

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155423	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/27/2013
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NAME OF PROVIDER OR SUPPLIER  HAMMOND-WHITING CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 114TH ST WHITING, IN 46394
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F000000	<p>This visit was for the Investigation of Complaints IN00137637 and IN00140156.</p> <p>Complaint IN00137637-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00140156-Substantiated. Federal/state deficiencies related to the allegations are cited at F309, F314, and F325.</p> <p>Survey dates: November 26 &amp; 27, 2013</p> <p>Facility number: 00365 Provider number: 155423 AIM number: 100287460</p> <p>Survey team: Janet Adams, RN, TC</p> <p>Census bed type: SNF/NF: 68 Total: 68</p> <p>Census payor type: Medicare: 16 Medicaid: 42 Other: 10 Total: 68</p>	F000000	<p>December 19, 2013 Kim Rhoades, Director of Long-Term CareIndiana State Department of Public Health2 North Meridian St.Indianapolis, IN 46204 Dear Ms Rhoades: Please reference the enclosed 2567 as "Plan of Correction" for the November 27, 2013 Complaint Survey that was conducted at Hammond Whiting Care Center. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws. This facility appreciated the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better the quality of care provided to our Elders in our community. The Plan of Correction submitted on December 19, 2013 serves as our allegation of compliance. Should you have any question or concerns regarding the Plan of Correction, please contact me. Respectfully, Caryn G. Moore RN, MSNExecutive Director Thursday, December 19, 2013 Kim Rhoades, Director of Long-Term CareIndiana State Department of Public Health2</p>	

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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	<p>Sample: 8</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on December 6, 2013, by Janelyn Kulik, RN.</p>		<p>North Meridian St. Indianapolis, IN 46204 Dear Ms Rhoades,</p> <p>This letter is attached to my submitted plan of correction for Complaint IN0013367. I am respectfully requesting paper compliance for this survey. I am also including content of education presented to employees, and audit tools. The contracted Registered Dietician has been removed from the facility and we have a new contracted Registered Dietician starting December 18, 2013. Respectfully, Caryn Moore RN, MSN Executive Director</p>		

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the resident's nutritional status was reviewed by the Registered Dietitian in a timely manner upon readmission to the facility with a non-pressure foot ulcer for 1 of 3 residents reviewed for wound ulcers in the sample of 8. (Resident #G)</p> <p>Findings include:</p> <p>On 11/26/13 at 9:05 a.m., Resident #G was observed sitting a wheelchair in the hallway across from the Nursing Station. The resident's left leg was elevated on the wheelchair leg rest. There was a clear dressing in place to the resident's left foot. There was tubing attached under the dressing and the tubing was attached to a Wound Vac machine.</p> <p>The record for Resident #G was</p>	F000309	<p>F 309What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident G was reassessed on December 18, 2013 by new facility registered dietician and the facility will continue with prior recommendations. The current intake of meals and supplements exceeds resident healing needs. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken: Dietary Director and DON/designee will conduct a full facility audit of the assessments and progress notes of all residents seen by the registered dietician during the previous 90 days (Aug. 27 – Nov. 27, 2013) to verify that all residents had been seen in a timely manner per facility policy. Any issues identified via this audit will be addressed by the new registered dietician. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: A new</p>	12/27/2013			

