) JP (Jackson Pratt; a surgical suction drain) drainage to RUQ (right upper quadrant of abdomen) and RLQ (right lower quadrant of abdomen). Resident noted to have eschar (dead skin tissue) from a surgical incision in medial abdominal region. Resident noted to have a previously noted area from JP site removal. Date Initiated: 06/10/24.</p> <p>Enhanced Barrier Precautions when providing any JP drain care and any high contact Resident care activities, See sign on door. Date Initiated: 06/10/24.</p> <p>During an interview on 6/28/24 at 11:47 A.M., RN 12 indicated staff performing high contact activities should wear gown and gloves, and depending on what they are doing should wear masks and goggles if needed with risk of splashes; Resident's with open wounds should have EBP sign posted on their door.</p> <p>46758</p> <p>2. On 6/25/24 at 9:22 A.M., a Contact Precautions sign was observed on Resident 45's door.</p> <p>On 6/25/24 at 9:03 A.M., Resident 45's clinical record was reviewed. Diagnoses included, but were not limited to, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety</p> <p>The most current Quarterly MDS (Minimum Data Set) assessment dated [DATE] indicated Resident 45 was severely cognitively impaired. The resident need supervision for transfer with substantial help for mobility.</p> <p>Current physician orders included but not limited to:</p> <p>Apply skin prep to shingles on pelvic area and keep covered with dry dressing until crusted</p> <p>every day shift for shingles ordered on 6/19/24.</p> <p>Acyclovir HCl Oral Tablet 500 MG (Valacyclovir HCl) (medication for shingles), Give 2 tablets by mouth every 8 hours for Shingles for 7 Days ordered on 6/19/24.</p> <p>Contact Isolation due to shingles every shift ordered 6/18/24.</p> <p>The current care plan lacked a care plan for Contact Precautions.</p> <p>On 6/28/24 at 2:30 P.M., the Regional Nurse supplied a current, nondated policy Comprehensive Care Plans. The policy indicated . it was the policy of the facility of develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes .the objectives will be utilized to monitor the resident's progress. Alternative interventions will documented, as needed</p> <p>On 6/28/24 at 2:38 P.M., the Regional Nurse consultant provided a policy titled Wound Treatment Management, dated 2023, that indicated: Wound treatments will be provided in accordance with physician orders, including method, type of dressing, and frequency of dressing change.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/28/24 at 2:38 P.M., the Regional Nurse consultant provided a policy titled Enhanced Barrier Precautions, dated 2024, that indicated: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce the transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities.</p> <p>An order for enhanced barrier precautions will be obtained for residents with any of the following: Wound (e.g. , (for example) .unhealed surgical wounds .).</p> <p>3.1-18(b)</p> <p>3.1-18(j)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46758</p> <p>Based on observation and interview, the facility failed to provide a safe and sanitary environment for residents, staff, and the public for 11 random observations for environment for 3 of 3 days. Food debris on resident wheelchair and dusty and debris found on a mechanical lift and sit to stand in unit hallways. (Resident 24, Resident 27, 100 Hallway, 300 Hallway, 600 Hallway)</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 6/26/24 at 2:16 P.M., a sit to stand device on the 600 Hall was observed to have dust on the seat and white residue on the handles. On 6/27/24 at 9:10 A.M., a sit to stand device on the 600 Hall was observed to have dust on seat and white residue on the handles. On 6/27/24 at 10:10 A.M., a mechanical lift on the 100 Hall was observed to have dust, fiber debris, and white spots on the base. On 6/28/24 at 8:45 A.M., a sit to stand device on the 600 Hall was observed to have dust on the seat and white residue on the handles. On 6/28/24 at 8:46 A.M., a sit to stand device on 100 Hall was observed to have dust on the seat. On 6/28/24 at 8:51 A.M., a mechanical lift on the 300 hall was observed to have dust with fiber debris on the seat. On 6/27/24 at 10:12 A.M., Resident 24's wheelchair was observed to have food debris scattered in front of the cushion while the resident was sitting in it. On 6/28/24 at 8:57 A.M., Resident 27's wheelchair was observed to have chocolate milk splattered on the tires. During an interview on 6/27/24 at 11:33 A.M., Resident 30 indicated the staff does not regularly wipe off or clean the wheelchairs. <p>During an interview on 6/28/24 at 9:00 A/M., CNA (Certified Nursing Aide) 10 indicated the wheelchairs are cleaned weekly and as needed.</p> <p>During an interview on 6/28/24 at 9:02 A/M., Resident 74 indicated they did not know if the wheelchair was wiped off.</p> <p>During an interview on 6/28/24 A.M., Housekeeper 32 indicated the night shift CNAs are the ones that will clean the equipment such as mechanical lifts [NAME] spoke with supervisor and the housekeeping staff does not clean the equipment CNA's do.</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/28/24 at 2:38 P.M., the Regional Nurse provided a current non-dated policy Cleaning and Disinfection of Resident-Care Equipment. The policy indicated .resident-care equipment can be a source of indirect transmission of pathogens .Staff shall follow established infection control principles for cleaning and disinfecting reusable, non-critical equipment. General guidelines include .each user is responsible for routine cleaning and disinfection of multi-resident items after each use, particularly before use for another resident .</p> <p>This citation relates to complaint IN00434672.</p> <p>3.1-19(f)</p>		