

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155349	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2015
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NAME OF PROVIDER OR SUPPLIER SAINT ANNE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 RANDALLIA DR FORT WAYNE, IN 46805
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 6, 7, 8, 9, 12, and 13, 2015.</p> <p>Facility number: 000240 Provider number: 155349 AIM number: 100274960</p> <p>Survey team: Diane Nilson, RN, TC Rick Blain, RN Tim Long, RN Carol Miller, RN, January 6, 7, 8, 9, and 13, 2015</p> <p>Census bed type: SNF/NF: 134 SNF: 11 Residential: 93 Total: 238</p> <p>Census payor type: Medicare: 20 Medicaid: 70 Other: 55 Total: 145</p> <p>Residential sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with</p>	F000000		

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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F000157 SS=D	<p>410 IAC 16.2-3.1.</p> <p>Quality review completed on January 13, 2014 by Randy Fry RN.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p>			

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	<p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview the facility failed to ensure notification of a physician of five episodes of elevated blood sugar readings over 500 since 12/1/14 for 1 of 5 residents (#121). In addition, the facility failed to notify a physician of a significant weight loss for 1 of 3 residents (#59) reviewed for significant weight loss.</p> <p>Findings include:</p> <p>1. Resident #121's clinical record was reviewed on 1/8/15 at 10:00 A.M. and indicated the resident was admitted to the facility with a diagnosis of diabetes mellitus.</p> <p>The physician's orders dated 7/31/14 indicated the resident was to have an Accucheck test of blood sugar levels 4 x daily at 6:00 A.M., 11:00 A.M., 4:00 P.M. and 8:00 P.M..</p> <p>Resident #121's Medication Administration Records (MAR's) from 12/1/14 through 1/8/15 indicated 6 accucheck blood sugar readings over 500. (normal readings 90-120 mg/dl). On 5 of the 6 occasions the facility did not notify the physician the blood sugar readings</p>	F000157	<p>Respectfully, we request consideration for a paper compliance review of our Plan of Correction. If accepted, we will submit supplemental documents showing completion on or before February 12, 2015.</p> <p>Thank you in advance for your consideration of our request.</p> <p>F157 1a) Physician was notified about Resident #121's elevated blood sugars. Physician reviewed all of the resident's blood sugars and gave new orders. (see attached) b) Resident #59 moved to another long term care facility after discharge from the Rehab Unit on 11-25-2014. All of the resident's medical records were sent with resident for continuity of care. 2a) All diabetic residents with physician orders for glucose scans were identified and physician orders received for hyperglycemia and hypoglycemia parameters. (see attached) b) Facility identified all residents with significant weight loss in one month and six months and notified physician and family of weight loss / weight gain. (see attached) 3a) EMR system now has routine orders established (for residents who have their blood sugars monitored) to address hyperglycemia and hypoglycemia. (see attached) b) Standing orders also have</p>	02/12/2015			

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	<p>were over 500: On 12/14/14 at 4:05 P.M. the blood sugar was 550. On 12/18/14 at 7:17 P.M., the blood sugar was 526. On 12/19/14 at 11:39 A.M., the blood sugar was 526. On 12/24/14 at 4:57 P.M. the blood sugar was 592. On 1/4/15 at 7:35 P.M., the blood sugar was 506.</p> <p>An interview with LPN #1 on 1/8/15 at 10:50 A.M. indicated, if a resident's blood sugar level is over 500 they are to contact the physician.</p> <p>An interview with the Director of Nursing (DN) on 1/8/15 at 1:00 P.M. indicated the facility has a policy of standing orders which indicated the physician is to be notified of a blood sugar over 500.</p> <p>Review of a policy titled "Standing Orders", dated May 2011, provided by the DN on 1/8/15 at 1:00 P.M., indicated "call physician for blood sugars over 500."</p> <p>2. Resident #59's clinical record was reviewed on 1/9/15 at 9:30 A.M., and indicated the admission weight on 10/21/14 was 188# (pounds). On 11/18/14, the resident's weight was 177#, an 11#, 5.9% loss in less than 30 days.</p> <p>A dietary risk assessment from 10/22/14</p>		<p>hyperglycemia and hypoglycemia parameters to include residents without orders for monitoring blood sugars. (see attached) c) Our Consultant Dietician already reviews weights weekly and communicates with nursing for physician notification and follow-up orders. Resident #59's weight loss was not reported because resident was discharged that same week. We will retrain our nurses to follow up on all concerns even when residents are being discharged. d) We have an internal email communication system, and we have several emails set up that go to different team members to address for example: Infections is directed to D.O.N., Nurse Managers of the floors, QA Nurse, Infection Control Nurse. We have now set up a "Dietary Concerns" email and this automatically goes to Dining Services, Consultant Dietician, Dietary Supervisor (she works with our residents and nurses and documents) and general dietary staff. This will provide better communication once we have trained staff to select "Dietary Concerns" instead of sending a general email to Dining Services. (see attached inservice) e) Nurses will be inserviced on the need to immediately communicate and document any resident changes to the following: a) Residentb) Physicianc) Legal Representative</p>				