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	<p>reviewed on 11/26/13 at 3:00 p.m. The resident's diagnoses included, but were not limited to, coronary artery disease, high blood pressure, colostomy, insulin dependent diabetes, and anemia. The resident was sent to hospital on 9/23/13 and was readmitted to the facility on 10/17/13.</p> <p>A Non-Pressure Skin Condition Record was initiated on 10/17/13. The record indicated the resident was admitted with an ulcer to the left heel. The ulcer measured 11.0 cm x 9.5 cm.</p> <p>The following wound measurements were recorded on the above Non-Pressure Skin Condition Record: 10/21/13- 10.0 cm x 9.1 cm 11/04/13- 9.5 cm x 9.0 cm 11/07/13- 9.5 cm x 9.0 cm 11/14/13- 8.5 cm x 8.5 cm 11/21/13- 8.5 cm x 8.5 cm</p> <p>The Nutritional Progress Notes were reviewed. The Nutritional Progress Notes were completed by the RD (Registered Dietitian). There were no progress notes for the month of October 2013.</p> <p>A Nutritional Progress Note was completed in 11/1/13. The note indicated the resident was seen by</p>		<p>registered dietician has been contracted for the facility effective December 16, 2013. The facility admission notification form has been amended to include if the resident being admitted has skin breakdown. To assure timely communication a new mailbox has been put in place for the registered dietician and admission notices will be placed in their mailbox. The admission director and her backup have been educated by the Executive Director on 12/18/2013 on the process of placing the new admission communication form in the registered dietician mail box. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: Each week the Dietary Director will audit 50% of the residents who were seen that week by the registered dietician to verify that a timely and appropriate assessment has been completed. Audits will continue for six months and the results and system components will be reviewed by the QA Committee with subsequent plans of correction developed and implemented as deemed necessary. Date Certain is Dec. 27, 2013</p>		

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	<p>the RD related to a hospital return on 10/17/13. The note indicated the resident had osteomyelitis (infection in the bone) of the left heel bone. The note did not mention the presence of the left heel open ulcer. The report indicated the resident had no pressure ulcers.</p> <p>When interviewed on 11/27/13 at 7:55 a.m., the Director of Nursing indicated the resident was admitted 10/17/13 with a wound to the left heel. The Director of Nursing indicated the RD is at the facility once a week. The Director of Nursing indicated the RD should have evaluated the resident's status earlier the 11/1/13.</p> <p>The facility policy titled "Evaluations, Screening, and Assessments" from Chapter 2 of the "Pressure Ulcer Care Guide" was reviewed on 11/27/13 at 2:00 p.m. The policy was dated with a last revised date of 10/07/2010. The Director of Nursing provided the policy and identified the policy as current. The policy indicated all disciplines were to be alerted immediately if residents have skin breakdown. The policy also indicated information is reviewed upon admission and included an evaluation of the resident's dietary needs.</p>				

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	This Federal tag relates to Complaint IN00140156.  3.1-37(a)				

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F000314 SS=G	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review and interview, the facility failed to ensure the necessary treatment and services were provide to prevent the development of pressure ulcers and to promote healing of pressure ulcers related to accurately identifying the residents weight when assessing the residents nutritional need which resulted in a decline in wounds for 1 of 3 residents reviewed with ulcers in the sample of 8 (Resident #H)</p> <p>Findings include:</p> <p>The closed record for Resident #H was reviewed on 11/23/13 at 9:26 a.m. The resident's diagnoses included, but were not limited to, seizures, stroke, dementia, arthritis, and coronary artery disease. The</p>	F000314	F 314What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident H no longer resides in the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken:Dietary Director and DON/designee will conduct a full facility audit of the assessments and progress notes of all residents seen by the registered dietician during the previous 90 days (Aug. 27 – Nov. 27, 2013) to verify that all residents' notes accurately reflect the resident's weight per facility policy. Any issues identified via this audit will be addressed by the new registered dietician.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:A new registered dietician has been contracted for the facility effective	12/27/2013			

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	<p>resident was admitted to the facility on 11/24/12. The resident was hospitalized for the following dates: 05/27/13-05/31/13 06/12/13-06/18/13 07/01/13-07/11/13 10/30/13-11/05/13 The resident was readmitted to the facility after each of the above hospitalizations. The resident was discharged on 11/9/13.</p> <p>The resident's Weight History record was reviewed. The following weights were recorded: 04/02/13-160 pounds 05/08/13-156 pounds 05/21/13-157 pounds 06/06/13-154 pounds 06/12/13-138 pounds 07/11/13-152 pounds 07/17/13-149 pounds 07/24/13-142 pounds 08/01/13-138 pounds 08/13/13-140 pounds 08/28/13-135 pounds 09/04/13-135 pounds 09/10/13-134 pounds 09/17/13-127 pounds 09/24/13-126 pounds 10/02/13-127 pounds 10/08/13-124 pounds 10/15/13-122 pounds 10/23/13-120 pounds 10/29/13-116 pounds</p>		<p>December 16, 2013. The facility admission notification form has been amended to include if the resident being admitted has skin breakdown. To assure timely communication a new mailbox has been put in place for the registered dietician and admission notices will be placed in their mailbox. DON will also place the current wound log in their mail box. The admission director, her backup and the DON have been educated by the Executive Director on 12/18/2013 on the process of placing the new admission communication form and the current wound care log in the registered dietician mail box. How the corrective action(s) will be monitored to ensure the deficient practice will not recur:Each week the Director of Dietary will audit 50% of the residents who were seen that week by the registered dietician to verify that a timely and appropriate assessment has been completed utilizing accurate weights. Audit will be ongoing for six month and the results and system components will be reviewed by the QA Committee with subsequent plans of correction developed and implemented as deemed necessary. Date Certain is Dec. 27, 2013</p>				

