

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 08/28/2024  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155856                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>06/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Laurels of Goshen, The                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1480 Sandpiper LN<br>Goshen, IN 46526 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    |                                                 |
| F 0575<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | <p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31719</p> <p>Based on observation and interview, the facility failed to ensure the current ombudsman's name was listed on their Resident Right's poster, in 4 of 4 houses. (Strawberry Fields, Blueberry Hill, [NAME] and Penny Lane) This deficient practice had the potential to affect all 46 residents and/or their family members and visitors.</p> <p>Finding includes:</p> <p>On 6/20/24 at 1:25 P.M., a Resident Rights' poster was observed hanging in the Penny Lane house, opposite of the Director of Nursing's office. The poster had the wrong local Ombudsman's name on it. There was no posting of the State Ombudsman information observed anywhere else in the house</p> <p>On 6/21/24 at 10:21 A.M., a Resident Rights' poster was observed hanging on the wall in the Blueberry Hill house. The poster had the wrong local Ombudsman's name on it.</p> <p>On 6/21/24 at 10:25 A.M. a Resident Rights' poster was observed hanging on the wall in the Strawberry Fields House. The poster was only partially visible due as it was hung behind a dry erase board. It had the wrong Ombudsman's name printed on it.</p> <p>On 6/21/24 at 10:34 A.M., a Resident Right's post was observed hanging on a wall in the [NAME] house. The poster had the wrong Ombudsman's name on it. There was no other posting of the State Ombudsman information located in the house.</p> <p>On 6/21/24 at 3:00 P.M., the Administrator indicated she had no policy regarding the displaying of the local or State Ombudsman information for resident's and/or family members.</p> <p>During an interview, on 6/21/24 at 3:30 P.M., the previous local ombudsman, whose name and phone number were printed on the Resident Right's posters, indicated she had retired from her position, as the local ombudsman, approximately 4 years ago.</p> <p>3.1-4(J)(3)(C)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                               |
| <hr/>                                                                    |                         |                                                                         |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>155856 | Facility ID:<br><br>155856<br><br>If continuation sheet<br>Page 1 of 10 |

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| F 0657<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <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>31719</p> <p>Based on interview and record review, the facility failed to ensure a Care Plan had been updated timely for 1 of 3 residents reviewed for care plans. (Resident 9)</p> <p>Findings include:</p> <p>1. The record for Resident 9 was reviewed on 6/19/24 at 10:29 A.M. The resident's diagnoses included, but were not limited to; mild protein calorie malnutrition and impaired cognitive function.</p> <p>A Quarterly Minimum Data Set (MDS) Assessment, dated 5/5/24 indicated the resident was not receiving Hospice services.</p> <p>A Dietary Progress Note, dated 6/7/24, indicated the resident's weight reflected a 9% significant weigh loss from three months ago and continued on a gradual trend down. His dietary interventions included, but were not limited ti, Boost, a nutritional supplement, twice a day. The dietary note, dated 6/7/2024, planned to increase the Boost supplement to three times a day and encourage good oral intakes.</p> <p>A Care Plan, dated 3/22/23 and revised on 5/8/24, indicated the resident was .at risk for a decline in condition, pain, depression, weight loss and other symptoms related to terminal prognosis: PVD [peripheral vascular disease] A goal listed for the resident was to be accepting of end of life condition. The interventions included, but were not limited to:</p> <p>Assess resident's coping strategies and respect resident wishes.</p> <p>Hospice provided by (name and phone number of Hospice Care provider. Contact with condition changes or questions.</p> <p>Keep the environment quiet and calm. Keep linens clean, dry and wrinkle free. Keep lighting low and familiar objects near.</p> <p>Observe for adverse reactions &amp; symptoms of end of life such as nausea/vomiting, difficulty breathing, agitation; Report findings to Hospice and physician.</p> <p>Provide guest/family/legal representative with Hospice information as needed.</p> <p>During an interview on 6/19/24 at 2:38 P.M., the MDS Coordinator indicated Resident 9 was not currently on Hospice services and probably had not been on Hospice since August of 2023. She indicated she had not updated the care plan to remove interventions regarding hospice and the Hospice agency's contact information.</p> <p>3.1-35(e)</p> |                                                                                    |                                                 |

