

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155812	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Wellbrooke of Crawfordsville		STREET ADDRESS, CITY, STATE, ZIP CODE 517 Concord Road Crawfordsville, IN 47933	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>34525</p> <p>Based on interview and record review, the facility failed to ensure resolutions to the concerns voiced by the Resident Council were communicated back to the Resident Council for 1 of 3 months of Resident Council minutes reviewed (Resident 35).</p> <p>Findings include:</p> <p>During an interview with the Resident Council, on 8/5/24 at 1:20 p.m., Resident 35 indicated she could not recall ever having any of the department managers or anyone else coming in to meet with the Resident Council to discuss the resident council's grievances.</p> <p>Review of the Resident Council Meeting Minutes, dated 5/13/24, indicated the following:</p> <p>a. A form related to nursing concerns of call light wait times and staffing number concerns, lacked documentation of any response from the nursing department.</p> <p>b. A form related to a maintenance concern of a missing bathroom door, lacked documentation of any response from the maintenance department.</p> <p>c. A form related to a request for more variety in menu options, lacked documentation of any response from the dietary department.</p> <p>During an interview, on 8/5/24 at 1:30 p.m., the Activity Director indicated she would document the Resident Councils concerns on the Resident Council response forms. She then would put the form in the mailbox of the appropriate department directors. The department directors were responsible to address the concern. She rarely received any response from the directors.</p> <p>During an interview, on 8/5/24 at 2:19 p.m., the Executive Director (ED) indicated no staff would ever attend one of the Resident Council meetings unless they had been invited. Any grievance from the Resident Council would be documented on the facility grievance forms and given to the appropriate department director for a resolution. The resolution would then be communicated to the Resident Council by the staff who was invited to attend the meeting. The information would be documented under old business on the Resident Council meeting minutes.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/5/24 at 3:18 p.m., the ED provided a document, dated January 1, 2017, titled, Resident Council, and indicated it was the policy currently being used by the facility. The policy indicated, .8. The group's grievances and recommendations will be brought to the attention of the Executive Director who will forward the concerns to the appropriate department leader for attention and response. 8.1 Responses regarding resolutions will be documented, reviewed by the Executive Director, and kept with the Resident Council minutes .9. Actions taken and/or considerations given to issues will be reported back to the Resident Council at the next meeting</p> <p>3.1-3(l)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34525</p> <p>Based on interview and record review, the facility failed to ensure care plan meetings were conducted at least quarterly for 3 of 24 resident's reviewed for care plan meetings (Residents 34, 23, and 1).</p> <p>Findings include:</p> <p>1. During a family interview, on 8/1/24 at 11:14 a.m., Resident 34's daughter-in-law indicated she could not recall having a care plan meetings quarterly over the past year.</p> <p>Resident 34's record was reviewed on 8/5/24 at 9:56 a.m. The census indicated the resident had been admitted to the facility on [DATE].</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 5/3/24, indicated the resident had severe cognitive deficit.</p> <p>A Resident First Meeting (care plan meeting) notes, dated 7/1/23 to 8/5/24, indicated the following:</p> <p>a. A Resident First Meeting was held on 5/2/24. The resident's representative had attended the meeting via telephone. The resident declined to attend.</p> <p>b. A Resident First Meeting was held on 8/1/24. The resident's representative had attended the meeting via telephone. The resident declined to attend.</p> <p>The record lacked documentation of a Resident First Meeting being conducted between the dates of 7/1/23 and 5/3 2/24.</p> <p>35317</p> <p>2. During an interview, on 7/31/24 at 12:21 p.m., Resident 23 indicated she did not remember being invited to or attending a care plan meeting recently. She could not recall when the last one was.</p> <p>Resident 23's record was reviewed on 8/2/24 at 10:59 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 7/3/23, indicated the resident was cognitively intact.</p> <p>Census information indicated the resident was admitted to the facility on [DATE].</p> <p>A Resident First [NAME] note, dated 5/3/24 at 2:51 p.m., indicated a care plan meeting was conducted on this day for Resident 23.</p> <p>A Resident First Meeting note, dated 8/3/23 at 10:08 a.m., indicated a care plan meeting was conducted on this day for Resident 23.