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	<p>The following Braden Scale for Predicting Pressure Sore Risk assessments were reviewed. The 7/11/13, 7/18/13, 7/25/13, and the 8/1/13 assessments all indicated the resident was at high risk for pressure sore development. The 10/1/13 and 10/10/13 assessments both indicated the resident was at high risk for the development of pressure sores.</p> <p>The resident's care plans were reviewed. A care plan initiated on 3/14/13 indicated the resident was at risk for pressure ulcers due to incontinence and a history of pressure ulcers. The care plan was updated on 6/10/13 related to the development of a Stage II (partial thickness loss of the dermis presenting as a shallow open ulcer with a red or pink wound bed) pressure ulcer. The care plan was updated again on 8/16/13 related to the development of a blister to the resident's left calf. The care plan was updated again on 8/22/13 related to the development of ulcers to the feet, hips, sacrum, and the right gluteal fold. The care plan was last updated on 10/10/13 related to wounds on the ankle and a blister to the left side of the buttock. The target date on the</p>						

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	<p>care plan was 1/10/14. Care plan interventions included, but were not limited to, staff to observe the resident's nutritional status and dietary needs and to consult the Dietitian if needed, provide pressure relieving devices, minimize pressure on bony prominences, weekly skin assessments, and provide wound care as ordered by the Physician.</p> <p>The Pressure Ulcer Status Ulcer Records were reviewed. A Pressure Ulcer Status Record initiated on 7/11/13 indicated the resident had a Stage III(full thickness tissue loss with no bone or tendon exposed) ulcer to the sacrum upon readmission to the facility. The ulcer measured 4.0 cm (centimeters) x 2.0 cm x .2 cm. The ulcer remained a Stage III ulcer with the following measurements: 07/18/13- 3.0 cm x 2.0 cm x .2 cm 07/25/13- 3.0 cm x 2.0 cm x .2 cm 08/01/13- 5.0 cm x 2.0 cm x .5 cm 08/08/13- 5.0 cm x 2.0 cm x .5 cm 08/15/13- 5.0 cm x 2.0 cm x .5 cm 08/22/13- 11.0 cm x 7.0 cm x undetermined depth- Physical Therapy picked up treatment. 09/05/13- 11.4 cm x 4.8 cm x undetermined depth 09/12/13- 10.5 cm x 4.8 cm x 3.0 cm</p>						

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	<p>09/19/13- 10.1 cm x 4.7 cm x 3.9 cm 09/26/13- 10.0 cm x 5.0 cm x 3.9 cm 10/03/13- 9.9 cm x 5.0 cm x 3.9 cm- The ulcer was now Unstageable 10/10/13- 9.9 cm x 5.0 cm x 3.9 cm (undetermined)- Unstageable 10/17/13- 8.3 cm x 5.0 cm x 3.0 cm (undetermined)- Unstageable 10/24/13- 8.2 cm x 3.9 cm x 3.9 cm (undetermined)- Unstageable</p> <p>A Pressure Ulcer Status Record initiated on 7/11/13 indicated the resident had a Stage II ulcer to the right hip upon readmission to the facility. The ulcer measured 1.5 cm x 4.0 cm. x &lt;0.1 cm. The ulcer remained a Stage II with the following measurements: 07/18/13- .5 cm x .5 cm x &lt;0.1 cm 07/25/13- .5 cm x .5 cm x &lt;0.1 cm 08/01/13- 3.0 cm x 2.0 cm x undetermined depth- The ulcer was now staged as Unstageable. 08/08/13- 3.0 cm x 2.0 cm x undermined depth 08/15/13- 3.0 cm x 2.0 cm x undermined depth 08/22/13- 3.0 cm x 3.0 cm x undermined depth 08/29/13 - 3.5 cm x 3.8 cm x 1.9 cm undetermined depth- Physical therapy treating. 09/05/13- 3.8 cm x 4.0 cm x 1.9 cm undetermined depth</p>			

