

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155228	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2024
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NAME OF PROVIDER OR SUPPLIER WILLOWS OF RICHMOND	STREET ADDRESS, CITY, STATE, ZIP COD 2070 CHESTER BLVD RICHMOND, IN 47374
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00435418 and IN00435596.</p> <p>Complaint IN00435418 - Federal/state deficiencies related to the allegations is cited at F842.</p> <p>Complaint IN00435596 - Federal/state deficiencies related to the allegations is cited at F842.</p> <p>Survey dates: June 15, 17 and 18, 2024</p> <p>Facility number: 000133 Provider number: 155228 AIM number: 100266080</p> <p>Census Bed Type: SNF/NF: 56 Total: 56</p> <p>Census Payor Type: Medicare: 5 Medicaid: 44 Other: 7 Total: 56</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 21, 2024.</p>	F 0000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. Please accept this Plan of Correction as Credible Allegations of Compliance. The facility respectfully requests paper compliance for this citation.	
F 0842 SS=D Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Merry Goodwin	HFA	07/03/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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	<p>resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(i)(3) The facility must safeguard medical record information against loss,</p>			

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	<p>destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on interview and record review, the facility failed to maintain resident records that were accurately documented for each resident's oral hygiene and meal intakes for 3 of 3 residents reviewed for Activities of Daily Living (ADL's), specific to meal intakes and oral hygiene. (Residents B, C and D)</p> <p>Findings include:</p> <p>1.a. The clinical record of Resident B was reviewed on 6-1-24 at 9:32 a.m. Her diagnoses included, but were not limited to, high blood pressure, age-related debility, lung cancer, a history of bladder cancer and pulmonary emboli</p>	F 0842	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Point Click Care configuration set up has been corrected to ensure three meals a day are documented for resident # B,C,D. No negative outcomes.</p> <p>Point Click Care configuration set up has been corrected to ensure oral care documentation is completed twice daily and as needed for resident # B,C,D. No negative outcomes.</p>	07/01/2024

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	<p>(blood clots in the lungs) and chronic pain syndrome. It indicated she did not leave the facility during her admission, until her death on 5-28-24.</p> <p>A review of her meal intakes indicated the facility utilized an electronic health record (EHR) to document the meal intakes for Resident B. The documentation for May 1, through 28, 2024, indicated the following dates and meals were undocumented, as represented by a blank block in the EHR:</p> <p>-5-2-24: dinner. -5-9-24: dinner. -5-14-24: dinner.</p> <p>The documentation for May 1, through 28, 2024, for meal intakes for Resident B had multiple choices in the EHR. The legend provided by the EHR for meal intakes were identified as the following:</p> <p>- "0," or intake of 1-25 percent (%) of meal intake. - "1," or 26-50% of meal intake. - "2," or 51-75% of meal intake. - "3," or 76-100% of meal intake. - "97," reflected, "Not Available." - "98," reflected "Resident Refused." - "99" which indicates "Resident Not Available."</p> <p>The following meal intakes were identified as, "97," or not available:</p> <p>-5-1-24: breakfast and lunch. -5-2-24: breakfast and lunch. -5-6-24: breakfast and lunch. -5-8-24: breakfast, lunch and dinner. -5-9-24: breakfast and lunch. -5-10-24: breakfast and lunch. -5-15-24: breakfast.</p>		<p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents that reside in the facility have the potential to be affected by the alleged deficient practice. A facility wide audit was completed to ensure accuracy of documentation and point click care configuration set up for meal intakes and oral care correct by DON/designee on 06.26.24 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Certified nurse assistants reeducated and in serviced on importance of accuracy of documentation and times needed for documentation for meal intakes and oral care on 7/1/2024 by DON/designee. (Attachment 1) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; DON or designee will monitor and audit accuracy and completion of ADL'S daily 5 times a week for 2 months , 3 times a week X 1 month and ongoing thereafter (Attachment 2). Any findings will be immediately</p>	

