

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Hutsonwood at Brazil		STREET ADDRESS, CITY, STATE, ZIP CODE  501 S Murphy Ave Brazil, IN 47834	

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>48226</p> <p>Based on observation, record review, and interview, the facility failed to ensure wound care was provided for 2 of 2 residents reviewed for wound care (Residents S and C).</p> <p>Findings include:</p> <p>1. On 8/26/24 at 2:51 p.m., observed the Resident S lying in bed with left leg propped on pillow. The resident was alert and oriented. The left foot was wrapped in Kling gauze. A date of application was not on the dressing. The resident indicated the dressing to the left foot had not been changed at the time of the observation and had not been changed over the previous weekend. The resident indicated when the nurse changed the dressing they would date it.</p> <p>On 8/26/24 at 3:00 p.m., the medical record of Resident S was reviewed. Diagnoses included but were not limited to, complications of amputation stump left foot, acquired absence of left foot part of foot, type 2 diabetes mellitus with hyperglycemia (a disease that occurs when your blood glucose, also called blood sugar, is too high), chronic kidney disease, stage 4 (a severe stage of kidney disease where the kidneys are moderately to severely damaged and are not functioning properly).</p> <p>An admission Minimum Data Set (MDS) assessment, dated 7/16/24, indicated the resident was cognitively intact.</p> <p>Physician order, dated 7/11/24 and discontinued 7/12/24, indicated to keep the area around the incisions clean and dry. Soap and water could be used to gently clean the incision. Pat gently dry and keep a dry gauze dressing to groin incisions at all times until 100% healed. Change dressing daily.</p> <p>Physician order, dated 7/11/24 and discontinued on 7/13/24, indicated to change wound vac (a medical device that helps wounds heal by using negative pressure to create a vacuum over the wound) three times per week on Monday, Thursday, and Saturday. Staff were to keep pressure setting at 125 mmHG (millimeters of mercury).</p> <p>A care plan, dated 7/12/2024 and edited 08/05/2024, indicated, Skin Integrity (Actual) - risk for complications related to open wound to left foot related to surgery. An intervention, dated 7/12/2024, indicated treatment as ordered.</p> <p>Physician order, dated 7/13/24 and discontinued 7/24/24, indicated staff were to change the wound vac three times per week on Monday, Thursday, and Saturday, and to keep pressure setting at 125 mmHG.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Hutsonwood at Brazil		STREET ADDRESS, CITY, STATE, ZIP CODE  501 S Murphy Ave Brazil, IN 47834	
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>Physician order, dated 7/24/24 and discontinued 8/23/24, indicated to change the wound vac three times per week on Monday, Thursday, and Saturday, and keep pressure setting at 125 mmHG. Staff were to add Promogran or equivalent collagen under wound vac to wound base with every wound vac dressing change.</p> <p>Review of the treatment administration record (TAR) indicated, an order to change the wound vac dressing to the left foot on Mondays, Thursdays, and Saturdays. The record lacked documentation of the treatment with dressing change as being completed on 7/29, 8/8, 8/12, and 8/19. The wound service provider documentation indicated on 8/1/24 the surgical wound had improved. On 8/22/24 the provider indicated the wound condition had worsened. An order to discontinue the wound vac was initiated on 8/23/24, and an order for topical wound treatment was obtained.</p> <p>Physician Order, dated 8/23/24 and discontinued 8/26/24, ordered Santyl ointment 250 unit/gram, 1 application topically with special instructions to cleanse left stump with normal saline (NS), pat dry, apply Santyl (a topical medication used to treat wounds) and then cover with Calcium Alginate and a ABD (a type of wound dressing used for large wounds or wounds that require high absorbency), and wrap with rolled gauze. Staff were to change daily and PRN (as needed) for soilage.</p> <p>On 8/26/24 at 4:15 p.m., during an interview with the Director of Nursing Services (DON). She indicated she did not know what the facility policy was regarding dating dressings, she indicated she would have to review their policy.</p> <p>On 8/26/24 at 4:35 p.m., during an interview with Licensed Practical Nurse (LPN) 3 indicated treatments ordered daily were usually changed on day shift. The LPN indicated she would sign and date all dressings.</p> <p>2. On 8/26/24 at 3:35 p.m., Resident C was observed lying in bed, sleeping. The resident was lying on a low air loss mattress. Off-loading heel boots were not observed on the resident's feet. Observed a gauze dressing over the left heel. The dressing was dated 8/22/24.</p> <p>On 8/26/24 at 3:45 p.m., the medical record of Resident C was reviewed. Diagnoses included, but were not limited to, cerebral infarction due to embolism of left posterior cerebral artery (stroke related to a blood clot), chronic obstructive pulmonary disease (COPD) (a group of diseases that cause airflow blockage and breathing-related problems), and history of pressure-induced deep tissue damage of right heel.</p> <p>Physician order, dated 3/13/24, indicated to use a skin-pressure relieving/reducing mattress on bed.</p> <p>Physician order, dated 4/12/24, indicated to float heels while in bed with the use of heel boots.</p> <p>A care plan, dated 4/12/24 and edited 7/9/24, indicated Resident C's skin was at risk for complications related to DTI (deep tissue injury) to right inner heel. An intervention dated 4/12/2024, indicated treatment as ordered.</p> <p>Resident C's record lacked documentation lacked a care plan for heel boots.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Hutsonwood at Brazil		STREET ADDRESS, CITY, STATE, ZIP CODE  501 S Murphy Ave Brazil, IN 47834	

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>A quarterly Minimum Data Set assessment, dated 6/19/24, indicated the resident was not cognitively intact.</p> <p>Physician order, dated 8/23/24, indicated to cleanse wound to right inner heel with wound cleanser, pat dry, apply skin prep to peri (surrounding) wound, apply calcium alginate, and cover with bordered gauze. Change daily and prn (as needed) for soilage or displacement.</p> <p>On 8/26/24 at 4:35 p.m., during an interview LPN 3 she indicated dressings ordered daily were usually changed on day shift. LPN 3 confirmed the dressing on the left foot of Resident C was dated 8/22/24. She indicated she was not the nurse assigned to the resident.</p> <p>On 8/27/24 at 11:30 a.m., during an interview Registered Nurse (RN) 5 indicated she always dated dressings after providing treatment.</p> <p>On 8/27/24 at 1:37 p.m., observed the resident lying in bed. Certified Nurse aide (CNA) was repositioning the resident. There were no pressure relieving boots on the resident's feet. The CNA acknowledged there were none on his feet and he should have them on while in bed. Offloading boots were not observed in the resident's room.</p> <p>On 8/26/2024 at 4:54 p.m., the Administrator provided a document titled, Treatment Dressing Standards,, dated, 5/19/21, and indicated it was the policy currently being used by the facility. The policy indicated, . Purpose: to promote healing that results in an intact skin layer .Procedure .11. Clean and dress wound per physician order. A best practice is to apply date on outside of dressing .Document the dressing change in the resident's medical record</p> <p>On 8/27/2024 at 2:00 p.m., the Administrator provided a document titled, Skin condition policy, dated 5/19/21, and indicated it was the policy currently being used by the facility. The policy indicated, .Potential resident interventions to prevent skin impairment in healing may include .Elevation of heels off bed</p> <p>This citation relates to Complaint IN00441630.</p> <p>3.1-40</p>