STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00406226, IN00410948 and IN00412726. Complaint IN00406226 -- No deficiencies related to the allegations are cited. Complaint IN00410948 -- Federal/State deficiencies related to the allegations are cited at F622 and F684. Complaint IN00412726 -- No deficiencies related to the allegations are cited. Survey dates: July 25, 26 and 27, 2023 Facility number: 013635 Provider number: 155843 AIM number: 300026664 Census Bed Type: SNF/NF: 7 SNF: 25 Residential: 19 Total: 51 Census Payor Type: Medicare: 25 Medicaid: 7 Total: 32 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 3, 2023	F 0000		
F 0622 SS=D	483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amanda Roos	Clinical Support RN BSN	08/15/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Bldg. 00	§483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	The facility must document the danger that failure to transfer or discharge would pose. §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1) (A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals;			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. Based on interview and record review, the facility failed to ensure 2 of 3 residents reviewed for transfer and discharge rights had appropriate documentation for notification of the State's and facility's bed hold policy when transferred emergently to the hospital or, if non-emergent transfer, a summary of their stay when transferred to another area facility. (Residents C and D) Findings: 1. The clinical record of Resident C was reviewed on 7-25-23 at 11:56 a.m. Her diagnoses included, but were not limited to chronic atrial fibrillation (irregular heart rhythm) and cellulitis of bilateral lower extremities. It indicated she was sent out to the local hospital, related to cellulitis concerns, on 5-24-23. She did not return to the facility after the hospitalization, but returned to her home. In an interview on 7-27-23 at 1:40 p.m., with the MDS Coordinator, she indicated the facility staff would normally provide two copies of the required transfer and discharge paperwork for a resident being sent out to the hospital. She explained one copy is to be given to the resident and the facility is to keep the signed copy. She indicated she was unable to locate the transfer and discharge required forms for Resident C. 2. The clinical record of Resident D was reviewed on 7-25-23 at 10:56 a.m. His diagnoses included, but were not limited to unspecified encephalopathy, unspecified sepsis with septic	F 0622	The submission of this plan of correction does not indicate an admission by The Springs of Richmond that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of The Springs of Richmond. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. **F622 Transfer and Discharge Requirements**: 1. All residents have the potential to be affected by the alleged deficient practice. Residents C and D noted to be	08/18/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	shock and pneumonitis due to inhalation of food and vomit. In an interview with the Clinical Support Nurse on 7-26-23 at 2:00 p.m., she indicated she was unable to locate much documentation related to his discharge paperwork for the transfer to an area skilled nursing facility on 7-6-23. In an interview with the facility's Manager/Administrator in Training on 7-26-23 at 2:45 p.m., she indicated Resident D had transferred to a local sister facility. She added she did not know what paperwork had actually been done towards his discharge, but was aware various copies were made of different information from his chart for the receiving facility. In a second interview with the Clinical Support Nurse on 7-27-23 at 10:05 a.m., she shared the facility had been looking for transfer/discharge paperwork and had located a discharge form entitled, "Discharge Announcement and Planning," used by the Social Services staff, at this time. She shared she had not been able to locate the state mandated transfer-discharge paperework at this time or a summary of his stay, but would continue to look for this paperwork. No additional documentation was provided for Resident D's transfer and/or discharge documentation, or a summary of the resident's stay, prior to exit from the survey on 7-27-23. On 7-27-23 at 1:40 p.m., the MDS Coordinator provided a copy of a policy entitled, "Guidelines for Transfer and Discharge." This policy was identified as being in current use at the facility and had a review date of 12-31-22. This policy indicated, "Non-emergency Transfer or		unable to locate discharge paperwork for transfers out of the facility. No residents were found to have been affected by the alleged deficient practice. 2. IDT (interdisciplinary team) educated on the **Discharge/Transfer policy**. 3. As a measure of ongoing compliance DHS/designee will conduct random audits on 5 like residents to ensure discharge processes are completed per policy prior to time of transfer/discharge. Audits will be completed x3 days a week for 4 weeks, then 2 days a week x8 weeks then weekly times x3 months. 4. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a of 100% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Discharges (complete a Discharge Summary)...The Social Services Designee or other designated staff member should manage all non-emergency transfers or discharges...A Discharge Summary and discharge plan of care should be prepared for the resident...Emergency transfers should occur only for medical reasons, or for the immediate safety and welfare of a resident, or other residents...Nursing should document information regarding the transfer in the medical record...For anticipated discharges...Nursing will complete a Discharge Instructions observation at the time of discharge. A copy will be printed, the resident and/or representative should sign the form and scanned [sic] into the medical record...Written information regarding the bed-hold policy under the State plan and the Facility's bed-hold policy will be provided to the resident and/or resident's representative upon admission. Before the facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the social services designee or other designated staff should provide written information to the resident and a family member or legal representative of the bed-hold and admission policies. In case of emergency transfers the notice of the bed-hold policy under the State plan and the facility's bed-hold policy should be provided to the resident or resident's representative within 24 hours of the transfer. This may be sent with other papers accompanying the resident to the hospital." This Federal tag relates to Complaint IN00410948. 3.1-12(a)(4)(A) 3.1-12(a)(5)(B) 3.1-12(a)(6)(A)(i) 3.1-12(a)(6)(A)(ii) 3.1-12(a)(6)(A)(iii)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	3.1-12(a)(6)(A)(iv) 3.1-12(a)(6)(A)(v) 3.1-12(a)(9)(A) 3.1-12(a)(9)(B) 3.1-12(a)(9)(C)			
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review, the facility failed to ensure physician-ordered labwork was conducted as ordered for 1 of 1 residents reviewed for anticoagulant (blood thinning) therapy. (Resident C) Findings include: The clinical record of Resident C was reviewed on 7-25-23 at 11:56 a.m. Her diagnoses included, but were not limited to chronic atrial fibrillation (irregular heart rhythm). A progress note from Nurse Practitioner (NP) 4, dated 5-12-23, indicated the labwork for Resident C's anticoagulant therapy was elevated at 3.9. "Hold Coumadin [anticoagulant] and [conduct] daily INR [international normalized ratio, a blood test to determine how thin the blood is]. Hold Coumadin until INR less than 3 and restart Coumadin at 3 mg."	F 0684	The submission of this plan of correction does not indicate an admission by The Springs of Richmond that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of The Springs of Richmond. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements	08/18/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	A corresponding medication administration record (MAR) entry for 5-12-23 to 5-15-23 reflected the facility was to obtain a PT (prothrombin, a test to determine clotting time of blood)/INR test daily. The documentation indicated, in the comments portion, the blood test was "not administered...order wrong" for 5-13-23. For the date of 5-14-23, the comments at 9:58 a.m., indicated the INR value was invalid and the PT was 0 seconds. A nursing progress note, dated 5-14-23 at 8:58 a.m. indicated, "PT/INR wasn't completed yesterday or today. Note below states PT/INR was completed on the 12th as order. Order states QD [daily] w/ [sign for with] no note supporting documentation to be completed daily. Usually PT/INR x1 wkly [once weekly]. No documentation that supports QD. Writer believes order is in wrong. Will notify weekend manager." Documentation did not reflect any notification to the physician or NP for clarification of the lab orders on 5-13-23 or 5-14-23. Review of the clinical record failed to provide documentation of results of the INR testing for 5-13-23 or 5-14-23. A visit note, dated 5-15-23 at 10:37 a.m., from NP 4, indicated Resident C was seen related to vascular issues and recent diagnostic testing. It indicated her INR remained elevated at 4.8, with orders provided to continue to hold the Coumadin and continue daily INR testing until the lab results were less than 3; when the INR results are less than 3, the Coumadin may resume at 3 milligrams daily. Follow-up documentation indicated the resident and staff had no concerns with bleeding or bruising.		governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. **F684 Quality of Care:** 1. All residents have the potential to be affected by the alleged deficient practice. Resident C noted to not have physician order lab work drawn for 1:1 instances of anticoagulant monitoring. No residents were found to have been affected by the alleged deficient practice. 2. IDT (interdisciplinary team) and licensed nurses were educated on company lab order policy. Current in house residents have been monitored to ensure lab orders are drawn per physician order. 3. DHS/designee will conduct random audits on 5 residents to ensure **Lab Orders are drawn per physician order.** Audits will be completed x3 days a week for 4 weeks, then 2 days a week x8 weeks then weekly times x3 months. 4. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a of 100% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	On 7-27-23 at 12:13 p.m., the Clinical Support Nurse provided a copy of a policy entitled, "Anti-Coagulant Assessment Guideline." This policy was identified as the current policy in use by the facility and had a review date of 12-31-22. This policy indicated its purpose as, "To provide guidelines for monitoring residents on anticoagulant therapy." The procedure specified, "Each resident receiving Anticoagulant therapy will be monitored for side effects. Residents receiving Coumadin will have labs ordered by the physician to monitor & adjust dosing. For residents receiving Coumadin, most recent Coumadin lab will be reviewed prior to administering Coumadin. The nurse will ensure that an order is in place for the next Coumadin lab. Residents on Anticoagulants will be care planned to monitor for side effects of anticoagulant therapy." This Federal tag relates to Complaint IN00410948. 3.1-37(a)		POC as needed for sustaining substantial compliance for no less than 6 months.	