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	<p>-5-16-24: breakfast and lunch. -5-21-24: dinner. -5-22-24: dinner. -5-23-24: breakfast and lunch. -5-24-24: breakfast. -5-25-24: dinner. -5-27-24: breakfast and lunch.</p> <p>In an interview with the Regional Nurse Consultant on 6-18-24 at 4:34 p.m., she indicated if a resident refuses a meal or declines a meal, meal documentation in the EHR should reflect this as a refusal. She indicated each resident is offered three meals daily.</p> <p>In an interview on 6-18-24 at 10:30 a.m., with the MDS (Minimum Data Set) Coordinator, she indicated for the graph that depicts the meal intakes for each resident, she identified the first section represented breakfast, the second section represented lunch and the third section represented dinner, with the remaining sections, she did not know what those represented. The sections for breakfast, lunch and dinner were not identified on the actual graph.</p> <p>1.b. The EHR indicated three (3) choices of "yes," "no," or "Resident Refused," for oral care provision by facility staff, related to, "Task [oral care] Completed." In an interview with the Regional Nurse Consultant on 5-18-24 at 4:36 p.m., she indicated the frequency in which oral care should be offered is three (3) times a day or on each shift.</p> <p>Resident B's oral care provision, as documented in the EHR, for May 1, through 28, 2024, was as follows: -5-1-24: received 2 times. -5-2-24: received once.</p>		corrected, and DON/Designee will report all audits during the QAPI meetings, and all recommendations will be followed.	

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	<p>-5-3-24: received 2 times.</p> <p>-5-4-24: received once with one resident refusal.</p> <p>-5-5-24: received 2 times with one resident refusal.</p> <p>-5-6-24: received 2 times.</p> <p>-5-7-24: received 2 times.</p> <p>-5-8-24: received once.</p> <p>-5-9-24: received once.</p> <p>-5-10-24: received 2 times.</p> <p>-5-11-24: received once with one resident refusal.</p> <p>-5-12-24: received once.</p> <p>-5-13-24: nothing documented.</p> <p>-5-14-24: nothing documented.</p> <p>-5-15-24: received 2 times.</p> <p>-5-16-24: received 2 times.</p> <p>-5-17-24: received 2 times.</p> <p>-5-18-24: received once with one resident refusal.</p> <p>-5-19-24: received 2 times.</p> <p>-5-20-24: received 2 times.</p> <p>-5-21-24: received 2 times.</p> <p>-5-22-24: received 2 times.</p> <p>-5-23-24: received 2 times.</p> <p>-5-24-24: received once with one resident refusal.</p> <p>-5-25-24: received 0 times with two resident refusals.</p> <p>-5-26-24: received 2 times.</p> <p>-5-27-24: received 2 times.</p> <p>-5-28-24: received 2 times.</p> <p>2.a. The clinical record of Resident C was reviewed on 6-15-24 at 11:19 a.m. Her diagnoses included, but were not limited to, fracture of the left humerus (arm bone), chronic pain syndrome, high blood pressure, atrial fibrillation (irregular heart rhythm), cerebral infarction (stroke) and schizoaffective disorder bipolar type.</p> <p>A review of her meal intakes indicated the facility utilized an electronic health record (EHR) to document the meal intakes for Resident C. The documentation for April 1 through 30, 2024,</p>			

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	<p>indicated the following dates and meals were undocumented, as represented by a blank block in the EHR:</p> <p>-4-22-24: lunch. -4-22-24: dinner.</p> <p>The documentation for April 1 through 30, 2024, for meal intakes for Resident C had multiple choices in the EHR. The legend provided by the EHR for meal intakes were identified as the following:</p> <p>-"0," or intake of 1-25 percent (%) of meal intake. -"1," or 26-50% of meal intake. -"2," or 51-75% of meal intake. -"3," or 76-100% of meal intake. -"97," reflected, "Not Available." -"98," reflected "Resident Refused." -"99" which indicates "Resident Not Available."</p> <p>The following meal intakes were identified as, "97," or not available:</p> <p>-4-4-24: breakfast. -4-11-24: breakfast. -4-13-24: breakfast. -4-18-24: breakfast. -4-19-24: breakfast and lunch. -4-20-24: breakfast. -4-20-24: breakfast. -4-23-24: breakfast and lunch. -4-25-24: breakfast.</p> <p>In an interview with the Regional Nurse Consultant on 5-18-24 at 4:34 p.m., she indicated if a resident refuses a meal or declines a meal, meal documentation in the EHR should reflect this as a refusal. She indicated each resident is offered three meals daily.</p> <p>In an interview on 6-18-24 at 10:30 a.m., with the MDS Coordinator, she indicated for the graph that</p>			

