

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

PRINTED: 03/09/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155220	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/24/2022
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NAME OF PROVIDER OR SUPPLIER  DYER NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 601 SHEFFIELD AVE DYER, IN 46311
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(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
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00372860. This visit included the Investigation of Residential Complaint IN00372911.</p> <p>Nursing Home Complaint IN00372860 - Substantiated. Federal/State deficiencies related to the allegations are cited at F698.</p> <p>Residential Complaint IN00372911 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 23 and 24, 2022.</p> <p>Facility number: 000125 Provider number: 155220 AIM number: 100266740</p> <p>Census Bed Type: SNF/NF: 103 Residential: 36 Total: 139</p> <p>Census Payer Type: Medicare: 25 Medicaid: 60 Other: 18 Total: 103</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/28/22.</p>	F 0000	We respectfully ask for a desk review.	
F 0698 SS=D Bldg. 00	483.25(l) Dialysis §483.25(l) Dialysis.			

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 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>The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on record review and interview, the facility failed to ensure dialysis care was effectively provided related to not documenting refusals or notifying the Physician and dialysis center of refusals for dialysis treatment for 1 of 3 residents reviewed for dialysis. (Resident C)</p> <p>Finding includes:</p> <p>The closed record for Resident C was reviewed on 2/23/22 at 10:10 a.m. The resident was admitted to the facility on 1/14/22 and discharged on 2/1/22. Diagnoses included, but were not limited to, COVID-19 and end stage renal disease with dependence on renal dialysis.</p> <p>A Physician's Order, dated 1/14/22, indicated the resident was to go to dialysis three times a week on Tuesday, Thursday and Saturday.</p> <p>The Nursing notes indicated the resident missed dialysis on Tuesday 1/18/22 due to transportation issues. There was no documentation the Physician or dialysis center had been notified. His next scheduled dialysis day was Thursday 1/20/22. The Nursing notes lacked documentation the resident went to dialysis or refused dialysis on Thursday 1/20/22. The next Nursing note was dated 1/24/22, and indicated the Assistant Director of Nursing ordered the resident to be sent to the Emergency Room (ER) for dialysis.</p> <p>Interview with the Administrator on 2/23/22 at 1:00 p.m., indicated the resident did not go to dialysis</p>	F 0698	<p><b>Dyer Nursing and Rehab Complaint Survey: 2-23-2022</b></p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p><b>F698 Dialysis</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b> Resident C is no longer in the facility.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</b> All residents, who go to dialysis, have the potential to be affected by the same alleged deficient practice.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</b></p>	03/03/2022

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R 0000  Bldg. 00	<p>on 1/18/22 due to transportation not arriving. He was rescheduled and went to dialysis the following day on 1/19/22. He was then scheduled to go again on Friday 1/21/22, but refused to go that day. On Monday 1/24/22, he was sent to the ER for dialysis. The resident then refused the next scheduled day 1/26/22. The Administrator indicated the record lacked documentation of the refusals or Physician and dialysis center notification.</p> <p>The current policy, "Refusal of Medications and Treatments, Documentation of", was received from the Administrator on 2/23/22 at 3:10 p.m., indicated, "...1. If a resident refused his or her medication and/or treatments, nursing staff will document such refusal in the resident's medical record. 2. Documentation related to a resident's refusal of treatment shall include at least the following: a. the date and time the staff tried to give the medication or treatment...g. Physician notification and response shall be documented; h. Other pertinent observations...."</p> <p>This Federal tag relates to Complaint IN00372860.</p> <p>3.1-37(a)</p> <p>This visit was for the Investigation of Residential Complaint IN00372911. This visit included the</p>	R 0000	<p>All current dialysis residents were reviewed with no unusual findings. Nursing staff educated related to notifying the MD, Family and the Dialysis center when residents refuse dialysis.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</b></p> <p>DON/Designee will audit all dialysis residents three times per week to ensure that they are going to dialysis and that if they refuse that the MD, family and dialysis center are aware.</p> <p>DON/Designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p><b>Date by which systemic corrections will be completed:</b> <b>3/3/22</b></p> <p>We respectfully ask for a desk review.</p>	

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	<p>Investigation of Nursing Home Complaint IN00372860.</p> <p>Residential Complaint IN00372911 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Nursing Home Complaint IN00372869 - Substantiated. Federal/State deficiencies related to the allegations are cited at F698.</p> <p>Survey dates: February 23 and 24, 2022.</p> <p>Facility number: 000125</p> <p>Residential Census: 36</p> <p>Dyer Nursing &amp; Rehabilitation Center was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00372911.</p> <p>Quality review completed on 2/28/22.</p>			