

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/05/2025
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NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF PORTAGE, LLC	STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368
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R 0217	<p>A Progress Note, dated 1/22/25 at 6:16 a.m., indicated the resident was sent out to the hospital on 1/21/25 for complaints of shortness of breath. A call was placed to the hospital regarding the resident's status, which indicated the resident was admitted to the hospital for shortness of breath.</p> <p>A Progress Note, dated 1/30/25 at 8:43 a.m., indicated the resident was at a skilled nursing facility.</p> <p>A Progress Note, dated 3/22/25 at 10:33 a.m., indicated the resident was sent to the hospital via ambulance for generalized weakness and shortness of breath.</p> <p>The were no State Transfer/ Discharge papers available for review for the transfers on 1/21/25 and 3/22/25.</p> <p>There was no documentation related to the resident's POA and physician being notified of the transfers/discharges.</p> <p>During an interview on 5/5/25 at 11:06 a.m., the Executive Director indicated the transfer forms should have been sent. The staff had copies of them available at the Nurses' Station to fill out and send with residents upon transfer/discharge. The staff were supposed to document when the POA and physician were notified of a transfer, but she was unable to find the documentation at the time. A policy related to transfer/discharge was requested at the time and was not provided.</p> <p>This citation relates to Complaint IN00455828.</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p>		<p>Staff will be educated to sign the bed hold policy, fill out transfer/discharge form and make copies to send with and keep original in the transfer/discharge binder in the nursing station.</p> <p>Nursing staff given the disciplinary action steps if the policy/procedures are not followed. Executive Director and director of nursing to audit within 24hrs of any transfers to ensure all copies of documents were sent with transfer and copies are in the binder.</p> <p>This audit will be indefinite.</p> <p>All signed education/in service sheets will be submitted.</p>	

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Bldg. 00	<p>Based on record review and interview, the facility failed to ensure service plans were updated with changes for 1 of 6 service plans reviewed. (Resident E)</p> <p>Finding includes:</p> <p>Resident E's record was reviewed on 5/2/25 at 3:34 p.m. Diagnoses included, but were not limited to, heart failure and type 2 diabetes mellitus.</p> <p>A Physician's Order, dated 12/6/24, indicated zinc oxide external paste 40%, apply to the right buttock topically on day shift every 3 days for wound care and cover with an allevyn dressing. Change every 3 days and as needed if soiled/dislodged.</p> <p>A Physician's Order, dated 4/17/25 and discontinued on 4/22/25, indicated to keep the dressing to the left foot dry and stay off the left foot. Assisted living facility and Home Health were to change the dressing as needed twice daily. Cleanse with betadine and apply gauze.</p> <p>A Physician's Note, dated 4/22/25, indicated the area to the left foot was healed.</p> <p>A Nurses' Note, dated 4/24/25 at 9:29 a.m., indicated the resident had a skin tear to the right buttock. The home health company was aware and would assess.</p> <p>A Home Health Physician Order, dated 4/29/25 at 3:30 p.m., indicated skilled nursing to perform a skin tear treatment to the right buttock for one week. Cleanse/irrigate the wound with soap and water, pat dry, apply skin prep to the surrounding tissue, and apply a border gauze cover using</p>	R 0217	<p>The following is the plan of correction for The Wyndmoor of Portage regarding the statement of deficiency dated 5/2/2025.</p> <p>Policy/procedure given to nurses/QMA's regarding evaluation of resident such as new skin issues, change of condition, new treatment orders started and discontinued.</p> <p>Nursing staff given step by step instructions regarding evaluation/assessment of resident per change of condition, new skin area etc.</p> <p>Nursing staff educated/in serviced on notification to MD, responsible parties/POA's and outside home health services.</p> <p>Nursing staff educated on documentation with signatures from all nursing staff with acknowledgment and understanding. If not followed disciplinary action will follow.</p> <p>Executive Director and director of nursing will review daily progress notes to ensure all evaluation/assessments have been properly completed per state regulations and company policy/procedures.</p> <p>This plan of correction/audit is</p>	05/22/2025