</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 23's record lacked documentation of a quarterly care plan meeting being conducted between the months of August 3, 2023 - May 3, 2024.</p> <p>3. During an interview, on 8/1/24 at 1:42 p.m., Resident 1 indicated he did not remember being invited to or attending a care plan meeting recently. He could not recall when the last one was.</p> <p>Resident 1's record was reviewed on 8/2/24 at 10:22 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 7/16/24, indicated the resident was cognitively intact.</p> <p>Census information indicated the resident was admitted to the facility on [DATE].</p> <p>A Resident First Meeting note, dated 5/7/24 at 9:47 a.m., indicated a care plan meeting was conducted on this day for Resident 1.</p> <p>Resident 1's record lacked documentation of a quarterly care plan meeting being conducted between the months of July 4, 2023 through May 7, 2024.</p> <p>During an interview, on 8/5/24 at 1:42 p.m., the Social Service Director (SSD) indicated she was aware that they were behind on the quarterly care plan meetings. She indicated the care plan meetings should be conducted quarterly. She indicated Resident 23 and 1 did not have the quarterly care plan meetings conducted. She was hired at the facility in November of 2023, and she had been trying to get caught up on them since then.</p> <p>During an interview, on 8/5/24 at 2:51 p.m., the Regional MDS Support indicated she was aware that some of the residents had missed their quarterly care plan meetings. She indicated the facility identified they were behind in January of 2024 and began an audit action plan. She indicated the audit was ongoing and they were getting close to being caught up.</p> <p>On 8/5/24 at 2:05 p.m., the Director of Nursing provided a document, dated 12/31/23, titled, Resident's First Meeting Guidelines, and indicated it was the current policy being used by the facility. The policy indicated, .2. Subsequent meeting for non-Medicare residents should be conducted at a minimum of quarterly and with a significant change</p> <p>3.1-35(e)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>34525</p> <p>Based on record review and interview, the facility failed to ensure a resident with a weight loss of greater than 5% in a 30-day period, had been addressed at the time the weight loss occurred for 1 of 1 residents reviewed for nutrition (Resident 34).</p> <p>Findings include:</p> <p>Resident 34's record was reviewed on 8/5/24 at 9:56 a.m. The profile indicated the resident's diagnoses included, but were not limited to, unspecified dementia (the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities) and dysphasia oropharyngeal phase (swallowing problems occurring in the mouth and/or the throat).</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 5/3/24, indicated the resident had severe cognitive deficit, required supervision with eating, had no documented weight loss, and had no swallowing or nutritional concerns.</p> <p>A care plan, dated 4/6/23, indicated the resident was malnourished and was at risk for malnutrition. Interventions included, but were not limited to, dietician to re-evaluate as indicated and weight as ordered.</p> <p>A care plan, dated 2/6/24, indicated the resident had impaired swallowing related to dysphasia. Interventions included, but were not limited to, monitored record weight. Notify physician and family of significant weight loss.</p> <p>A care plan, dated 7/31/24, indicated the resident had experienced a significant weight loss. Interventions included, but were not limited to, weight as ordered.</p> <p>Review of the resident's weight from 2/1/24 to 8/5/24, indicated on 5/5/24 the resident weighed 129.8 pounds (lbs). Her weight on 6/5/24 was 121 lbs. The weight review indicated the resident had lost 8.8 lbs or 9.3% in 30 days. The record lacked documentation of the weight loss being identified and acted upon.</p> <p>A quarterly nutrition note, dated 5/17/24 at 9:17 a.m., indicated the resident's average intake was 13.63%. The note lacked documentation of any weight loss for the resident.</p> <p>A nutrition note, dated 6/20/24 at 3:09 p.m., indicated the resident was being followed by the interdisciplinary team (IDT-brings together knowledge from different health care disciplines to help people receive the care they need) for weight loss. The IDT recorded the resident average intake at 13.63%. The note lacked documentation of any weight loss by the resident.</p> <p>A dietician's note, dated 7/31/24 at 4:02 p.m., indicated the resident had a significant weight loss for the period of 3 and 6 months from the weight recorded on 7/28/24.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician's order, dated 8/1/24, indicated to administer 120 milliliters (ml) of MedPass 2.0 (a dietary supplement to help people to gain weight and/or recover from illness) between meals two times a day.