STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155761	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brownsburg Meadows	2 E Tilden Brownsburg, IN 46112

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38767 Based on observation, interview, and record review, the facility failed to manage Peripherally Inserted Central Catheter (PICC) line dressing changes for a resident receiving intravenous (IV) antibiotics to treat extradural and subdural abscesses for 1 of 2 residents reviewed for PICC line dressing changes (Resident C). Findings include: During an interview on 1/22/25 at 10:41 a.m., a resident representative indicated Resident C had been admitted to the facility from a local hospital on 10/29/24 with orders to change his PICC line dressing weekly, but the facility did not have his PICC line dressing changed until close to discharge over 3 weeks later. The resident representative indicated they had repeatedly taken their concerns to the Infection Preventionist nurse and floor nurses. They had even brought up their concerns during a care plan meeting on 11/19/24 with a picture of his dressing dated 10/28/24 from the hospital and the PICC dressing coming loose around the edges as proof, but the facility did not change the residents dressing until 11/25/24. Resident C's record was reviewed on 1/21/25 at 1:45 p.m. Diagnoses on Resident C's profile included, but not limited to, external and subdural abscess (pus collections located outside the body and between the outer layer and middle layer of meninges surrounding the brain), osteomyelitis of vertebra of the lumbosacral region (rare spinal infection that can cause severe back pain, fever, and bone death), and elevated white blood count (indicative of an infection). An admission MDS (Minimum Data Set) assessment, completed on 11/4/24, assessed Resident C as having the ability to make himself understood and to understand others. A BIMS (brief interview for mental status) score 15 out of 15 indicated he was cognitively intact. The resident had open lesions other than ulcers, rashes, or cuts, had IV access to include a PICC, and was receiving IV antibiotics. A local hospital PICC line insertion procedure report, dated 10/28/24 at 9:30 a.m., indicated a PICC line was inserted by RN 12 with a transparent occlusive dressing applied. Physician orders, dated 10/30/24, indicated a. The nurse was to initial every shift the PICC/midline site was free of warmth, redness, or swelling (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: 155761	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER: Brownsburg Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE: 2 E Tilden Brownsburg, IN 46112	

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/22/25 at 12:05 p.m., the Infection Preventionist provided a Peripherally Inserted Central Catheter (PICC) management nurse policy and procedure-skills validation form, dated 9/2012, and indicated the form was the one currently being used by the facility. The nurse policy and procedure - validation form indicated, All PICCs are maintained by nursing associates trained in the care and management .Dressing and securement device is to be changed every 7 days or PRN [pro re nata -as the situation arises] using sterile technique .PICC insertion site should be assessed every eight hours for signs of redness, edema, pain, drainage or venous cord [red or hard outline of vein tracing upward on upper arm] . This citation relates to Complaint IN00449240. 3.1-47(a)