

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155786	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/26/2024
NAME OF PROVIDER OR SUPPLIER  Allisonville Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 10312 Allisonville Rd Fishers, IN 46038	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34850</p> <p>Based on observation, interview and record review, the facility failed to ensure nail trimming and hand hygiene was provided for 3 of 3 residents reviewed for upper extremity devices. (Residents' C, D and F)</p> <p>Findings include:</p> <p>During a Confidential Interview, they indicated staff are not ensuring residents' are provided hand hygiene, nail trimmings, and unsoiled palm protectors.</p> <p>1. The clinical record for Resident D was reviewed on 4/26/24 at 10:00 a.m. The diagnoses for Resident D included, but were not limited to, chronic kidney disease, and hemiplegia and hemiparesis following stroke.</p> <p>A Quarterly MDS (Minimum Data Set) assessment dated [DATE] indicated the resident was moderately impaired.</p> <p>A care plan dated 1/11/23 indicated Resident requires splint/brace program to maintain tissue length and reduce risk of skin break down through LUE [left upper extremity] .Approach Wash and dry are where splint/brace will be applied</p> <p>A care plan dated 2/11/22 indicated . Resident is at risk for skin breakdown due to impaired sensory perception, moisture to skin, check skin around splint, chair fast, decreased mobility with potential for friction and sheer .</p> <p>A care plan dated 2/11/22 indicated Resident requires assistance with ADL's [Activities of Daily Living] including bed mobility, transfers, eating and toileting related to: decreased mobility secondary to CVA [stroke] with hemiplegia, assist with hand split, impaired cognition .Approach .Assist with dressing/grooming/hygiene as needed .</p> <p>An observation was made of Resident D with the Float Director of Nursing Services (FDNS) on 4/26/24 at 10:28 a.m. The FDNS was observed removing the resident's palm protector from his right hand. The resident's nails were long in length and his hand had a brown flaky substance. The FDNS using a white wash cloth had washed and dried Resident D's right hand. During that time, the brown flaky substance was removed. Resident D indicated at that time his right hand had not been cleaned prior to placement of the palm protector. He reported the staff wash his right hand only on shower days.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the FDNS on 4/26/24 at 10:30 a.m. She indicated Resident D's nails did need to be trimmed, and the staff should be washing the resident's hand prior to placing the palm protector on.</p> <p>2. The clinical record for Resident C was reviewed on 4/26/24 at 10:15 a.m. The diagnoses for Resident C included, but were not limited to, diabetes mellitus, dementia, and chronic kidney disease.</p> <p>A care plan dated 3/14/21 indicated Resident C was Risk for skin breakdown The resident was to wear palm protectors to both hands.</p> <p>A care plan dated 4/12/24 indicated [Resident C] has impaired skin integrity: skin tear to left lateral ring finger. At risk for skin breakdown r/t [related to]: Approach .Cut fingernails 2x/week [twice a week] .Treatment as ordered .</p> <p>A physician order dated 4/12/24 indicated the staff was to every shift, cleanse hands (palms) each shift. Remove palm protector, cleanse area with soap and water, pat dry, reapply protector.</p> <p>A physician order dated 4/12/24 indicated staff was to provide nail trimming on Mondays and Thursdays.</p> <p>The April 2024 Treatment Record indicated the staff had provided nail trimming as ordered on 4/15/24, 4/18/24, 4/22/24 and 4/25/24.</p> <p>A hospice Registered Nurse (RN) visit note dated 4/12/24 indicated .There was a foul smell coming from patient's hands. Writer removed palm protectors and noticed that patient had cut herself with her fingernails. Writer clipped under fingernails. The space in between patient's fingers are macerated. Relayed information to facility staff and had them come take a look. Patient will receive fungal cream and gauze in between fingers, xeroform to cut on left right finger, and skin prep to other macerated fingertips. Advised hospice aide to clean and completely dry in between fingers during bed baths .I did advise her [Resident C's Representative] that I threw away the wool palm protectors due to them being soiled and will replace them for palm protectors that absorb sweat and goes in between the fingers .</p> <p>An observation was made of Resident C with the FDNS on 4/26/24 at 10:42 a.m. The FDNS had removed the resident's palm protectors from both hands. The resident's hands were observed to be cleaned, but her nails were long in length. The FDNS indicated at that time, Resident C's wound on her ring finger had healed. The resident's nails needed to be trimmed. The nursing staff should be trimming her fingernails.</p> <p>3. The clinical record for Resident F was reviewed on 4/26/24 at 10:30 a.m. The diagnoses for Resident F included, but were not limited to, dementia and muscle weakness.</p> <p>A care plan dated 6/2/22 indicated Resident F .requires assistance with ADLs including bed mobility, transfers, eating and toileting related to decreased mobility, impaired cognition due to recent stroke and weakness .Approach .Assist with dressing, grooming, hygiene as needed .</p> <p>A physician order dated 11/30/23 indicated the staff was to place gerisleeves on the resident prior to breakfast and off at night.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation was made of Resident F with FDNS on 4/26/24 at 10:52 a.m. The resident was observed wearing gerisleeves. The resident's nails were long in length with uneven edges and a black substance underneath them. FDNS indicated at that time, Resident F's nails needed to be cleaned and trimmed.</p> <p>A Splinting Device Application procedure was provided by FDNS on 4/26/24 at 1:35 p.m. It indicated . Procedure Steps: 5. Affected joint(s) should be clean and dry prior to placing splint .</p> <p>A Fingernail Care procedure was provided by FDNS on 4/26/24 at 1:35 p.m. It indicated .4. Check fingers and nails for color, swelling, cuts, or splits .9. Clean under nails with orange stick. 10. Clip fingernails straight across, then file in a curve .</p> <p>This citation relates to Complaint IN00432488.</p> <p>3.1-38(3)(A)(E)</p>		