</p> <p>A physician's order, dated 8/1/24, indicated to provide a diet to include fortified foods (foods that have extra nutrients added to it or has nutrients added that are not normally there), under a mechanical soft consistency (soft-textured foods that could be pureed, mashed, or blended), and thin liquids, at each meal.</p> <p>During an interview, on 8/5/24 at 2:54 p.m., the Regional MDS Support indicated she was unsure why the resident's weight loss had not been addressed. She believed the resident was being treated for a UTI (urinary tract infection) during the time of the weight loss.</p> <p>During an interview, on 8/5/24 at 2:58 p.m., the Regional Clinical Support indicated she was unsure why the 30-day weight loss had not been addressed. She had reviewed the resident's actual intakes, and they did not correlate with the documentation found in the dietician assessment, which indicated 13.63% of meals.</p> <p>On 8/5/24 at 3:03 p.m., the Regional MDS Support provided a document, with a revised date of 5/10/24, titled, Guidelines for Weight Tracking, and indicated it was the policy currently being used by the facility. The policy indicated, .3. The Registered Dietician (RD) or the Nutrition & Dietetics Technician, Registered (NDTR) will review the resident's nutritional status, usual body weight and current weight .8. The physician, resident representative, and Registered Dietician (RD) or the Nutritional & Dietetics Technician, Registered (NDTR) shall be notified of a weight variance of 5% in 30 days, 7.5% in 90 days, and 10% in 180 days .9. The facility may open and complete a .Weight/Nutrition Event for a significant weight variance of 5% in 30 days, 7.5% in 90 days, or 10% in 180 days</p> <p>3.1-46(a)(1)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49068</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were labeled properly for 1 of 2 medication carts observed for medication storage (Residents 254, 255, and 18).</p> <p>Findings include:</p> <p>During a medication storage observation with the Director of Nursing (DON) and Licensed Practical Nurse (LPN) 20, on 8/5/24 at 1:45 p.m., the 200-hall medication cart contained the following items:</p> <p>a. An undated and opened Humalog (medication used to lower blood sugar) insulin medication, it contained a label that indicated it was for Resident 254.</p> <p>b. An undated and opened Lantus (medication used to lower blood sugar) insulin medication, it contained a label that indicated it was for Resident 255.</p> <p>c. An opened and undated Lantus insulin pen that contained an incomplete sticker label. The label name and room number lines were blank, directions line indicated to see the medication administration record (MAR), and the date line was blank. At the bottom of the label was a residents handwritten first name only.</p> <p>During an interview, on 8/5/24 at 1:47 p.m., LPN 20 indicated all insulins should be dated when opened, and the reason the insulin pen had a different label was because it was pulled from their MedBank tower (automated medication dispensing unit). She did not know when the insulin pen was pulled or opened. At first, she was unable to determine the resident's last name, but after looking she was able to determine the insulin pen belonged to Resident 18.</p> <p>During an interview, on 8/5/24 at 1:48 p.m., the DON indicated she tried to access the system to find out when the medication was pulled from the MedBank tower but was unable to determine when it was retrieved. The only time they pulled medications from the tower was if it was a new medication, change in medication, or a new admission. She was unsure why it had been pulled and was going to contact the pharmacy.</p> <p>During an interview on 8/5/24 at 3:20 p.m., Employee 25 indicated he was the Account Manager, he had tried, but was unable to locate any documentation in the MedBank of any insulin pen being pulled for Resident 18, and that sometimes, if not stocked properly, it would not log it when it was removed.</p> <p>On 8/6/24 at 11:06 a.m., Resident 254's record was reviewed. The profile indicated the resident's diagnoses included, but were not limited to, type 2 diabetes mellitus with hyperglycemia (a chronic condition that affects the way the body processes blood sugar, where the person has high blood sugar levels).</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician's order, dated 7/31/24, indicated to administer Humalog U-100 insulin solution subcutaneously (into the deepest layer of the skin) per sliding scale (a method of calculating insulin dosages based on blood glucose levels and mealtime) before meals.</p> <p>On 8/6/24 at 11:10 a.m., Resident 255's record was reviewed. The profile indicated the resident's diagnoses included, but were not limited to, type 2 diabetes mellitus with hyperglycemia</p> <p>A physician's order, dated 8/2/24, indicated to administer Lantus U-100 insulin, 10 units subcutaneously at bedtime.</p> <p>On 8/5/24 at 11:20 a.m., Resident 18's record was reviewed. The profile indicated the resident's diagnoses included, but were not limited to, type 2 diabetes mellitus with hyperglycemia.