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| F 0684<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45120</p> <p>Based on observation, record review, and interview, the facility failed to obtain orders for wounds, change wound dressings as ordered, ensure recommended treatments for edema were completed and identify bruising for 2 of 15 residents reviewed for quality of care. (Residents 35 and 26) In addition, the facility failed to ensure a residents was free of medication errors for 1 of 5 residents reviewed for medication administration (Resident 18).</p> <p>Findings include:</p> <p>1. During an observation, on 6/17/2024 at 9:40 A.M., Resident 35's left and right elbows were observed to have bandages, dated 6/9 and soilage could be seen seeping through the bandage on the left elbow.</p> <p>On 6/18/2024 at 12:35 P.M., the elbow bandages continued to have the date of 6/9 on them.</p> <p>A record review for Resident 35 was completed on 6/18/2024 at 1:58 P.M. The resident's diagnoses included, but were not limited to, pneumonia and diabetes mellitus type 2.</p> <p>A Patient Discharge Instruction Sheet, dated 6/6/2024, and a Hospital Discharge Patient Health Summary, dated 6/13/2024, indicated an order to apply moisturizer to the resident's bilateral upper extremity's scabbed areas and the left scapula twice a day.</p> <p>A Nursing Comprehensive Evaluation, on 6/13/2024, indicated:</p> <p>- Left elbow scab 2.5 centimeters by 1.5 centimeters</p> <p>-Right elbow scab 1.3 centimeters by 1.1 centimeters and 2.2 centimeters by 1.5 centimeters</p> <p>A Nurse's Note, dated 6/6/2024 at 7:42 P.M., indicated Resident 35 had multiple scabbed wounds on her elbows, knees, and scattered bruising on her bilateral upper extremities from the elbows to her hands.</p> <p>A Physician's Order, dated 6/14/2024, indicated lotion was to be applied to Resident 35's bilateral upper extremities and left scapula scabbed areas two times a day for wound care.</p> <p>A Care Plan, dated 6/6/2024, indicated Resident 35 had an actual skin impairment related to closed wounds on her elbows, left shoulder, and left flank. The goal included having no complications related to the closed wounds with scabs. An intervention indicated to observe the location, size, and treatment of the skin injuries, and to report abnormalities, failure to heal, signs and symptoms of infection, and maceration to the physician.</p> <p>A Braden Scale (assessment to determine a resident's risk factor for developing impaired skin) assessment, dated 6/14/2024, indicated Resident 35 was at low risk for impaired skin development.</p> <p>(continued on next page)</p> |                                                                                    |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an observation, on 6/19/2024 at 1:02 P.M., Resident 35's elbow bandages were still dated 6/9.</p> <p>During an interview, on 6/20/2024 at 10:59 A.M., the Executive Director indicated the nursing staff should have pulled the dressing off to see what was underneath and should have applied the treatment orders for the elbow areas.</p> <p>During an interview, on 6/20/2024 at 2:01 P.M., LPN 6 indicated he had received orders for the elbow wounds. The elbow wounds were observed, and described by LPN 6 as follows:</p> <p>.1. The right elbow had a half centimeter diameter scabbed area, and had an opened area measuring 3/4 centimeter by 1 centimeter, epithelialized, blanchable redness.</p> <p>2. The left elbow had a shallow open area 2 inches by 1.5 inches with serous drainage</p> <p>During an interview on, 6/20/2024 at 2:50 P.M., the Executive Director indicated Resident 35 should have had physician orders obtained for the elbow wounds.</p> <p>2. During an interview, on 6/17/2024 at 2:10 P.M., Resident 26 complained of edema in her legs. Her legs were observed to be positioned flat on top of the mattress with no stockings or ace wraps on them. The ace wrap dressings were observed lying in the windowsill.