

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Eastgate Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2119 E National Hwy Washington, IN 47501	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>35318</p> <p>Based on observation, interview, and record review, the facility failed to ensure the accuracy of the Minimum Data Set assessment for 2 of 18 residents reviewed. A urinary catheter and discharge was coded inaccurately. (Resident 52, Resident 54)</p> <p>Findings include:</p> <p>1. Resident 52's clinical record was reviewed on 4/17/24 at 11:55 a.m. The diagnoses included, but were not limited to, obstructive and reflux uropathy, unspecified, and neuromuscular dysfunction of bladder.</p> <p>Physician orders, dated 4/1/24 through 4/19/24, for Resident 52 indicated . cath [catheter] orders: Foley catheter Size: 18 Fr [french] 10 mL [milliliters] bulb . The start date for the Foley catheter was 3/26/24.</p> <p>Resident 52's Admission Minimum Data Set (MDS) assessment, dated 3/31/24, indicated the resident did not have a Foley catheter during the 7 day look back period of 3/25/24 through 3/31/24.</p> <p>2. Resident 54's clinical record was reviewed on 4/17/24 at 11:56 a.m. The diagnosis included, but was not limited to, sepsis.</p> <p>Nursing Progress Notes, dated 1/6/24 at 9:56 a.m., for Resident 54 indicated, Estimated discharge date : 2/6/24. Planned discharge location: home with home care and family support.</p> <p>Nursing Progress Notes, dated 1/17/24 at 9:36 a.m., for Resident 54 indicated, Estimated discharge date : 2/16/24. Planned discharge location: home with family support.</p> <p>Nursing Progress Notes, dated 1/24/24 at 12:23 p.m., for Resident 54 indicated, Estimated discharge date : 2/16/24. Planned discharge location: home with family support.</p> <p>Resident 54's Discharge MDS assessment, dated 2/5/24, indicated the resident went home to the community and the discharge was not planned.</p> <p>During an interview on 4/18/24 at 11:29 a.m., the Executive Director indicated the MDS's for Resident 52 not having a Foley catheter and for Resident 54's discharge not being planned were coded incorrectly.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/19/24 at 12:19 p.m., the Executive Director provided the facility's policy, Resident Assessment (RAI) Medicare MDS Scheduling with a reviewed date of 4/2023, and indicated it was the policy currently being used by the facility. A review of the policy did not indicate ensuring accurate coding of the MDS.</p> <p>3.1-31(d)</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>35318</p> <p>Based on interview and record review, the facility failed to ensure a care plan meeting was held in conjunction with the Quarterly Minimum Data Set (MDS) assessment for 1 of 2 residents reviewed for care planning. (Resident 49)</p> <p>Findings include:</p> <p>During an interview on 4/16/24 at 11:40 a.m., Resident 49 indicated he and his wife had not been invited to a care plan meeting for a long time and he had not been kept informed of what was going on with his plan of care or when he was going to be able to be discharged back home.</p> <p>Resident 49's clinical record was reviewed on 4/17/24 at 11:00 a.m. The diagnoses included, but were not limited to, incomplete lesion at C5 level of cervical spinal cord and quadriplegia.</p> <p>A review on 4/17/24 at 11:15 a.m., of the Care Conference Summary notes indicated Resident 49 and his wife attended a care conference meeting on 1/3/24.</p> <p>A care plan, initiated on 3/22/24, and current through target date 6/22/2024, for Resident 49 indicated, . PROBLEM: Resident's discharge goal is to return to the community. Home with possible home care . GOAL: Resident will be discharged to return home with family support and possible home care . APPROACH: Resident and resident representative will be encouraged to participate in the discharge planning process .</p> <p>Resident 49's Quarterly MDS assessment was dated 3/20/24. The clinical record lacked documentation of a care plan meeting being held during that time.</p> <p>During an interview on 4/19/24 at 10:54 a.m., the Social Worker indicated Resident 49 was almost a month overdue for his care plan meeting. The meeting should have been held during the time the most recent MDS assessment was completed on 3/20/24.</p> <p>On 4/19/24 at 1:07 p.m., the Executive Director provided the facility's policy, IDT Care Plan Review Guidelines with a reviewed date of 8/2023, and indicated it was the policy currently being used by the facility. A review of the policy did not indicate how often a care plan meeting should be held.</p> <p>3.1-35(d)(2)(B)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>34848</p> <p>Based on interview and record review, the facility failed to ensure staff assisted a resident in gaining access to vision services by making appointments for 1 of 1 resident reviewed for ancillary services. (Resident 14)</p> <p>Finding includes:</p> <p>During an interview on 4/15/24 at 2:22 p.m., Resident 14 indicated her eyes were getting worse and she thought she needed new glasses. She indicated she had an eye doctor she was supposed to go see, however, she did not know when her next appointment was scheduled.</p> <p>On 4/16/24 at 11:12 a.m., Resident 14's clinical record was reviewed. The diagnoses included, but were not limited to, diabetes type 2 and hypertension.</p> <p>A 2/7/24 Quarterly Minimum Data Set (MDS) assessment indicated the resident was cognitively intact.