STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155717	A. Building B. Wing	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpha Home - A Waters Community	2640 Cold Spring Rd Indianapolis, IN 46222

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34129 Based on record review and interview, the facility failed to ensure a resident with a tracheostomy (trach) (an opening surgically created through the neck into the trachea to allow air to fill the lungs with a tube) had physician's orders for tracheostomy care, oxygen, oxygen humidity, suctioning, and to keep oxygen saturation (sats) greater than (>) 90% for 1 of 2 residents reviewed with a tracheostomy (Resident B). Findings include: Resident B's record was reviewed on 9/13/24 at 9:54 a.m. Resident B was admitted to the facility, on 6/26/24, with the diagnoses included, but were not limited to, acute respiratory failure with hypoxia (occurs when the respiratory system is unable to provide enough oxygen to the body's tissues), pulmonary embolism (PE) (blood clot blocks an artery in the lungs), chronic atrial fibrillation (type of irregular heart beat that causes the top chamber of the heart, atria, to quiver and beat irregularly lasting longer than one week), coronary artery aneurysm (clinical entity defined by a focal enlargement of the coronary artery exceeding the 1.5-fold diameter of the adjacent normal segment), cerebral aneurysm (weakened or bulging area in a brain artery that had not leaked), kidney transplant rejection (occurs when the body's immune system attacks a transplanted kidney because it recognized it as foreign), cognitive communication deficit, dysphagia (trouble swallowing), history of transient ischemic attack (TIA) and cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it), and metabolic encephalopathy (brain dysfunction that occurs when a chemical imbalance in the blood affects the brain). On 6/25/24, a copy of the respiratory care supply company noted setting up respiratory equipment for Resident B at the facility, which included but was not limited to, Airvo system (high flow therapy system that delivered oxygen and heated, humidified air to residents who are breathing spontaneously), oxygen mask, oxygen tubing, suctioning equipment, and trachea cuffs and indicated, the resident was not at the facility yet. Set Airvo up at bedside and instructed the Director of Nursing (DON) and staff on Airvo and how to fill and maintain machine. Airvo set at 20 lpm (liters per minute) at 34 degrees and humidity at 28% with oxygen concentrator set at 2 lpm. Follow and change trach every 3 days. On 6/26/24, a document from the respiratory care supply company noted, follow up on new trach resident. Resident's eyes are open and resting comfortably with lung sounds slightly course. Cleaned and trach care completed. Resident tolerated procedure well with no problems. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A nursing progress note, dated 6/26/24 at 2:50 p.m., indicated Resident B arrived to facility via stretcher accompanied by mom, was admitted due to acute hypoxemic respiratory failure, needed help with activities of daily living (ADLs) and transferred by 2 persons, was continent of bladder and incontinent of bowel, urinary catheter was intact and draining, urine appeared yellow in bag, abdomen was soft and non-tender, bowel sounds active in all 4 quadrants, G-tube to abdomen was intact and patent, completed vegetarian 1.27 feeding infusing at 70 milliliters (ml)/hour (hr), flushed at 40ml every 1 hr, no s/s of infection noted to G tube site, trach was intact, no respiratory distress noted, wound noted to coccyx (buttocks) and back of head, physician notified of the resident's arrival, no new orders noted, and would continue to monitor. The resident's medical record lacked a care plan and physician's orders for trach care and oxygen until 7/11/24. A care plan, initiated on 7/11/24, indicated Resident B was at risk for respiratory distress due to tracheostomy with interventions included but not limited to, encourage head of bed up, encourage to keep airway clear, observe for signs and symptoms of infection and notify physician, suction as needed/per physician's order, trach care per physician's order. A physician's order, dated 7/11/24, indicated oxygen (O2) at 28% via trach continuously at 2 lpm every shift for maintenance. A physician's order, dated 7/11/24, indicated O2 at 28% humidity per trach collar continuous. Change every Thursday and as needed for maintenance. A physician's order, dated 7/11/24, indicated to clean O2 concentrator filter weekly and as needed (prn) on Thursdays for maintenance. A physician's order, dated 7/11/24, indicated suction Resident B for excessive secretions every shift for maintenance. A physician's order, dated 7/11/24, indicated to change trach tubing weekly on Thursdays during the night shift and prn. A physician's order, dated 7/12/24, indicated to change trach collar daily and prn for soilage every day during the day shift for maintenance. On 9/16/24, the Director of Nursing (DON) indicated Resident B should have had but did not have physician's orders for the Airvo machine, oxygen with humidity, no oxygen saturation (SATs) monitoring, no order to keep SATs above 90%, no trach care orders, nor suctioning orders until 7/11/24. It just got overlooked. The orders should have been put into Resident B's medical record when the respiratory supply company set up the equipment on 6/25/24 and prior to the resident's admission to the facility on [DATE]. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/16/24 at 2:13 p.m., the DON provided and identified a document, as a current facility policy, dated 6/18/23, titled, Guidelines for Physician's Orders - (Following Physician Orders), which indicated, .Policy: It is the policy of the facility to follow the order of the physician. At the time of admission the facility must have physician orders for the resident's immediate care. The facility will have orders to provide essential care to the resident, consistent with the resident's mental and physical status upon admission. Two nurses will review admission and readmission orders to serve as a 'double check' for the accuracy of the orders. If a Discharge Summary accompanies the resident on admission or readmission - it will be compared to the list of orders on the orders sheet and any discrepancies will be addressed and clarified at that time - to ensure accuracy of the orders will be in place .Procedure: .1) The facility must have orders from the physician upon admission for: .a. Dietary .b. Drugs (if necessary) .c. Routine care to maintain or improve the resident's functional abilities until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan .2) As assessments are completed, orders will be received from the physician to address significant findings of the assessments .3) Orders that accompany the resident on admission or readmission will be clarified by the physician through action of the nurse who will contact the physician for clarification upon the resident's admission .4) All physician orders received pertaining to the resident will be implemented and followed throughout the course of the resident's stay in the facility as the orders are received The DON, on 9/16/24 at 2:40 p.m., provided and identified an undated document as a current facility policy, titled Oxygen Administration. The policy indicated, .Policy .It is the policy of this facility to provide oxygen to maintain levels of saturation to residents as needed and as ordered by the attending physician. Orders are entered into the clinical record under Medication Administration Record .Procedures .Residents with oxygen orders, routine and PRN, will have oxygen saturation levels measured by oximetry per physician order indicating clinical oxygen saturation to be maintained. Oxygen saturation will be checked and documented every shift to meet order specifications .Oxygen concentrators are provided to residents with oxygen orders for the purpose of maximizing overall consistency in regulation of oxygen administration in the resident room E-tanks are available for extended trips .Pulse Oximetry: Residents who have oxygen orders, whether scheduled or PRN will have oxygen saturation levels measured no less than daily. If MD order states to maintain Sat then oxygen saturation will be checked and documented every shift. MD will be notified whenever titration is required to maintain a saturation, which may indicate a condition change. Lung sounds and assessment will be reported to the MD at that time This citation relates to Complaint IN00441434. 3.1-47(a)(4) 3.1-47(a)(5) 3.1-47(a)(6)