</p> <p>A record review for Resident 26 was completed on 6/18/2024 at 12:14 P.M. The resident's diagnoses included, but were not limited to, chronic kidney disease, diabetes mellitus type 2, edema, and morbid obesity.</p> <p>An Admission MDS (Minimum Data Set) assessment, dated 4/10/2024, indicated Resident 26 was cognitively intact and the primary medical condition category was medically complex conditions.</p> <p>A Care Plan, dated 1/11/2024, indicated Resident 26 was .at risk for discomfort or adverse effects due to receiving diuretic therapy related to edema. The goal was for Resident 26 to be free of any discomfort or adverse side effects of the diuretic therapy.</p> <p>A Nurse Practitioner's Note, dated 6/1/2024 at 12:59 A.M., indicated the nursing staff were directed to apply ace wraps and elevate the resident's legs. Resident 26 was diagnosed with lymphedema in the left lower extremity which caused discomfort.</p> <p>During an observation on 6/18/2024 12:37 P.M., Resident 26 continued to complain of the edema to her legs. Her legs were observed to be positioned flat on the mattress with no stockings or ace wraps. Ace wraps were observed lying in the windowsill. Resident 26 indicated the staff used to wrap her lower legs.</p> <p>During an interview, on 6/20/2024 at 10:55 A.M., the Executive Director indicated Resident 26 could have been refusing (the application of the ace wraps), and the ace wraps may be a nursing measure. She indicated they should be completing the tasks unless Resident 26 was refusing.</p> <p>(continued on next page)</p> |                                                                                    |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview, on 6/21/2024 11:36 A.M., Resident 26 indicated she had not been refusing to have the ace wraps applied or to have her feet elevated. She indicated she felt the ace wraps would help her.</p> <p>A policy for following physician orders/recommendations was requested, on 3/21/2024 at 10:58 P.M. A policy was not provided for following physician recommendations and orders.</p> <p>49994</p> <p>3. On 6/19/2024 at 3:30 P.M., a review of the clinical record was completed for Resident 18. The resident's diagnoses included, but were not limited to, congestive heart failure, hypertension, and sinus bradycardia.</p> <p>A Quarterly Minimum Data Set (MDS), dated [DATE] indicated the resident's cognition was intact.</p> <p>The Physician's Orders for medications indicated the resident was to receive Carvedilol 6.25mg by mouth, twice per day, hold if heart rate is less than 50.</p> <p>A review of the resident's Medication Administration Record (MAR) indicated Carvedilol 6.25 mg was documented as given on the following dates and shifts, with the corresponding heart rates:</p> <p>Morning shift:</p> <ul style="list-style-type: none"> <li>- 5/3/2024 heart rate 36</li> <li>- 5/6/2024 heart rate 32</li> <li>- 5/11/2024 heart rate 45</li> <li>- 5/19/2024 heart rate 33</li> <li>- 5/27/2024 heart rate 35</li> <li>- 5/29/2024 heart rate 39</li> <li>- 6/11/2024 heart rate 35</li> <li>- 6/12/2024 heart rate 34</li> <li>- 6/15/2024 heart rate 34</li> <li>- 6/19/2024 heart rate 33</li> </ul> <p>Evening shift:</p> <ul style="list-style-type: none"> <li>- 5/3/2024 heart rate 36</li> <li>- 5/11/2024 heart rate 42</li> </ul> <p>(continued on next page)</p> |                                                                                    |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>- 5/19/2024 heart rate 45</p> <p>- 5/20/2024 heart rate 32</p> <p>- 5/21/2024 heart rate 32</p> <p>- 5/28/2024 heart rate 35</p> <p>- 6/11/2024 heart rate 35</p> <p>- 6/15/2024 heart rate 34</p> <p>- 6/18/2024 heart rate 35</p> <p>A Care Plan, dated 7/12/2023, indicated the resident was at risk for cardiac complications related to multiple cardiovascular diseases. The residents goal included a goal for the resident to be free from signs and symptoms of cardiac complications through the review date. Interventions included: . observe, document, and report to physician as needed any signs or symptoms of cardiac distress: chest pain or pressure, heartburn, nausea and vomiting, shortness of breath, excessive sweating, dependent edema, changes in capillary refill, color/warmth of extremities, vital signs as ordered, and notify the physician of abnormal readings as needed</p> <p>A Physician's Note, dated 6/8/2024, indicated the patient was last seen on 5/23/2024.</p> <p>During an interview, on 6/19/2024 at 3:39 P.M., the Administrator and DON both indicated the resident should not have received the Carvedilol 6.5mg when his heart rate was less than 50.