</p> <p>A 8/29/23 Optometry Doctor (OD) assessment, indicated the patient was diagnosed with diabetic retinopathy (damage to the blood vessels in the tissue at the back of the eye), macular degeneration (loss in the center of the field of vision), pseudophakia (having an artificial lens implanted after the natural eye lens has been removed), dry eye, and presbyopia (when your eyes gradually lose the ability to see things clearly up close). The eye doctor referred the resident to be seen by a retinal specialist for diabetic changes in her eyes and reduced vision.</p> <p>A 4/19/21 Request for Service Consent, indicated the resident requested services for eye care.</p> <p>An 11/13/23 Social Services Assessment, indicated the resident needed ancillary referrals for vision.</p> <p>During an interview on 4/19/24 at 12:33 p.m., the Executive Director (ED) indicated the Social Services Director would be responsible for setting up OD referrals after the appointment.</p> <p>During an interview on 4/19/24 at 12:58 p.m., the ED indicated staff talked to the resident about getting seen outside of facility for services and she refused. She indicated there were no notes which indicated the resident refused to be seen related to the OD's referral to the retinal specialist.</p> <p>On 4/19/24 at 1:30 p.m., the ED provided the facility policy, Vision and Hearing Services, revised on January, 2006, and indicated it was the policy currently being used. A review of the policy indicated, . All resident requiring vision . services outside the facility will be assisted with the necessary arrangements .</p> <p>3.1-39(a)(1)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>35318</p> <p>Based on observation, interview, and record review, the facility failed to ensure a urinary drainage bag and tubing attached to a urinary catheter was positioned off the floor for 1 of 1 resident reviewed for urinary catheters. (Resident 52)</p> <p>Finding includes:</p> <p>On 4/15/24 at 10:54 a.m., Resident 52 was observed to be sitting in her wheelchair in her room. The urinary drainage bag was observed to be touching the floor.</p> <p>On 4/15/24 at 3:08 p.m., Resident 52 was observed to be rolling around the hallway in her wheelchair. The urinary drainage bag was observed to be dragging the floor.</p> <p>On 4/17/24 at 11:10 a.m., Resident 52 was observed to be sitting in her wheelchair in her room. The urinary drainage tubing was observed to be been touching the floor.</p> <p>Resident 52's clinical record was reviewed on 4/17/24 at 11:55 a.m. The diagnoses included, but were not limited to, obstructive and reflux uropathy, unspecified, and neuromuscular dysfunction of bladder.</p> <p>Physician orders, dated 4/1/24 through 4/19/24, for Resident 52 indicated . cath [catheter] orders: Foley catheter Size: 18 Fr [french] 10 mL [milliliters] bulb .</p> <p>Nursing Progress Notes, dated 3/31/24, indicated Resident 52 was being treated for a urinary tract infection.</p> <p>A care plan, initiated on 3/26/24, and current through target date 6/26/24, for Resident 52 indicated, . PROBLEM: Resident requires an indwelling urinary catheter . GOAL: Resident will have catheter care managed appropriately as evidenced by not exhibiting signs of urinary tract infection . APPROACH: Do not allow tubing or any part of the drainage system to touch the floor .</p> <p>On 4/18/24 at 11:06 a.m., Resident 52 was observed to be sitting in her wheelchair in her room. The urinary drainage bag and tubing was observed to be touching the floor.</p> <p>On 4/19/24 at 11:36 a.m., Resident 52 was observed to be sitting in her wheelchair in her room. The urinary drainage bag and tubing was observed to be touching the floor.</p> <p>During an interview on 4/19/24 at 11:37 a.m., Certified Nursing Assistant (CNA) 1 indicated the urinary drainage bag and tubing for Resident 52 was currently on the floor and should not be.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/19/24 at 12:19 p.m., the Executive Director provided the facility's policy,Nursing with a reviewed date of 6/2023, and indicated it was the policy currently being used by the facility. A review of the policy indicated, .</p> <p>2. Resident Care Equipment . b. Urinary catheters should have a catheter bag cover over them or a wash basin underneath them as a barrier to prevent catheter bad or tubing from touching the ground .</p> <p>3.1-41(a)(2)</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36912</p> <p>Based on observation and interview, the facility failed to ensure an environment that was safe, sanitary, and comfortable for 6 of 18 rooms observed. Walls were damaged, lights were not functional, light pull cords were not functional, and privacy curtains were not clean. (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER])</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 4/15/24 at 11:31 a.m., room [ROOM NUMBER] was observed. The bathroom walls were observed to be scratched and gouged.</li> <li>On 4/15/24 at 2:06 p.m., room [ROOM NUMBER] was observed. The light closest to the entry door was observed to not work and the privacy curtain was observed to be stained with a dry brown substance.</li> <li>On 4/15/24 at 2:16 p.m., room [ROOM NUMBER] was observed. The bathroom walls were observed to be scratched and gouged.</li> <li>On 4/15/24 at 2:20 p.m., room [ROOM NUMBER] was observed. Two hooks were observed protruding from the wall above the bed and multiple screws and nails were observed protruding from the entry door wall.</li> <li>On 4/16/24 at 2:08 p.m., room [ROOM NUMBER] was observed. The light above the bed was observed to be missing a pull cord.</li> <li>On 4/16/24 at 2:09 p.m., room [ROOM NUMBER] was observed. The pull cord above the bed was observed to be too short to be accessible for the resident.</li> </ol> <p>During an interview on 4/19/24 at 12:45 p.m., the Executive Director indicated the wall damage, light pull cords, and privacy curtain were in need of repair and cleaning.</p> <p>3.1-19(f)</p>