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R 0349 Bldg. 00	<p>aseptic technique. Skilled nursing may teach the patient/caregiver to perform wound care. Assisted living facility nurses were to re-enforce as needed.</p> <p>A Monthly Skin Observation assessment, dated 4/30/25, indicated the resident had a scab on the left big toe that was healing with no drainage and a healing sore on the right buttock that the home health company was treating.</p> <p>The current Service Plan indicated the resident had a pressure ulcer to the left foot near the great toe. She was being seen by a home health company for treatments to the area.</p> <p>There was no documentation in the Service Plan related to a buttock wound or treatment being provided by a home health company.</p> <p>During an interview on 5/5/25 at 10:19 a.m., the Director of Nursing indicated she was unaware of the buttock wound being treated currently as she thought it had healed out "a while ago." The service plan was not updated to reflect the buttock wound and the left great toe service plan should have been discontinued as that wound had healed out.</p> <p>This citation relates to Complaint IN00455828.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance</p> <p>Based on record review and interview, the facility failed to maintain clinical records that were complete and accurate related to updating a treatment order for wound care for 1 of 3 resident records reviewed. (Resident E)</p> <p>Finding includes:</p>	R 0349	<p>indefinite.</p> <p>The following is the plan of correction for The Wyndmoor of Portage regarding the statement of deficiency dated 5/2/2025.</p> <p>The Executive Director and</p>	05/22/2025

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	<p>Resident E's record was reviewed on 5/2/25 at 3:34 p.m. Diagnoses included, but were not limited to, heart failure and type 2 diabetes mellitus.</p> <p>The current Service Plan indicated the resident had a pressure ulcer to the left foot near the great toe. She was being seen by a home health company for treatments to the area.</p> <p>A Physician's Order, dated 12/6/24, indicated zinc oxide external paste 40%, apply to right buttock topically every day shift every 3 day(s) for wound care and cover with allevyn dressing. Change every 3 days and as needed if soiled/dislodged.</p> <p>A Monthly Skin Observation assessment, dated 4/30/25, indicated the resident had a scab on the left big toe that was healing with no drainage, and a healing sore on the right buttock that the home health company was treating.</p> <p>Notes were requested from the Home Health company and received on 5/5/25.</p> <p>The most recent Assisted Living Visit Coordination Note provided was dated 4/4/25. The communication indicated to cleanse the wound with normal saline, apply moistened Promogran (wound dressing) to the wound bed, cover with gauze and tape. The note did not indicate the wound location or type.</p> <p>A Home Health Physician Order, dated 4/29/25 at 3:30 p.m., indicated skilled nursing to perform a skin tear treatment to the right buttock for one week. Cleanse/irrigate the wound with soap and water, pat dry, apply skin prep to the surrounding tissue, and apply a border gauze cover using aseptic technique. Skilled nursing may teach</p>		<p>Director of nursing will audit care/service plan weekly pertaining to skin issues and significant changes of condition in residents.</p> <p>This audit is indefinite.</p> <p>Any resident with skin issues requiring outside skilled nursing treatment/wound care will have prn treatment order in the system to correlate with the skilled nursing team with care/service plan updated to correlate.</p> <p>If any resident has any skin issues, then weekly skin form will be completed until the area is healed.</p> <p>This plan of corrective action was completed on 5/5/2025. This will ensure that all services provided are documented in progress notes with accurate orders in EMAR and updated care/service plan correlate.</p> <p>Any resident with outside home health services and hospices services will have active orders in PCC with contact information in body of order. This plan of corrective action was completed an 5/5/2025.</p>	

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

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	<p>patient/caregiver to perform wound care. Assisted living facility nurses were to re-enforce as needed.</p> <p>The Physician Order, dated 4/29/25, was not addressed with the facility until the notes were requested on 5/5/25.</p> <p>During an interview on 5/5/25 at 10:19 a.m., the Director of Nursing indicated the orders were not updated on 4/29/25 for the wound care to the right buttock. She was not aware the treatment orders had changed as she thought the wound had healed out.</p> <p>This citation relates to Complaint IN00455828.</p>			