</p> <p>During an interview, on 6/20/2024 at 9:23 A.M., Resident 18 indicated he was unsure of what medications he was prescribed. He indicated he was prescribed a heart pill named Coreg but was unsure if the medication was being held if his heart rate was less than 50. He indicated some nurses would check his pulse before administering the medication and some nurses would not.</p> <p>On 6/20/2024 at 11:48 A.M., the Administrator provided the policy titled, Medication Administration, dated 10/17/2023, and indicated it was the policy currently in use by the facility. The policy indicated: .Procedure: 5. If applicable and/or prescribed, take vital signs or tests prior to administration of the dose, e.g, pulse with digitalis, blood pressure with anti-hypertensive, etc .</p> <p>3.1-37(a)</p> |                                                                                    |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155856                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>06/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Laurels of Goshen, The                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1480 Sandpiper LN<br>Goshen, IN 46526 |                                                 |
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| F 0690<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>45120</p> <p>Based on observation, record review, and interview, the facility failed to obtain a physician's order for an indwelling urinary (Foley) catheter for 1 of 2 residents reviewed for catheters. (Resident 35)</p> <p>Finding includes:</p> <p>During an observation on 6/17/2024 at 10:51 A.M., Resident 35 was observed to have a Foley catheter.</p> <p>A record review was completed for Resident 35 on 6/18/2024 at 1:58 P.M. Diagnoses included, but were not limited to, obstructive uropathy and diabetes mellitus type 2.</p> <p>An Admission MDS (Minimum Data Set) assessment had not yet been completed for Resident 35.</p> <p>A Care Plan, dated 6/14/2024, indicated Resident 35 was a risk for a urinary tract infection and catheter related trauma. Interventions included, but were not limited to, provide catheter care per the policy.</p> <p>Resident 35 was seen by the physician on 6/15/2024. The Physician's Note did not reference the use of a Foley catheter.</p> <p>During an interview on 6/18/2024 at 2:27 P.M., Resident 35 indicated he had returned to the facility from his recent hospitalization with the Foley catheter. He indicated he had a prostate problem, and had completed self-catheterization at home prior to his admission to the facility.</p> <p>During an interview, on 6/20/2024 at 11:06 A.M., the Executive Director indicated Resident 35 should have had a physician's order for the Foley catheter and catheter care.</p> <p>A policy was provided, on 6/21/2024 at 1:41 p.m., by the Executive Director. The policy titled, Indwelling urinary catheter [Foley] care and management, indicated there was no reference regarding the need to have physician's order in the policy for a Foley catheter.</p> <p>3.1-41(a)</p> |                                                                                    |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Laurels of Goshen, The                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1480 Sandpiper LN<br>Goshen, IN 46526 |                                                 |
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| F 0695<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>45120</p> <p>Based on observation, record review, and interview, the facility failed to ensure respiratory equipment was stored properly for 1 of 2 residents reviewed for respiratory care. (Resident 26)</p> <p>Finding includes:</p> <p>During an observation, on 6/17/2024 at 9:48 A.M., Resident 26's Bi-Pap (non-invasive ventilation therapy equipment) mask was observed hanging over bedside table.</p> <p>A record review was completed, on 6/18/2024 at 12:14 P.M., for Resident 26. Diagnoses included, but were not limited to, obstructive sleep apnea, edema, asthma, and morbid obesity.</p> <p>An Admission MDS (Minimum Data Set) assessment, dated 4/10/2024, indicated Resident 26 was cognitively intact and the primary medical condition category was medically complex conditions. The MDS did not indicate a Bi-Pap machine was in use for Resident 26.</p> <p>A Physician's Order, dated 1/4/2024, indicated Resident 26 was to wear a Bi-Pap mask at night while he was sleeping for sleep apnea.</p> <p>A Care Plan, dated 1/11/2024, indicated Resident 26 had the potential for difficulty breathing for respiratory complications related to asthma, obstructive sleep apnea, and morbid obesity.