STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155334	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildwood Healthcare Center	7301 E 16th St Indianapolis, IN 46219

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 41129 Based on interview and record review, the facility failed to ensure a resident's wound dressing was completed twice a day per physician's order for 1 of 3 residents reviewed for wounds. (Resident T) Findings include: The clinical record for Resident T was reviewed on 5/22/24 at 9:03 a.m. Resident T's diagnoses included, but not limited to, obsessive compulsive disorder, anxiety disorder, schizophrenia, and alcohol-induced dementia. A Quarterly Minimum Data Set (MDS) completed on 5/1/24 indicated, Resident T's cognition was moderately impaired. An interview with Resident T's family member (FM) conducted on 5/21/24 at 10:24 a.m. indicated, Resident T's post surgical follow up notes from the Orthopedic physician indicated that the facility had not been changing Resident T's dressing to the right elbow were not being done twice a day like they were ordered. She stated, she had received a call from the facility on 3/22/24 concerning that Resident T had developed an open area on his left foot's second toe and this was when she had informed the person on the phone that her father complained of pain to his right elbow. She indicated, he had pushed down on his elbows in an effort to scoot himself up in his wheelchair and experienced pain when doing so. She stated, the staff member on the phone told her the wound care nurse will look at the toe and elbow when she makes her rounds on Monday or Thursday of the next week. FM indicated, the next week she received a phone call from the facility's wound care nurse who asked if her father had hardware placed in his arm in the past because Resident T's elbow had an opened area with drainage and what looked like metal hardware. A Skin and Wound note dated 3/29/24 at 9:54 a.m. indicated, Resident T was noted to have an open area to his right elbow with yellow drainage to the site. There was redness and swelling to periwound and was warm to touch. Resident T was to have a stat (immediately) x-ray and labs were ordered. A Nurses note dated 4/2/24 at 12:29 p.m. indicated, Resident T's elbow wound had increased in size and now had moderate amount of yelllow/green drainage. Resident T was sent to the emergency room for evaluation and treatment. Resident T's hospitalization summary indicated, he had an irrigation and debridement of the wound and had the hardware was removed . (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident T's physician's orders dated 4/17/24 indicated, to cleanse the right elbow with wound cleanser then pat dry. Wet a corner of gauze with normal saline and place in the wound, cover with an ABD (abdominal) pad and wrap with Kerlix every morning and at bedtime. Resident T's Treatment Administration Record (TAR) for April and May 2024 indicated, the elbow dressing changes were charted as follows: 4/30/24 - day shift was left blank 4/30/24 - night shift charted as completed 5/1/24 - day shift coded as 9; according to chart codes, 9 means to see nursing notes/other 5/1/24 - night shift was left blank 5/3/24 - day shift was left blank An order sheet from Resident T's Orthopedic Nurse Practitioner (Ortho NP) dated 5/1/24 indicated, Continue TWICE DAILY wet to dry dressing changes. The TWICE DAILY was underlined twice. A 5/1/24 Office Visit note from Ortho NP provided by Director of Nursing (DON) on 5/22/24 at 1:04 p.m. indicated, The facility did not change his dressing since 4/29/24. He should be having twice daily wet to dry dressing changes .twice daily wet to dry dressing changes to aid in healing the wound. An interview with Resident T's Ortho NP conducted on 5/23/24 at 3:35 p.m. indicated, when Resident T arrived at his follow-up appointment that day, she personally observed that his elbow dressing was dated 4/29 on the piece of tape holding the Kerlix end in place. She stated, there was no indication of the time of day the dressing was completed on 4/29/24 since there was just the date on it which is why she underlined the TWICE DAILY on the order. This tag relates to complaint IN00431891. 3.1-37(a)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41129 Based on observation, interview, and record review, the facility failed to implement interventions to eliminate and/or reduce a resident's risk of being burned by a therapy modality by not ensuring the maintenance/inspection of a hydrocollater (a temperature controlled water bath for placing heating pads) was up to date, not maintaining a current temperature log for the hydrocollater, not testing the temperature of the hydrocollator prior to use on a resident, and not following the policy and/or procedure for use of a hydrocollator and heat pads resulting in a resident receiving a blistering burn on his hand for 1 of 3 residents reviewed for wounds. (Resident H) Findings include: The clinical record for Resident H was reviewed on 5/22/24 at 1:29 p.m. Resident H's diagnoses included, but not limited to, type II diabetes, anxiety disorder, major depressive disorder, and paranoid schizophrenia. A Quarterly Minimum Data Set (MDS) dated [DATE] indicated, Resident H was had a moderate cognitive impairment. A Facility Reported Incident was received by IDOH (Indiana Department of Health) on 5/16/24. It indicated, on 5/15/24, Resident H had participated in an occupational therapy session, which included, but not limited to, the application of a moist heat pack from the hydrocollator on his contractured (a tightening of muscles, tendons, skin, or other tissues causing joints to shorten