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	<p>depicts the meal intakes for each resident, she identified the first section represented breakfast, the second section represented lunch and the third section represented dinner, with the remaining sections, she did not know what those represented. The sections for breakfast, lunch and dinner were not identified on the actual graph.</p> <p>2.b. The EHR indicated three (3) choices of "yes," "no," or "Resident Refused," for oral care provision by facility staff, related to, "Task [oral care] Completed." In an interview with the Regional Nurse Consultant on 6-18-24 at 4:36 p.m., she indicated the frequency in which oral care should be offered is three (3) times a day or on each shift.</p> <p>Resident C's oral care provision, as documented in the EHR, for April 1, through May 1, 2024, was as follows:</p> <ul style="list-style-type: none"> -4-1-24: received 2 times. -4-2-24: received 2 times. -4-3-24: received 2 times. -4-4-24: received 2 times. -4-5-24: received once. -4-6-24: received 2 times. -4-7-24: received 2 times. -4-8-24: received 2 times. -4-9-24: received 4 times. -4-10-24: received 2 times. -4-11-24: received 3 times. -4-12-24: received 2 times. -4-13-24: received 2 times. -4-14-24: received 2 times. -4-15-24: received 2 times. -4-16-24: received 2 times. -4-17-24: received 2 times. -4-18-24: received 3 times. -4-19-24: received 2 times. -4-20-24: received 2 times. 			

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	<p>-4-21-24: received 3 times. -4-22-24: received once. -4-23-24: received 2 times. -4-24-24: received 2 times. -4-25-24: received 3 times. -4-26-24: received 2 times. -4-27-24: received 2 times. -4-28-24: received 2 times. -4-29-24: received once. -4-30-24: received once. -5-1-24: received once.</p> <p>3.a. The clinical record of Resident D was reviewed on 6-18-24 at 10:54 a.m. His diagnoses included, but were not limited to, rhabdomyolysis (muscle breakdown), pulmonary fibrosis, urinary tract infection (UTI), heart failure, history of a fall, a wedge compression fracture of the second lumbar vertebra.</p> <p>A review of Resident D's meal intakes indicated the facility utilized an electronic health record (EHR) to document the meal intakes for Resident D. In an interview with the MDS Coordinator on 6-18-24 at 2:30 p.m., she indicated the current EHR does not specify what meal is being documented, it only demonstrates what time the staff member inputs the meal intake information. She indicated she has to "kind of guess" which meal is being documented, such as breakfast, lunch or dinner, by the time the information is placed into the EHR system.</p> <p>The documentation for May 1, through June 1, 2024, indicated the following dates and meals were unclearly documented, as represented by unclear time frames or lack of documentation of which meal was being documented in the EHR: -5-1-24: Meals documented at 12:03 p.m., and 1:56 p.m., by CNA 4, indicated, "Resident Not</p>			

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	<p>Available. " Two meals documented by CNA 3 as an intake of 0-25% twice at 8:05 p.m., and 8:19 p.m.</p> <p>-5-6-24: Dinner meal documented by CNA 5, at 8:48 p.m., as intake of 0-25%, and a second intake at 8:49 p.m., by CNA 5, indicated, "Resident Refused."</p> <p>-5-8-24: All meal intakes documented by CNA 6, at 12:14 a.m., twice, and twice at 11:34 p.m. by CNA 6, indicated, "Not Applicable."</p> <p>-5-9-24: Only two entries at 8:39 p.m., by CNA 3, indicated meal intakes of 26-50%.</p> <p>-5-12-24: Meal intakes documented by the MDS Coordinator at 9:00 a.m. and 1:00 p.m., but no further meal documentation for the day.</p> <p>-5-13-24: No meal documentation for this date.</p> <p>-5-14-24: Meal documentation for an early breakfast, due an appointment, at 5:52 a.m., was completed by CNA 7. The only other documentation was at 10:22 a.m., which indicated, "Resident Not Available," by CNA 8.</p> <p>-5-15-24: Meal documentations were in place for breakfast consumption at 9:00 a.m., and lunch at 1:00 p.m., but no other documentation was present for the dinner meal.</p> <p>-5-20-24: The dinner meal intake was documented twice by CNA 3, at 7:30 p.m. and 7:41 p.m.</p> <p>-5-21-24: The dinner meal intake was documented by CNA 3, twice at 6:38 p.m.</p> <p>-5-22-24: The dinner meal intake was documented by CNA 3, twice at 9:58 p.m.</p> <p>-5-23-24: The dinner meal intake was documented by CNA 3, twice at 7:10 p.m.</p> <p>-5-24-24: The dinner meal intake was documented by CNA 3, at 8:23 p.m. and 8:24 p.m.</p> <p>-5-25-24: The dinner meal intake was documented by CNA 6, twice at 11:16 p.m.</p> <p>-5-27-24: Meal intakes were documented on this date by CNA 3 twice at 6:51 p.m., of 51-75% and by CNA 6 twice at 12:07 a.m., and twice at 11:28 p.m.</p>			