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	<p>09/12/13- 3.5 cm x 3.0 cm x 1.0 cm undetermined depth</p> <p>09/19/13- 3.2 cm x 3.9 cm x undetermined depth</p> <p>09/26/13- 3.2 cm x 3.9 cm x undetermined depth</p> <p>10/03/13- 3.2 cm x 3.5 cm x 0.5 cm- The ulcer was now a Stage III</p> <p>10/10/13- 3.2 cm x 3.5 cm x 0.5 cm</p> <p>10/17/13- 3.2 cm x 3.4 cm x 0.3 cm</p> <p>10/24/13- 3.0 cm x 3.4 cm x 0.3 cm</p> <p>The 7/30/13 Pressure Ulcer Status Record indicated a Stage II pressure ulcer was first observed on the right gluteal fold area. The pressure ulcer measured 2.3 cm x 1.0 cm x &lt;.1 cm. The ulcer remained a Stage II ulcer with the following measurement documented:</p> <p>08/08/13- 2.0 cm x 1.0 cm x .1 cm</p> <p>08/15/13- 2.0 cm x 2.0 cm x 1.0 cm</p> <p>The ulcer was declined to a Stage III ulcer with the following measurements documented:</p> <p>08/22/13- 4.0 cm x 3.5 cm x 1.0 cm</p> <p>08/29/13- 4.0 cm x 3.8 cm x undetermined depth (1.9 cm)</p> <p>09/05/13- 4.0 cm x 3.5 cm x undetermined depth (2.4 cm)</p> <p>09/12/13- 4.0 cm x 3.5 cm x undetermined depth</p> <p>09/17/13- 3.5 cm x 3.5 cm x undetermined depth</p> <p>0926/13- 3.5 cm x 3.5 cm x</p>			

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	<p>undetermined depth 10/03/13- 3.4 cm x 3.4 cm x undetermined depth 10/10/13- 3.4 cm x 3.4 cm x 2.1 depth 10/17/13- 5.0 cm x 5.0 cm x undetermined depth 10/24/13- 5.0 x 5.0 cm x undetermined depth</p> <p>The 8/29/13 Pressure Ulcer Status Record indicated an Unstageable ulcer was first observed on the right foot/ankle. The ulcer measured 2.0 cm x 2.0 cm x undetermined depth and was purple in color. The ulcer remained Unstageable with the following measurements: 09/05/13- 2.0 cm x 2.0 cm x undetermined depth 09/12/13- 2.0 cm x 2.0 cm x undetermined depth 09/19/13- 2.3 cm x 2.0 cm x undetermined depth 9/26/13- 3.0 cm x 2.0 cm x undetermined depth 10/03/13- 2.5 cm x 2.0 cm x undetermined depth 10/10/13- 2.0 cm x 2.0 cm x undetermined depth 10/17/13- 2.0 cm x 2.0 cm x undetermined depth The ulcer was staged as a Stage II starting on 10/24/13. 10/24/13- 2.0 cm x 2.0 cm x .2 cm</p>						

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	<p>10/30/13- 2.0 cm x 2.0 cm x .2 cm</p> <p>The 8/2013 Physician orders were reviewed. An order was written on 8/26/13 for the resident's wound to the lower back area to be treated by Physical Therapy. The order indicated the treatment was to include selective and sharp debridement.</p> <p>The 10/2013 Physician orders were reviewed. An order was written on 10/2/13 for the resident's wound to the lower back area to be treated by Physical Therapy three times a week for 90 days. Physical Therapy was to continue with selective and sharp debridement.</p> <p>The Nutritional Progress Notes were reviewed. The Progress Notes were all completed by the RD (Registered Dietitian).</p> <p>A Nutritional Progress Note was completed by the RD on 7/18/13. This was the only noted completed in July 2013. The note indicated the resident was hospitalized 7/1/13 through 7/11/13 and the July pressure ulcer report indicated the resident had multiple pressure ulcers. The note indicated the weight report dated 7/17/13 (weight 149 pounds) noted the resident had a weight loss of (3)</p>				

