STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155811	A. Building B. Wing	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellbrooke of Avon	10307 E County Rd 100 N, Indianapolis, IN 46234

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48226 Based on record review, and interview, the facility failed to ensure showers were provided for 1 of 1 residents reviewed for bathing preference (Resident B). Findings include: On 5/23/24 at 12:14 p.m., the medical record for Resident B was reviewed. The resident was admitted to the facility on [DATE]. Diagnosis included but were not limited to. Hemiplegia (a loss of strength in the arm, leg, and sometimes face on one side of the body) and hemiparesis (a relatively mild loss of strength) following cerebral infarction (stroke) affecting right dominant side. The point of care ADL (Activities of Daily Living) Report record, which was the documentation recorded by the Certified Resident Care Assistant (CRCA) indicated when the resident was provided a shower, a bed bath, or a partial bath: From 9/20/23 to 10/30/23 the resident was administered 2 showers. From 10/4/23 to 10/30/23 the resident was administered 5 showers. From 11/27/23 to 12/19/23 the resident was administered 6 showers. From 1/8/24 to 1/16/24 the resident was administered 3 showers. The documentation indicated in four months the resident received a total of 16 showers. The residents care profile, dated 4/13/22, indicated the resident's bathing preference was to be administered 2 showers per week. Showers were to be administered on the day shift on Monday and Wednesday. A care plan, dated 10/21/22, indicated the resident required staff assistance to complete ADL task completely and safely. An annual Minimum Data Set (MDS) assessment, dated 9/25/23, indicated the resident was dependent upon staff for all personal care. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/23/24 at 2:15 p.m., during an interview the Director of Nursing (DON) indicated the resident probably did not receive many showers because she was not safe. She did not recall if she required two persons to assist with showering. On 5/24/2024 at 11:13 a.m., the DON provided a document titled, Guidelines for Bathing Preference, dated 21/31/23, and indicated it was the policy currently being used by the facility. The policy indicated, .Purpose . to establish a personal preference bathing routine .Procedures .2. The resident shall determine their preference for bathing upon admission .a. Day of the week b. Time of day - morning or evening c. Type of bathing - tube, bed bath or shower .4. Bathing shall occur at least twice a week unless resident preference states otherwise This citation relates to complaint IN00434357. 3.1-38(a)(3)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48226 Based on record review, interview, and observation, the facility failed to ensure a nurse aide was competent to safely transfer a resident while using a mechanical lift for 2 of 4 residents reviewed for mechanical lifts (Resident B). Findings include: 1. On 5/23/24 at 12:14 p.m., the medical record for Resident B was reviewed. The resident was admitted to the facility on [DATE]. Diagnosis included but were not limited to hemiplegia (a loss of strength in the arm, leg, and sometimes face on one side of the body) and hemiparesis (a relatively mild loss of strength) following cerebral infarction (stroke) affecting right dominant side. The medical record lacked a Physician order for use of mechanical lift for transfers. The resident was admitted to the hospital on 1/21/24 with diagnosis of sepsis, urinary tract infection (UTI), scalp hematoma, and laceration. A CT scan (a diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce images of the inside of the body) indicated no evidence of acute intracranial hemorrhage (bleeding in the brain). A care plan, dated 10/21/22, indicated the resident required staff assistance to complete ADL (activities of daily living) tasks, completely, and safely. A Profile Care Guide, dated 4/13/22, indicated Resident B transferred by Hoyer (mechanical lift) with 2 staff. An annual Minimum Data Set (MDS) assessment, dated 9/25/23, indicated the resident was dependent upon staff for mobility and transfers. The facility investigation report, dated 1/21/24, at 6:50 p.m., indicated Certified Resident Care Assistant (CRCA) 3 was assisting Resident B into a lift pad. When the CRCA attempted to attach the mechanical lift pad to the lift device the resident slid out of the wheelchair and onto the floor and struck her head on the leg of the lift device. On 5/23/24 at 2:15 p.m., during an interview the Director of Nurses (DON) acknowledged Resident B did slide out of a wheelchair while the CRCA was assisting her. She indicated the resident was in the wheelchair and the aide had attached the top hooks of the lift pad but had not yet placed the hooks in the bottom of the pad. The resident had slid down in the chair to the edge of the seat. Before the CRCA could attach the pad the resident slid out onto the floor. She indicated the mechanical lift was a one person assist per guidelines. She indicated there was three residents currently utilizing a mechanical lift for transfers. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/23/24 at 2:51 p.m., during an interview CRCA 3 indicated he attached the lift sling of Resident (B) into the top part of the lift. He indicated the resident was slouched down in the wheelchair. The wheelchair moved backwards, and the resident slid out and fell on to the floor. The residents head landed on the bottom of the lift leg. The CRCA indicated he moved the wheelchair, placed a pillow under the residents head and left to find the nurse. The resident had a large bump on the back of her head and a skin tear on her arm. He would normally lock the wheelchair prior to beginning to assist the resident but had not locked the chair at that time. He indicated at the time they were very busy, so he was going to place the resident in the lift pad, attach it to the lift and go get someone for assistance. He normally used assistance of two persons when using the mechanical lift. He indicated after the incident he received training. Training included discussion of steps to use the lift and position the resident by staff with transfers. He indicated during training after the incident he did not return demonstration of the use of a mechanical lift device. On 5/23/24 at 3:45 p.m., during an interview, Registered Nurse (RN) 4 indicated