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	<p>indicated a score of 11, which is high risk.</p> <p>An admission progress note by the Registered Dietitian (RD) on 10/22/14 indicated the resident was on a carbohydrate controlled diet.</p> <p>A dietary admission progress note by the Dietary Manager (DM) of 10/22/14 indicated a weight of 188# and a height of 70".</p> <p>A dietary progress note of 10/31/14 by the DM indicated Resident #59 had a 6# weight loss since admission with a weight of 182# and noted the resident eats 100% of most meals.</p> <p>A dietary progress note of 11/4/14 by the DM indicated the resident's weight was 182# and noted the resident was asking for small portions at lunch and supper meals and eats 100% of the food he gets.</p> <p>A dietary progress note of 11/24/14 by the RD noted a stage 1 pressure ulcer to the top of Resident #59's foot.</p> <p>A review of the resident's progress notes from 11/18/14 through his discharge from the facility on 11/25/14, did not indicate any notification of the physician, family or dietary department.</p>		<p>or an interested family memberd) Team Members The changes in resident condition may or may not be significant but must be communicated for:1) physician to determine if interventions are required.2) resident or family members to be kept informed and to get their input.3) team to be able to document and provide supportive services. f) Nurses will also be retrained on the need to follow up on all concerns even when residents are discharged to provide continuity of care. (See attached inservice.) g) We already have in place a system where we make physician appointments for our residents within a week or two weeks of discharge. We follow up on each resident with a call from Nursing and a call from social Services to help resident with his/her transition back into the community. 4a) Night shift nurses review all orders taken during the day. They will review all diabetic orders for hyperglycemia / hypoglycemia and notify their nurse manager to address. Nurse managers receive all orders taken for all three shifts to review. They will be able to address concerns brought to their attention by providing teaching to staff when required. b) The Dietician Consultant will continue to monitor the weekly weights. The new email system (Dietary Concerns) and the retraining of nurses will ensure Dietician</p>	

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	<p>An interview with the Director of Nursing (DN) on 1/9/15 at 10:55 A.M. indicated each unit nurse reviews weights completed by the CNA's and is responsible for notifying the physician of significant weight loss.</p> <p>An interview with LPN #3, the MDS (Minimum Data Set) nurse, on 1/9/15 at 11:25 A.M. indicated the unit nurse's are responsible for entering the resident's weights in the computer and contacting the physician if the weight change satisfies the criteria of a significant weight loss. LPN #3 indicated Resident #59 had a significant weight loss of 5% in a 30 day period and notification of the physician should have been done. LPN #3 was unable to locate any notification of the physician to report a significant weight loss.</p> <p>An interview with the DM on 1/9/15 at 11:55 A.M. indicated she was not notified of the significant weight loss of 5.9% in 30 days for Resident #59 on or after 11/18/14. The DM indicated the only report she received for Resident #59 after 11/18/14 was the resident was scheduled to be discharged the following week.</p> <p>A policy title "Weight", most recently</p>		<p>receives information even on discharge residents for her to address. c) The established QA program has been updated and will be monitored for the next six months by the nurse managers. (see attached) 5) All systemic changes and staff training will be completed by February 12, 2015. _</p>	

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F000325 SS=D	<p>revised 1/2010, provided by LPN #3 on 1/9/15, 9:45 A.M., indicated residents are considered to be at nutritional risk if they have a significant weight change of 5% in one month. The policy indicated when there is a 5# difference in a resident's weight, nursing will re-weigh the resident within 24 hours and if the weight loss is verified, the attending physician and family and dining services will be notified in writing by the nursing staff.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p> <p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. Based on record review and interview, the facility failed to notify the physician of a significant weight loss for 1 of 3 residents (#59) reviewed for nutritional concerns.</p>	F000325	Respectfully, we request consideration for a paper compliance review of our Plan of Correction. If accepted, we will submit supplemental documents showing completion on or before February 12, 2015.	02/12/2015