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	<p>pounds with no significant weight loss. The above note indicated the resident's nutritional needs were not assessed by the RD until one week after readmission.</p> <p>The next Nutritional Progress Note was completed on 8/1/13. The note indicated there was a decline in the resident's current pressure ulcers to the right hip and sacrum. A new Stage II pressure ulcer was observed to the right gluteal fold. The note also indicated the resident's most recent weight was 149 pounds. The note also indicated the Albumin level was low at 2.1. Recommendations were made for the resident to receive Ensure (a liquid nutritional supplement) one can twice a day and a frozen nutritional treat twice a day. The plan indicated to continue to monitor the resident's oral intake and wound healing progress. The note did not address the resident's 8/1/13 weight recorded on the Weight History report which was 138 pounds. This indicated the nutritional assessment for wound healing was based on a weight 11 pounds less than the resident's actual weight.</p> <p>The next Nutritional Progress Note was completed on 8/22/13. This note indicated the resident's current weight</p>				

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	<p>was 138 pounds and this weight was obtained on 8/1/13. The note also indicated the resident had a 9.2% weight loss in the last 30 days. The note also indicated the wounds to the resident's right hip and sacrum had declined. This 8/22/13 note did not address the weight of 136 pounds recorded on 8/21/13 on the Weight History report.</p> <p>The next Nutritional Progress Note was completed on 8/29/13. This note indicated the resident's wounds were still present with a decline noted in the wounds. There was no documentation of the resident's weight in this note. This RD progress not did not address the weight of 135 pounds recorded on 8/28/13 on the Weight History report.</p> <p>The next Nutritional Progress note was completed on 9/20/13. This note indicated the resident's current weight was 135 pounds on 9/4/13. A weight loss of 12.3% was noted in the last 90 days. The note also indicated the resident had multiple wounds and the weight loss was related to excessive protein energy needs due to the active wounds. This RD progress note did not address the 9/10/13 weight of 134 pounds or the 9/17/13 weight of 127 pounds on the</p>			

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	<p>Weight History report. The 9/17/13 weight of 127 pounds indicated the 9/20/13 RD assessment was based on a weight 7 pounds greater then the resident's actual weight of 127 pounds.</p> <p>The 10/17/13 Nutritional Progress Note indicated the resident had a weight loss of 7.4% in the last 30 days per the October 2013 weight change report. The 10/4/13 weight was 124 pounds. The note also indicated the resident had multiple wounds and the resident's oral intake had declined in the past week or two per the staff. The RD progress note did not address the 10/15/13 weight of 122 pounds recorded on the Weight History Report.</p> <p>When interviewed on 11/27/13 at 10:00 a.m., the Registered Dietitian indicated the resident had multiple wounds. The Registered Dietitian also indicated the current weight should have been addressed when assessing the resident's nutritional needs for healing. The Registered Dietitian also indicate the resident was not assessed at the time of the 7/11/13 readmission.</p> <p>The facility policy titled "Evaluations, Screening, and Assessments" from</p>			

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	<p>Chapter 2 of the "Pressure Ulcer Care Guide" was reviewed on 11/27/13 at 2:00 p.m. The policy was dated with a last revised date of 10/07/2010. The Director of Nursing provided the policy and identified the policy as current. The policy indicated all disciplines were to be alerted immediately if residents have skin breakdown. The policy also indicated information is reviewed upon admission and included an evaluation of the resident's dietary needs.</p> <p>The facility policy titled "Nutrition and Wounds" was also reviewed on 11/26/13 at 2:00 p.m. The policy was dated with a revised date of 7/23/2009. The Director of Nursing provided the policy and identified the policy as current. The policy indicated all residents identified with pressure ulcers were to be assessed by the RD per facility guidelines. The policy also indicated the RD was to assess resident's with Stage I-IV pressure ulcers and protein and calorie needs were to be compared with the actual intake for all wound stages.</p> <p>This Federal tag related to Complaint IN00140156.</p> <p>3.1-40(a)(1)</p>						

