

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Williamsport Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Short St Williamsport, IN 47993	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34525</p> <p>Based on record review and interview, the facility failed to ensure a wound vacuum-assisted closure (vac) was placed properly for 1 of 3 residents reviewed for wound treatment (Resident B).</p> <p>Findings include:</p> <p>Resident B's closed record was reviewed on 11/21/24 at 11:53 a.m. The profile indicated the resident's diagnoses included, but were not limited to, acute osteomyelitis (a serious bone infection that occurs when bacteria or other infectious agents spread to the bone) of the left ankle and foot, type 2 diabetes (a chronic disease that causes high levels of blood sugar, because the body doesn't produce enough insulin or doesn't use it properly) and diabetic foot ulcer (an open sore or wound that develops on the foot of a person with diabetes).</p> <p>An admission Minimum Data Set (MDS) assessment, dated 10/18/24, indicated the resident had no cognitive deficit and required extensive assistance with daily living skills (the routine tasks that people perform to care for themselves and their surroundings).</p> <p>A care plan, dated 10/13/24, indicated the resident required implementation of services related to left toe amputations (surgical removal) and wound vac (a medical treatment device that uses negative pressure to help wounds heal). Interventions included, but were not limited to, provide special treatments or devices including wound care and devices.</p> <p>A physician's order, dated 10/11/24, with a discontinuation dated of 10/19/24, indicated the apply a wound vac to the resident's left bottom foot area. Set wound vac pressure setting to 125 millimeters of mercury (mmhg) (a standard suction pressure used in wound vac therapy to treat wounds) and check every shift for proper functioning.</p> <p>A physician's order, dated 10/11/24, with a discontinuation dated of 10/20/24, indicated to change the resident's wound vac dressings three times weekly and as needed for soilage or dislodgement.</p> <p>A physician's order, dated 10/21/24, with a discontinuation date of, 10/29/24, indicated per the physician, the wound vac was to be changed Wednesday and Sunday by the facility. The physician would change at the clinic appointment on Fridays.</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: 155568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Williamsport Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Short St Williamsport, IN 47993	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A wound clinic visit note, dated 10/18/24, indicated the resident's wound to his left plantar foot was a diabetic ulceration. The wound was not healed. The periwound area (the skin directly surrounding a wound) moisture and color were normal. The supplies for the wound treatment had been delivered to the resident's home.</p> <p>A wound clinic note, dated 10/25/24, indicated the resident's wound to his left plantar foot was not healed. The periwound area was macerated (skin that has softened and broken down due to prolonged exposure to moisture, such as water, urine, sweat, or other fluids) and moist which was not normal for the patient. The foot was macerated due to the wound vac foam was against the resident's skin.</p> <p>A Social Services progress note, dated 10/25/24 at 4:45 p.m., indicated the resident and his wife had returned from the wound clinic appointment and requested to discharge from the facility. The Podiatrist (a doctor who specializes in diagnosing and treating conditions affecting the foot, ankle, and lower leg) at the appointment had sent an order for the resident to discharge to home. The Social Services Director (SSD) and the Director of Nursing Services (DNS) explained to the resident and his wife that it would be considered discharging against medical advice (AMA) because the facility's Medical Director had not ordered the discharge. The resident and his wife were adamant about discharging back to his home.</p> <p>A progress note, dated 10/25/24 at 5:03 p.m., indicated the resident was discharged from the facility and the physician was notified.</p> <p>During an interview, on 11/21/24 at 1:01 p.m., the Medical Records Director indicated the resident had been admitted to the facility with the wound vac, orders for the wound vac, and supplies. The facility had all the supplies for the wound vac in stock, but they were not the same brand name as the original wound vac supplies. The supplies worked the same as the originals, but the resident's wife was concerned that because they were not the original brand, they would not work properly. The wound vac was hard to keep in place due to the area of the foot that it was placed on. The DNS had placed the wound vac when the resident arrived at the facility. There were orders to change the wound vac dressings three times a week and as needed if it came off or got dirty. Any nurse could change the dressings and replace the wound vac. No specific education had been provided, but if a nurse wanted education, the DNS would provide. She understood that education had been given to one nurse, who she believed was a new nurse. She had heard that the resident had gone to a wound clinic appointment at the end of October and the wound clinic staff had suspected the foam from the wound vac had not been properly placed and was touching the resident's skin. She had no further knowledge of the situation.</p> <p>During an interview, on 11/21/23 at 1:25 p.m., the Executive Director (ED) indicated she was aware of Resident B's wife's concern of the facility's lack of supplies. Her understanding was that the supplies that the facility had in stock worked fine with the wound vac. She was also aware that the DNS had re-educated Licensed Practical Nurse (LPN) 7 about proper placement of the wound vac.</p> <p>During a telephone interview with the DNS, on 11/21/24 at 1:39 p.m., she indicated due to Resident B's wife's concerns about the wound vac being placed improperly, she had re-educated LPN 7. She had not documented the education. She was unsure if the wound vac had been placed improperly or not. She checked the placement of the wound vac daily.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Williamsport Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Short St Williamsport, IN 47993	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 11/21/24 at 2:04 p.m., the MDS Coordinator indicated it was very important to ensure that the foam used in wound vacs was not left in contact with the skin, as it could cause skin breakdown.</p> <p>On 11/21/24 at 2:16 p.m., the Admissions Director provided a document, with a revision dated of 5/22, titled, Skin Management Program, and indicated it was the policy currently being used by the facility. The policy indicated, Policy: It is the policy .that each resident receives care, consistent with professional standards or practice .and a resident .receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing</p> <p>This citation relates to complaint IN00446310.</p> <p>3.1-37(a)</p>		