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	<p>Findings include:</p> <p>Resident #59's clinical record was reviewed on 1/9/15 at 9:30 A.M., and indicated the admission weight on 10/21/14 was 188# (pounds). On 11/18/14, the resident's weight was 177#, an 11#, 5.9% loss in less than 30 days.</p> <p>A dietary risk assessment from 10/22/14 indicated a score of 11, which was high nutritional risk.</p> <p>An admission progress note by the Registered Dietitian (RD) on 10/22/14 indicated the resident was on a carbohydrate controlled diet.</p> <p>A dietary admission progress note by the Dietary Manager (DM) on 10/22/14 indicated a weight of 188# and a height of 70".</p> <p>A dietary progress note of 10/31/14 by the DM indicated Resident #59 had a 6# weight loss since admission with a weight of 182# and noted the resident eats 100% of most meals.</p> <p>A dietary progress note of 11/4/14 by the DM indicated the resident's weight was 182# and noted the resident was asking for small portions at lunch and supper meals and eats 100% of the food he gets.</p>		<p>Thank you in advance for your consideration of our request.</p> <p>F325 1) Resident #59 moved to another facility after completion of rehab and all of the resident's medical records were sent to the facility for continuity of care. Our medical Director was notified of our survey results. 2a) All residents in the building were reviewed by Dining Services Department to remonitor weight loss in one month and six months. (see attached) b) D.O.N. met with Consultant Dietician and Dietary Supervisor; there is no unplanned significant weight loss. Every resident's weight loss has been reviewed by the Consultant Dietician and measures put in place per physician order. 3a) Our Consultant Dietician already reviews weights weekly and communicates with Nursing for physician notification and follow-up orders. Resident #59's weight loss was not reported because resident was discharged the same week. We need to retrain our nurses to follow up on all concerns even when residents are being discharged. b) We have an internal email communication system, and we have several emails set up that go to different team members to address for example: Infections – goes to D.O.N., Nurse Managers of the floors, QA Nurse, Infection Control Nurse. We have now set up a "Dietary Concerns" email</p>				

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	<p>A dietary progress note of 11/24/14 by the RD noted a stage 1 pressure ulcer to the top of Resident #59's foot.</p> <p>A review of the resident's progress notes from 11/18/14 through his discharge from the facility on 11/25/14, did not indicated any notification of the physician, family or dietary department.</p> <p>An interview with the Director of Nursing (DN) on 1/9/15 at 10:55 A.M. indicated each unit nurse reviews weights completed by the CNA's and is responsible for notifying the physician of significant weight loss.</p> <p>An interview with LPN #3, the MDS (Minimum Data Set) nurse, on 1/9/15 at 11:25 A.M. indicated the unit nurse's are responsible for entering the resident's weights in the computer and contacting the physician if the weight change meets the criteria of a significant weight loss. LPN #3 indicated Resident #59 had a significant weight loss of 5% in a 30 day period and notification of the physician should have been done. LPN #3 was unable to locate any notification of the physician to report a significant weight loss.</p> <p>An interview with the DM on 1/9/15 at</p>		<p>and this automatically goes to Dining Services, Consultant Dietician, Dietary Supervisor (she works with our residents and nurses and documents) and general dietary staff. This will provide better communication once we have trained staff to select "Dietary Concerns" instead of sending a general email to Dining Services. c) Nurses will also be retrained on the need to follow up on all concerns even when residents are discharged to provide continuity of care. (See attached inservice.) d) We already have in place a system where we make physician appointments for our residents within a week or two weeks of discharge. We follow up on each resident with a call from Nursing and a call from social Services to help resident with his/her transition back into the community. 4) The Nurse Managers will spot check weight reports or individual residents at least monthly or more if needed to ensure weight loss / gain is addressed for the next six months. Dining Services will continue to maintain their protocol. (see attached) 5) All systemic changes and staff training will be completed by February 12, 2015.</p>				

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	<p>11:55 A.M. indicated she was not notified of the significant weight loss of 5.9% in 30 days for Resident #59 on or after 11/18/14. The DM indicated the only report she received for Resident #59 after 11/18/14 was the resident was scheduled to be discharged the following week.</p> <p>A policy title "Weight", most recently revised 1/2010, provided by LPN #3 on 1/9/15, 9:45 A.M., indicated residents are considered to be at nutritional risk if they have a significant weight change of 5% in one month. The policy indicated when there is a 5# difference in a resident's weight, nursing will re-weigh the resident within 24 hours and if the weight loss is verified, the attending physician and family and dining services will be notified in writing by the nursing staff.</p> <p>3.1-46(a)(1)</p>				

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

PRINTED: 01/26/2015

FORM APPROVED

OMB NO. 0938-0391

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