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	3.1-40(a)(2)				

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F000325 SS=G	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(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</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on record review and interview the facility failed to ensure a complete and accurate assessment was completed by the Registered Dietitian and failed to ensure the Registered Dietitian's recommendations for an appetite stimulant were followed which resulted in a significant weight loss for 1 of 3 residents reviewed for weight loss in the sample of 8. (Resident # H)</p> <p>Findings include:</p> <p>The closed record for Resident #H was reviewed on 11/23/13 at 9:26 a.m. The resident's diagnoses included, but were not limited to, seizures, stroke, dementia, arthritis, and coronary artery disease. The resident was admitted to the facility on 11/24/12. The resident was hospitalized on the following dates:</p>	F000325	F 325What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:Resident H no longer resides in the facilityHow other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken:Dietary Director and DON/designee will conduct a full facility audit of the assessments and progress notes of all residents seen by the registered dietician during the previous 90 days (Aug. 27 – Nov. 27, 2013) to verify that all residents' progress notes accurately reflect accurate weight per facility policy. The DON/designee will audit the Dietary Recommendations for the previous 90 days (Aug. 27 – Nov. 27, 2013) to verify that all recommendations have been addressed timely. Any issues identified via this audit will be addressed by the new registered	12/27/2013	

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	<p>05/27/13-05/31/13 06/12/13-06/18/13 07/01/13-07/11/13 10/30/13-11/05/13</p> <p>The resident was readmitted to the facility after each of the above hospitalizations. The resident was discharged on 11/9/13.</p> <p>The resident's Weight History record was reviewed. The following weights were recorded: 04/02/13-160 pounds 05/08/13-156 pounds 05/21/13-157 pounds 06/06/13-154 pounds 06/12/13-138 pounds 07/11/13-152 pounds 07/17/13-149 pounds 07/24/13-142 pounds 08/01/13-138 pounds 08/13/13-140 pounds 08/28/13-135 pounds 09/04/13-135 pounds 09/10/13-134 pounds 09/17/13-127 pounds 09/24/13-126 pounds 10/02/13-127 pounds 10/08/13-124 pounds 10/15/13-122 pounds 10/23/13-120 pounds 10/29/13-116 pounds</p> <p>The Nutritional Progress Notes from 5/2013 through 11/2013 were</p>		<p>dietician. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:A new registered dietician has been contracted for the facility effective December 16, 2013. The facility admission notification form has been amended to include if the resident being admitted has skin breakdown. To assure timely communication a new mailbox has been put in place for the registered dietician and admission notices will be placed in their mailbox. The DON will also place the current wound log in their mail box. The admission director, her backup and the DON have been educated by the Executive Director on 12/18/2013 on the process of placing the new admission communication form and the current wound care log in the registered dietician mail box. The ADON has been educated on the facility policy titled Nutrition Intervention Program Overview by the Director of Nursing on 12/18/2013.How the corrective action(s) will be monitored to ensure the deficient practice will not recur:Each week the Director of Dietary will audit 50% of the residents who were seen that week by the registered dietician to verify that a timely and appropriate assessment has been completed utilizing accurate weights. The DON will audit the 50% of the dietary</p>		

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	<p>reviewed. The notes were all completed by the facility RD (Registered Dietitian).</p> <p>There were no RD Nutritional Progress notes completed in 5/2013. There was no RD assessment upon the resident's return from the hospital on 5/31/13.</p> <p>The 6/2013 Nutritional Progress Notes were reviewed. The 6/19/13 Nutritional Progress Note indicated the resident returned to the facility after being hospitalized 6/12/13 - 6/18/13 with a new diet change. The resident was to receive a puree no added salt diet with nectar thick liquids. The note indicated the resident's weight was 154 pounds on 6/6/13 and showed a significant weight gain of 11.6 % in less then 30 days. The note also indicated the resident's albumin level was 2.3 on 6/18/13 and the resident also likely had a pressure ulcer at the buttock crease and the low albumin could have reflected depleted visceral protein. The RD's recommendations were for the resident to receive a Magic Cup(frozen ice cream supplement) twice a day and to discontinue the Ensure supplement (a liquid nutritional drink) previously ordered. The 6/19/13 Nutritional</p>		<p>recommendations after each visit to verify they have been accurately addressed. Audit will continue for six month and audit results and system components will be reviewed by the QA Committee with subsequent plans of correction developed and implemented as deemed necessary. Date Certain is Dec. 27, 2013</p>		