she always used two persons to use the mechanical lift to position and transfer a resident On 5/23/24 at 3:46 p.m., during an interview, CRCA 5 indicated she always used two persons to use the mechanical lift to position and transfer a resident for safety reasons. On 5/23/24 at 3:48 p.m., during an interview, CRCA 6 indicated she always used two persons to use the mechanical lift to position and transfer a resident. On 5/24/24 at 10:42 a.m., Resident E was in bed sleeping. The bed was in low position, he was resting well no signs of pain. The staff indicated they were not going to get him up till later due to a decline in condition. The resident's profile care guide indicated the resident was to have 2 persons to assist with mechanical lift transfers. On 5/24/24 at 10:45 a.m., observed Resident C was resting in bed. She indicated the times she gets up varied and was determined by the CRCA assigned to care for her. She indicated the staff utilized the mechanical lift with two people to transfer her. The resident's profile care guide indicated the resident was to have 2 persons to assist with mechanical lift transfers On 5/24/24 at 10:52 a.m., observed Resident D was sitting up in wheelchair sitting on a grey lift pad with green edging. The pad was over the top of his head and covered his forehead and to the top of his eyes. He indicated only one staff person assisted with placing him in the lift pad and moving him with the mechanical lift. The residents profile care guide indicated; the resident was to have 2 persons to assist with mechanical lift transfers. 2. On 5/24/24 at 9:30 a.m., the medical record for Resident D was reviewed. The resident was admitted to the facility on [DATE]. Diagnosis included but were not limited to, Hemiplegia (a loss of strength in the arm, leg, and sometimes face on one side of the body) and hemiparesis (a relatively mild loss of strength) following cerebral infarction (stroke) affecting right dominant side. The medical record lacked a Physician order for use of mechanical lift for transfers. The profile care guide, dated 8/18/23, indicated Resident D transferred with a Hoyer (mechanical Lift) with 2 staff. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A care plan, dated 11/22/23, indicated Resident D had impairment in functional status related to CVA with hemiparesis. Interventions included but were not limited to. Approach Start Date: 11/22/2023, Provide assistance as needed with self-care and mobility functional tasks. A quarterly Minimum Data Set (MDS) assessment, dated 2/15/24, indicated the resident was dependent on staff for all mobility including transfers. On 5/24/24 11:52 a.m., during an interview CRCA 9, indicated she grabbed a lift pad when she was getting Resident D prepared to transfer from bed to chair. She did not know what size pad to use and went by the size of the resident. She acknowledged the lift pad being used by Resident D was very large and was over the top of the resident's head and forehead. She indicated the lift pad did not have a size on it. The Assistant Director of Nursing (ADON) observed CRCA 9 standing next to the resident and indicated to CRCA 9 the size was determined by the color on the trim. The ADON acknowledged the green trimmed lift pad was too large for the resident and obtained a yellow trimmed lift pad to apply to enable staff to reposition the resident. He indicated the yellow trimmed lift pad was the medium sized lift pad and indicated the size chart was on the back of the lift pad. On 5/24/24 12:10 p.m., observed Resident D being re-positioned to be lifted and re-positioned in the wheelchair. Observed CRCA 8 and CRCA 9 and the ADON prepare the resident to be repositioned. The resident was slouched down in the wheelchair and leaning to the side. The ADON instructed and assisted the CRCA's during preparation. Step by step instructions were verbally given by the ADON to the CRCA's assisting the resident. The green trimmed lift pad was removed, and the yellow trimmed lift pad was positioned under the resident. CRCA 9 positioned the mechanical lift legs to each side of the wheelchair. The ADON instructed CRCA 8 to lock the wheelchair. The CRCAs lifted and repositioned the resident in the wheelchair. The resident tolerated the procedure well. Both CRCA's indicated they used two staff to complete all mechanical lift transfers. , On 5/24/25 at 1:00 p.m., the medical records for Resident's C and E were reviewed. The profile care guide for each resident indicated both residents transferred by Hoyer (mechanical Lift) with 2 staff. On 5/23/2024 at 3:00 p.m., the DON indicated she did not have the manufacture guidelines for the mechanical lift currently used at the facility. She indicated she looked up the guidance. The DON provided an undated document titled, Section 1 -General guidelines, and indicated it was the guidelines provided by the manufacturer of Invacare mechanical lift. The document indicated, .Operating the lift .Although Invacare recommends that two assistants be used for all lifting preparation, transferring from, and transferring to procedures, our equipment will permit proper operation by one assistant. The use of one assistant is based on the evaluation of the health care professional for each individual case .Using the sling .If the patient is in a wheelchair, secure the wheel locks in place to prevent the chair from moving forwards or backwards .Lifting the patient .When the sling is elevated a few inches off the surface of the bed and before moving the patient, check again to make sure that the sling is properly connected to the hooks of the swivel bar. If any attachments are not properly in place, lower the patient back onto the stationary surface and correct this problem-otherwise, injury or damage may occur (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/23/2024 at 3:07 p.m., the DON provided a document titled, Guidelines for residents utilizing a lift, dated 12/31/23, and indicated it was the policy currently being used by the facility. The policy indicated, . Procedures .2. If the resident requires the use of a lift device, this will need to be added to the resident plan of care that will be communicated to the caregiver .3. All devices are safe to be used by one staff member per manufacture guidelines. Staff should seek the assistance of a second person for those residents care planned for assistance of two with the lifting device or as needed for safe handling This citation relates to complaint IN00434357. 3.1-14(i)