

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155145		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2024	
NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 603 E NATIONAL HWY WASHINGTON, IN 47501			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00425591, IN00420058, and IN00416603.</p> <p>Complaint IN00425591: Deficiencies related to the allegations are cited at F656.</p> <p>Complaint IN00420058: No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416603: No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 18 & 22, 2024</p> <p>Facility number: 000068 Provider number: 155145 AIM number: 100274980</p> <p>Census Bed Type: SNF/NF: 30 Total: 30</p> <p>Census Payor Type: Medicare: 2 Medicaid: 24 Other: 4 Total: 30</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 26, 2024.</p>			F 000			
F 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and</p>			F 656			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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F 656	Continued From page 1 implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.	F 656			

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F 656	<p>Continued From page 2</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement the plan of care for 1 of 3 residents reviewed for a diagnosis of diabetes. A resident's physician was not notified, as ordered, of blood sugar levels that were out of range, and routine blood sugar monitoring along with the administration of insulin per a sliding scale were not completed as ordered. (Resident D)</p> <p>Finding includes:</p> <p>During record review on 1/18/24 at 12:40 P.M., Resident D's diagnoses included, but were not limited to, anxiety, morbid obesity, and diabetes mellitus.</p> <p>Resident D's most recent quarterly MDS (Minimum Data Set) dated 12/19/23, included that the resident received insulin during 7 of 7 days of the review period.</p> <p>Resident D's physician orders included, but were not limited to; Accucheck three times a day related to diabetes mellitus (started 7/29/23), if diabetic, notify physician of blood sugar levels less than 60 or greater than 350 (started 3/6/23), and Humalog Injection Solution 100 units/ milliliter (mL) per sliding scale: if 70 - 150 give 0 units, 151 - 199 give 4 units, 200 - 249 give 6 units, 250 - 299 give 8 units, 300 - 349 give 10 units, 350 - 399 give 12 units, and 400 or over give 14 units and call provider for further orders (started 7/29/23).</p>	F 656			

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F 656	<p>Continued From page 3</p> <p>Resident D's care plan included but was not limited to, resident has diagnosis of diabetes mellitus (initiated 6/11/21). Interventions included, Accuchecks as ordered and diabetes medication as ordered by doctor.</p> <p>During a review of Resident D's MAR/TAR (Medication Administration Record/Treatment Administration Record) for 12/2023, the resident's blood sugar was not monitored as ordered on 12/27/23 at 11:00 A.M. and 4 P.M. Due to Resident D's blood sugar level not being recorded, the resident did not receive Humalog Injection solution per sliding scale as ordered on 12/27/23 at 12:00 P.M. and 5:00 P.M.</p> <p>A 90 day review of Resident D's recorded blood sugar levels included the following blood sugar levels greater than 400: 11/26/23 - 420 11/22/23 - 416 11/4/23 - 417 10/26/23 - 495</p> <p>Resident D's record included no documentation that the physician was notified of the blood sugar levels greater than 400.</p> <p>During an interview on 1/18/24 at 2:50 P.M., the DON (Director of Nursing) indicated Resident D's ordered Accucheck and sliding scale insulin orders were missed on 12/27/23 and that the nursing staff had been educated on following physician orders and monitoring blood sugar levels.</p> <p>During an interview on 1/22/24 at 11:35 A.M., LPN 14 indicated that nursing staff should notify</p>			F 656			

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F 656	<p>Continued From page 4</p> <p>the physician when a residents blood sugar is out of range for an ordered sliding scale insulin in order for the physician to adjust the insulin dosage when needed. Nursing staff should then document in a progress note if the physician was notified and what the adjusted insulin order included.</p> <p>On 1/22/24 at 12:00 P.M., the facility administrator supplied a facility policy titled, Blood Glucose Measurement, Evencare G2, dated 10/2014. The policy included, "...Blood glucose measurement will be performed by licensed/qualified nursing personnel per physician's order... "</p> <p>This citation relates to complaint IN00425591.</p> <p>3.1-35(g)(2)</p>	F 656			