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	<p>Progress Note did not address the 6/12/13 weight of 138 pounds which was 16 pound difference from the 154 pound weight used for the RD's nutritional assessment for the resident's dietary needs.</p> <p>The 7/18/13 Nutritional Progress Notes were reviewed. There was only one Nutritional Progress note completed by the RD. This noted was dated 7/18/13. The note indicated the resident was seen related to a hospital return. The note indicated the resident was hospitalized from 7/1/13 through 7/11/13 and multiple pressure ulcers were reported on the weekly wound report. The report indicated the weight report dated 7/17/13 (weight 149 pounds) noted the resident had a weight loss of (3) pounds. Recommendations were made for the resident to receive one can of thickened Ensure twice a day and a frozen nutritional treat. There were no further Nutritional Progress notes to address the 7/24/13 weight of 142 pounds (a loss of 7 pounds in one week). There was no RD noted complete upon the resident's readmission from the hospital on 7/11/13.</p> <p>The 8/2013 Nutritional Progress Notes were reviewed. There were</p>				

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	<p>three notes completed by the RD. The first note was dated 8/1/13. This note indicated the resident current weight was 138 pounds per the weekly weight change report dated 7/17/13. The note also indicated a decline in the resident's wounds was noted. The RD recommendations include for the resident to receive a Multivitamin with mineral daily and to continue to monitor the weekly weights.</p> <p>The 8/22/13 Nutritional Progress Note indicated the resident's current weight was obtained on 8/1/13 and was noted to be 138 pounds. The note indicated the resident had a weight loss of 10% in less then 180 days, a loss of 11.5% in less then 90 days, and a loss of 9.2% in less then 30 days. The note indicated the weight loss was most likely due to decreased consumption of supplements and recommendations were for the resident to receive super cereal with a scoop of protein powder at breakfast and fortified mashed potatoes. The note did not address the 8/21/13 weight of 136 pounds.</p> <p>The 8/29/13 Nutritional Progress Note indicated the resident had new pressure ulcers and the wounds were being treated. The note also indicated</p>						

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	<p>a 8/23/13 pre-albumin level and albumin levels were low. The 8/29/13 note did not address the 8/28/13 of 135 pounds or the 8/21/13 weight of 135 pounds.</p> <p>The 9/2013 Nutritional Progress Notes were reviewed. There were two progress notes completed by the RD. The 9/20/13 note indicated the resident's current weight was 135 pounds on 9/4/13 and a significant weigh loss was noted. The recommendations were to continue the frozen treat and add super cereal with protein powder supplement. The note also indicated the resident's weekly weights and wound healing were to be monitored. The note did not address the residents 9/17/12 weight of 127 pounds (a loss of 8 pounds from the 9/20/13 weight of 135 pounds.</p> <p>The 9/27/13 Nutritional Progress Note indicated the weekly wound report was reviewed and the resident had wound with the reports showing a decline in the wounds. Recommendations were to discontinue the Ensure and add Two Cal HN thickened twice a day and add Prostat. The note did not address the resident's 9/17/13 weight of 127 pounds or the 9/24/13 weigh of 126</p>				

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	<p>pounds.</p> <p>The 10/2013 Nutritional Progress Notes were reviewed. There was one note entered for October. The 10/17/13 Nutritional Progress Note indicated the resident's weight on 10/8/13 was 124 pounds and the resident had a weight loss of 7.4% in 30 days and 18.4% in 90 days. The note indicted the resident's weekly weight history showed a weight of 134 pounds on 9/10/13, a weight of 152 pounds on 7/11/13, and a weight of 160 pounds on 4/2/13. The note also indicated the resident's oral intake had declined in the past week or two per the staff. The RD recommendations included for an appetite stimulant per the Physician and to follow weekly weights. This note did not address the 10/15/13 weight of 122 pounds.</p> <p>There were no further October 2013 RD notes to address the 10/23/13 weight of 120 pounds or the 10/29/13 weight of 116 pounds.</p> <p>The October 2013 Physician orders were reviewed. There was an order written on 10/18/13 for "Appetite Stimulant thickened to N.T.L (nectar thick liquid) consistency daily." The order did not contain the name of any</p>						