</p> <p>A physician's order, dated 6/30/24, indicated to administer Lantus SoloStar U-100 insulin; 100 units/milliliter (ml); 14 units subcutaneously once a day.</p> <p>On 8/5/24 at 2:00 p.m., the DON provided and identified a document as a current facility policy, titled, MEDICATION STORAGE IN THE FACILITY, revised date 11/18. The policy indicated, .D. When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. 1) A date opened sticker shall be placed on the medication .E. The medication administration personnel will check the expiration date of each medication before administering it</p> <p>3.1-25(j)</p> <p>3.1-25(k)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35317</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper handwashing for 2 of 2 dining observations. This had the potential to affect 53 of 53 residents who ate meals from the kitchen.</p> <p>Findings include:</p> <p>During a dining observation on 7/31/24 the following was observed:</p> <p>a. At 11:41 a.m., [NAME] 5 was observed washing his hands at the sink in the dining room, he turned off the faucet with his bare hands, without using a paper towel to turn off the water. He then proceeded back into the kitchen.</p> <p>b. At 11:43 a.m., [NAME] 5 was observed washing his hands at the sink in the dining room, he turned off the faucet with his bare hands, without using a paper towel to turn off the water. He then grabbed paper towels to dry off his hands and dropped the paper towel on the floor. [NAME] 5 picked up the paper towels from the floor and continued to finish drying his hands. The paper towels were then disposed of, and he obtained a plate of food from the steam table and served a resident their lunch plate.</p> <p>c. At 11:45 a.m., Dietary Services Assistant 6 was observed to wash his hands for less than 20 seconds and touched the faucet handle with bare hands, without using a paper towel to turn off the water. He then proceeded back into the kitchen.</p> <p>d. At 11:49 a.m., Dietary Services Assistant 6 was observed to have soap on his hands at the sink, he was lathering his hands with the soap and then proceeded to turn on the faucet handle with soapy hands, he touched the touched the faucet handle with bare hands without using a paper towel to turn off the water. He entered the kitchen and returned with a bowl of food that he served to a resident.</p> <p>e. At 11:51 a.m., [NAME] 5 was observed washing his hands at the sink in the dining room, he turned off the faucet with his bare hands, without using a paper towel to turn off the water. He then proceeded to steam table and obtained a plate a food to serve to a resident.</p> <p>f. At 11:53 a.m., Dietary Services Assistant 3 was observed to wash his hands for less than 20 seconds and touched the faucet handle with bare hands, without using a paper towel to turn off the water. He then proceeded back into the kitchen and returned with a bowl of food and served it to a resident.</p> <p>During a second dining observation on 8/5/24 the following was observed:</p> <p>g. At 11:44 a.m., Activity Associate 17 was observed to wash his hands for less than 20 seconds and touched the faucet with bare hands, without using a paper towel to turn off the water. He then proceeded to steam table and obtained a plate a food to serve to a resident.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>h. At 11:47 a.m., Dietary Services Assistant 6 was observed to have soap on his hands at the sink, he was lathering his hands with the soap and then proceeded to turn on the faucet handle with soapy hands, he touched the faucet handles with bare hands without using a paper towel to turn off the water. He went into a cabinet and obtained a glass to prepare a drink for a resident.</p> <p>During an interview, on 8/5/24 at 11:54 a.m., Certified Residential Medication Aide (CRMA) 16 indicated staff were to wash their hands with soap and water and they were to turn off the faucet handle by using a paper towel. Staff were not to touch the faucet handle with their bare hands.</p> <p>During an interview, on 8/5/24 at 11:57 a.m., Registered Nurse (RN) 18 indicated staff were to wash their hands with soap and water, make sure to scrub well, and they were to turn off the faucet handle by using a paper towel. Staff were not to touch the faucet handle with their bare hands.</p> <p>On 8/5/24 at 1:15 p.m., the Director of Nursing (DON) provided a document, with a revised date of 2/9/17, titled, Guideline for Handwashing/Hand Hygiene, and indicated it was the policy currently being used by the facility. The policy indicated, .1. Hand Washing a) turn water on to a comfortable temperature b) Wet hands with running water. Apply liquid soap and work into a lather c) Wash well for at least 20 seconds .d) Rinse hands well under running water .e) Dry hands with paper towels f) Turn off faucet with paper towels to avoid recontamination hands from faucet</p> <p>3.1-21(i)(3)</p>		