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	<p>-5-28-24: Meal intakes were documented twice by CNA 8 at 1:53 p.m., with no other meal intake information for this date.</p> <p>-5-29-24: Meal intake information was documented by CNA 8, with 2 other entries by CNA 6 at 11:22 p.m. which indicated, "Not Applicable."</p> <p>-5-30-24: The dinner meal intake was documented by CNA 3, twice at 6:20 p.m.</p> <p>-5-31-24: Meal intakes were documented by CNA 9 at 8:59 a.m. and 1:10 p.m. No further meal information was documented.</p> <p>6-1-24: No meal documentation for this date.</p> <p>In an interview with the Regional Nurse Consultant on 5-18-24 at 4:34 p.m., she indicated if a resident refuses a meal or declines a meal, meal documentation in the EHR should reflect this as a refusal. She indicated each resident is offered three meals daily.</p> <p>3.b. The EHR indicated four (4) choices of "yes," "no," "Resident Not Available," or "Resident Refused," for oral care provision by facility staff, related to, "Task [oral care] Completed." In an interview with the Regional Nurse Consultant on 6-18-24 at 4:36 p.m., she indicated the frequency in which oral care should be offered is three (3) times a day or on each shift.</p> <p>Resident D's oral care provision, as documented in the EHR, for May 1, through June 1, 2024, was as follows:</p> <p>-5-1-24: received once.</p> <p>-5-2-24: received once.</p> <p>-5-3-24: received once with one resident refusal.</p> <p>-5-4-24: received once with one resident refusal.</p> <p>-5-5-24: received once with one resident refusal.</p> <p>-5-6-24: received 2 times.</p> <p>-5-7-24: received 2 times.</p> <p>-5-8-24: received once.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155228	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2024
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NAME OF PROVIDER OR SUPPLIER WILLOWS OF RICHMOND	STREET ADDRESS, CITY, STATE, ZIP COD 2070 CHESTER BLVD RICHMOND, IN 47374
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(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
	<p>-5-9-24: received once.</p> <p>-5-10-24: received 2 times.</p> <p>-5-11-24: receive 2 times.</p> <p>-5-12-24: received once.</p> <p>-5-13-24: nothing documented.</p> <p>-5-14-24: nothing documented.</p> <p>-5-15-24: received 2 times.</p> <p>-5-16-24: received 2 times.</p> <p>-5-17-24: received 2 times.</p> <p>-5-18-24: received 2 times.</p> <p>-5-19-24: received 2 times.</p> <p>-5-20-24: received 2 times.</p> <p>-5-21-24: received 2 times.</p> <p>-5-22-24: received 2 times.</p> <p>-5-23-24: received 2 times.</p> <p>-5-24-24: received 2 times.</p> <p>-5-25-24: received once.</p> <p>-5-26-24: received 2 times.</p> <p>-5-27-24: received once.</p> <p>-5-28-24: received 2 times.</p> <p>-5-29-24: received 2 times.</p> <p>-5-30-24: received 2 times.</p> <p>-5-31-24: received 2 times</p> <p>-6-1-24: no documentation present for oral care.</p> <p>On 6-18-24 at 4:10 p.m., the Administrator provided a copy of an undated policy entitled, "Serving A Meal." This policy indicated, "It is the policy of this facility to serve meals that meet the nutritional needs of residents...when the resident has finished and record the percentage of food consumed as 25%, 50%, 75% or 100% in Point Click Care [electronic health record program]."</p> <p>On 6-18-24 at 4:10 p.m., the Administrator provided a copy of an undated policy entitled, "Oral Care." This policy indicated, "It is the practice of this facility to provide oral care to residents in order to prevent and control</p>			

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

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FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155228	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER WILLOWS OF RICHMOND			STREET ADDRESS, CITY, STATE, ZIP COD 2070 CHESTER BLVD RICHMOND, IN 47374		
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	<p>plaque-associated oral diseases...documentation of oral care will be completed in Point Click Care [electronic health record program]."</p> <p>This Federal tag relates to Complaints IN00435418 and IN00435596.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				