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	<p>appetite stimulant medication. The order was signed by the Physician on 10/20/13. There were no Physician orders for any type of appetite stimulant medication.</p> <p>The 11/2013 Nutritional Progress Notes were reviewed. The first note was entered on 11/8/13. This note indicated the resident was readmitted from the hospital on 11/5/13. There was no weight listed for the 11/5/13 readmission. The note indicated the family did not want a PEG (Percutaneous Endoscopic Gastrostomy) tube placed for feeding and the resident was noted with multiple pressure ulcers. The note also indicated the resident was admitted on Hospice care on 11/5/13. The note also indicated the resident receive a nutritional frozen treat at 10:00 a.m. and Prostat (a protein supplement) 30 ml's (millimeters) twice a day to aid in wound healing.</p> <p>The Monthly Flow Record for 11/6/13 through 11/9/13 was reviewed. The log indicated the resident consumed less then 25 % of the all three meals and less then 25 % of the AM and PM snacks on 11/6/13. No breakfast consumption was recorded for 11/7/13. The resident consumed less then 25% of his lunch meal on</p>				

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	<p>11/7/13. The log indicated the resident was NPO (to receive nothing by mouth) for the dinner meal.</p> <p>The November 2013 Physician orders were reviewed. Orders were written on 11/8/13 for the resident to receive Prostat 30 ml's twice a day and a frozen nutritional treat once a day.</p> <p>The Director of Nursing and the Registered Dietitian (RD) were interviewed on 11/27/13 at 10:00 a.m. The Director of Nursing indicated the resident never received a medication to stimulate the appetite. The Director of Nursing indicated resident had been on other supplements which were thickened and believes the staff obtaining the order may have thought the appetite stimulant was coming from the kitchen. The RD indicated he wrote the recommendation for an appetite stimulant and was referring to a medication used to stimulate the appetite. The RD indicated the resident had significant weight loss and this recommendation for the appetite stimulant medication had not been addressed as the resident never received an appetite stimulant. The RD indicated the assessments made in the above months did not all have the most recent weights from for the</p>						

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	<p>resident at the time the resident's needs were assessed. The RD indicated there were weights lower than those referred to in his Progress Notes and those lower weights should have noted when assessing the residents' nutritional status.</p> <p>When interviewed on 11/27/13 at 7:55 a.m., the Director of Nursing indicated the RD comes in weekly on either Wednesdays or Thursdays. The Director of Nursing indicated the Dietary Manager notifies the RD of the weights.</p> <p>The facility policy titled "Weight Monitoring Clarification Protocol " policy was reviewed on 11/27/13 at 7:35 a.m. The policy was dated with a "last revised" date of 10/05/2012. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated weights were obtained within 24 hours of admission or readmission and were to recorded in the medical record and monthly weights were to done on the first Monday and Tuesday of every month. Physicians were to be notified of any significant weight changes by the end of Friday of that week. The policy also indicated The policy also indicated the DON or a designee were to review the weights for</p>						

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	<p>accuracy and then the list of weights was given to the Food Service Director by the end of the day.</p> <p>The policy titled "Nutrition Assessment Process" was reviewed on 11/26/13 at 2:00 p.m. The policy was dated with a "last revised" date of 7/23/2009. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated analysis of data is based on relevant information.</p> <p>The policy titled "Nutrition Intervention Program Overview" was also provided by the Director of Nursing on 11/26/13 at 2:00 p.m. and identified as current. The policy indicated a systemic approach was to be used to identify and assess the resident's nutritional status and risk factors.</p> <p>This Federal tag relates to Complaint IN00140156.</p> <p>3.1-46(a)(1)</p>						

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

PRINTED: 12/23/2013

FORM APPROVED

OMB NO. 0938-0391

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