</p> <p>During an observation, on 6/18/2024 at 12:36 P.M., the BiPap mask for Resident 26 was observed on top of the bedside table.</p> <p>During an observation, on 6/19/2024 at 1:13 P.M., the BiPap mask for Resident 26 was observed on top of the bedside table.</p> <p>During an interview, on 6/20/2024 at 10:57 A.M., the Executive Director indicated the BiPap mask should be stored at the bedside in a respiratory bag or a bag.</p> <p>A policy was provided, on 6/21/2024 at 1:41 P.M., by the Executive Director. The policy, titled, Noninvasive positive-pressure ventilation, respiratory therapy, did not include instructions regarding the storage procedure for the Bi-Pap mask.</p> <p>3.1-47(a)(6)</p> |                                                                                    |                                                 |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Implement a program that monitors antibiotic use.</p> <p>45120</p> <p>Based on record review and interview, the facility failed to ensure the appropriate antibiotic was prescribed at the appropriate time for the appropriate duration for a skin infection for 1 of 4 residents reviewed for antibiotic stewardship. (Resident 26)</p> <p>Finding includes:</p> <p>During an interview, on 6/17/2024 at 2:08 P.M., Resident 26 described an abdominal infection and a boil she had on her left thigh.</p> <p>A record review for Resident 26 was completed on 6/18/2024 at 12:14 P.M. The resident's diagnoses included, but were not limited to, chronic kidney disease, diabetes mellitus type 2, and morbid obesity.</p> <p>An Admission MDS (Minimum Data Set) assessment, dated 4/10/2024, indicated Resident 26 was cognitively intact and the primary medical condition category was medically complex conditions.</p> <p>A Physician's Order, dated 5/31/2024 at 12:30 P.M., indicated a wound culture was to be obtained.</p> <p>A Physician's Order, dated 5/31/2024 at 8:00 P.M., indicated the resident was to receive Keflex (cephalexin) (an antibiotic) 500 milligrams two times a day for a wound was to be administered.</p> <p>A Nurse Practitioner Note, dated 6/1/2024 at 12:59 A.M., indicated Resident 26 presented for a chronic care visit with concerns of a boil on her left inner side of her thigh. Resident 26 had a history of MRSA (Methacillin Resistant Staph Aureus) infection in 2004. The note indicated orders were given to culture the boil, complete lab tests and start the antibiotic, Keflex 500 mg twice a day for 7 days. The instructions indicated to change the antibiotic if the culture revealed a specific infection.</p> <p>A Care Plan, dated 6/3/2024, indicated Resident 26 had a wound to her left inner thigh. The interventions included, but were not limited to, administering antibiotics as ordered, and updating the physician with changes as needed.</p> <p>The wound culture and sensitivity results , dated 6/7/2024 at 9:42 A.M., indicated a growth at 48 hours of 4 plus gram negative bacteria. The organism was identified as Myr. odoratus/odoratimimus. The following antibiotics were susceptible for treatment of the organism:</p> <p>-Amikacin</p> <p>-Ceftazidime</p> <p>-Cefepime</p> <p>-Gentamicin</p> <p>(continued on next page)</p> |                                                                                    |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| F 0881<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>-Tobramycin</p> <p>-Trimethoprim/Sulfamethoxazole</p> <p>-Piperacillin/Tazobactam</p> <p>A Nurse's Note, dated 6/17/2024 at 9:23 P.M., indicated Keflex 500 milligrams was held for clarification of a stop date. There was no note the physician or nurse practioner was notified regarding the wound culture results and the need to alter the antibiotic treatment.</p> <p>During an interview, on 6/21/2024 at 1:17 P.M., the Executive Director indicated the Keflex should have been stopped after 7 days and the physician should have been notified of the culture results to see if the antibiotic should have been changed.</p> <p>A policy was provided, on 6/17/2024 at 1:45 P.M., by the Executive Director. The policy, titled, Infection Control Antibiotic Stewardship &amp; MRDOs [multidrug-resistant organisms], indicated Antibiotic stewardship referred to: .coordinated interventions designed to improve and measure the appropriate use of antimicrobials, by promoting the selection of the optimal antimicrobial drug regimen, dose, duration of therapy, and route of administration</p> |                                                                                    |                                                 |