and become stiff, preventing normal movement) left hand. The incident report indicated, upon the third inquiry from the OT (Occupational Therapist), Resident H indicated, the moist heat pack felt too warm and OT immediately removed it from his hand. Resident H's hand was inspected after removing the heat pack and no irregularities were observed. The next morning, a fluid-filled intact blister was noted on his left lower palm near the thumb. A Nursing note dated 5/16/24 at 8:24 a.m. indicated, Resident H was noted to have a blister at the base of left thumb which when questioned, he stated he had therapy yesterday and the therapist had applied heat pad to his thumb and after a while it became uncomfortable. The area presented as a blister measuring 3 cm (centimeters) by 3 cm. An observation of the facility's hydrocollator machine conducted on 5/22/24 at 3:06 p.m. with DT (Director of Therapy) found the maintenance sticker on the machine had an inspection date of 2/21/20 and a valid until date of 2/2021. The machine also had a handwritten sign taped to it that read, Do Not Use which DT indicated he had placed on the machine since the incident. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	An interview with DT conducted at the same time as the hydrocollater observation indicated, since the incident with Resident H, he attempted to reach out to the company that does the maintenance/inspections on the machine but that company was no longer in business to complete an inspection/maintenance on that hydrocollater. When asked if there was a current temperature log for the hydrocollator, he indicated, there wasn't one that was current. When asked if the temperature log for the hydrocollator had a temperature recorded for the day of the incident, he indicated, no temperatures were recorded on that date. DT indicated, he had tested the hydrocollator temperature after learning of the incident with Resident H. He indicated the temperature of the hydrocollator was 180 degrees Fahrenheit. An interview with Resident H conducted on 5/22/24 at 1:58 p.m. indicated, when OT had placed the moist heat pack on his left hand that day, it was the first time that modality had been used on his hand. He indicated, at first, it wasn't hot or uncomfortable but eventually it had. He stated, he told OT and he immediately removed the pack. Resident H indicated, the blister did not show up immediately but rather developed later the same day. An interview with OT conducted on 5/22/24 at 2:58 p.m. indicated, he works at the facility as an Occupational Therapist on a part-time basis as needed. He indicated, when he worked with Resident H that day, he had not performed a temperature check on the hydrocollator that day or prior to its use on Resident H. When asked to explain the procedure he followed that day, he indicated, he removed a hot pack out of the hydrocollator, placed the heat pack into a blue-bag (a cover), and wrapped the covered pack with two towels. He further explained how he had utilized the two towels, he explained he wrapped the two towels around the pack so that the towels wrapped around the pack twice. When asked how many layers of towel were between Resident H's hand and the heat pack, he stated, two towels times two times around is 4 layers. He stated, he had checked on Resident H multiple times by asking the resident if the hot pack felt too warm or was uncomfortable. When Resident H had indicated, he felt the hot pack was too warm, he removed the hot pack and inspected Resident H's skin then and denied seeing any signs and/or symptoms of blistering or a burn at that time. An Occupational Therapy Evaluation and Plan of Treatment for Resident H was provided by DT on 5/23/24 at 9:39 a.m. It indicated, Resident H's plan of treatment approaches may include: therapeutic activities, moderate complexity, self care management training, orthotic management and training, therapeutic exercises, neuromuscular reeducation, manual therapy techniques, group therapeutic procedure, and modality application diathermy (a treatment option that uses energy sources [like sound and electricity] to deep heat areas of the body. A Hydrocollator User Manual received on 5/23/24 at 10:57 a.m. from Director of Nursing (DON) indicated, under Safety Precautions, Never adjust the thermostat to high. The thermostat is extremely sensitive and the slightest adjustment will alter the temperature sever degrees. The recommended operating temperature is 160 degrees Fahrenheit to 165 degrees Fahrenheit. The temperature of the water should be checked with a thermometer after every adjustment, before using the HotPac .Constantly monitor HotPac application to ensure that the skin is not becoming too hot .Warranty .All repairs to the Product must be performed by a service center authorized by the Company. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	A Procedure: Moist Heat (Hydrocollator) Packs received on 5/22/24 at 2:26 p.m. from DON indicated, Supplies: Six-Layer terry cloth cover for hot pack .Contraindications: Impaired sensation, Impaired circulation, Impaired cognition .Procedure .2. Verify orders .6. Check the water temperature in the tank with a thermometer to verify that it meets manufacturer's guidelines for you specific model of hydrocollator .8. Wrap the moist hot pack using a commercial moist heat pack cover and two thick towels folded so that six to eight layers of toweling are between the skin and the pack .10. Apply the wrapped pack to the area to be treated. Adjust the towel thickness .You should never have less than six layers of toweling (or a commercial cover) on the hot pack .12. Check the resident's skin every 5-10 minute [sic, minutes] . 3.1-45