

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155653	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/20/2016
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NAME OF PROVIDER OR SUPPLIER LAKE COUNTY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5025 MCCOOK AVE EAST CHICAGO, IN 46312
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00190737.</p> <p>Complaint IN00190737- Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F279, and F327.</p> <p>Survey dates: January 19 & 20, 2016</p> <p>Facility number: 000108 Provider number: 155653 AIM number: 100267410</p> <p>Census bed type: SNF/NF: 56 Total: 56</p> <p>Census payor type: Medicare: 7 Medicaid: 41 Other: 8 Total: 56</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 26143, on</p>	F 0000	<p>February 12, 2016 Kim Rhoades, Director of Long Term Care Indiana State Department of Public Health 2 North Meridian St. Sec 4-B Indianapolis, In 46204-3006 Dear Ms. Rhoades: Please reference the enclosed 2567L as "Plan of Correction" for the January 20, 2016 Complaint (IN00190737) survey that was conducted at Lake County Nursing and Rehabilitation Center. I will submit signature sheets of the in-servicing, content of in-service and audit tools February 12, 2016. 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 State Laws. This facility appreciates 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 our Elders in our community. The Plan of Correction submitted on February 12, 2016 serves as our allegation of compliance. The provider respectfully request a Desk review on or after February 19, 2016. Should you have any</p>	
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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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F 0157 SS=D Bldg. 00	<p>January 27, 2016.</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> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or</p>		<p>question or concerns regarding the Plan of Corrections, please contact me. Respectfully, Neysa Stewart, HFA</p>	

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	<p>interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the Physician was notified of decreased oral consumption and lack of accurately monitoring the resident's hydration for 1 of 3 residents reviewed for Hydration in a sample of 3. (Resident #B)</p> <p>Finding includes:</p> <p>The closed record for Resident #B was reviewed on 1/19/16 at 9:00 a.m. The resident's diagnoses included, but were not limited to, chronic kidney disease, high blood pressure, diabetes mellitus, anemia, breast neoplasm, and pneumonia.</p> <p>Review of the 12/9/15 Nutrition Observation re-admission assessment indicated the resident was to be evaluated on her return from the hospital. The assessment indicated the resident's current weight was 125 pounds and her ideal body weight was 130 pounds. The assessment indicated the resident had Stage III and Stage IV pressure ulcers and the resident's overall nutritional risk was high. The resident's estimated fluid needs were 1500-1710 cc's (cubic centimeters) per day.</p> <p>The 12/2015 Physician orders were reviewed. Orders were written on</p>	F 0157	<p>F 157 PLAN OF CORRECTION Please accept the following as the facility's plan of correction. 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. 1. The corrective action taken for the resident found to have been affected by the deficient practice: Resident #B no longer resides in the facility. 2. The corrective action for those residents having the potential to be affected by the same deficient practice: All residents that have a decrease in oral consumption and that also have MD orders to notify the nephrologist of lab results are at risk for this alleged deficient practice. An audit of all residents were completed of nursing notes and MD orders for December 2015 and January 2016. No further deficiencies were noted. 3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur: On 2/3/16 the interdisciplinary team reviewed the nutritional intake system. The nursing staff was re-educated by the DON on monitoring and recording the percentage that was consumed. Nursing staff was also re-educated on MD notification policy. The</p>	02/12/2016			

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	<p>12/2/15 for the resident to receive a regular no concentrated sweets diet. An order was written on 12/3/15 for the resident to received Nepro (a liquid supplement) one can daily. The Nepro was discontinued on 12/16/15. An order was written on 12/17/15 for the resident to receive one can of Ensure three times a day.</p> <p>The 12/20/15 Vital Signs records and Medication Records were reviewed. The records indicated the amount supplement and other fluids consumed:</p> <p>12/03/15:</p> <p>Nepro (240 cc/can)one can daily- % consumed unknown Other fluids: 240 cc</p> <p>12/4/15-</p> <p>Nepro- 50% consumed Other fluids not recorded</p> <p>12/5/15</p> <p>Nepro - 50% consumed Other fluids not recorded</p> <p>12/6/15</p> <p>Nepro -100% consumed Other fluids: 480 cc</p> <p>12/7/15</p>		<p><i>interdisciplinary team will monitor for compliance and review during the Nutrition at Risk meeting. During Daily Clinical Review (Nursing audit of previous days activities) daily 5 days per week the DON/ADON will continue to review clinical information related to notification of MD for labs results and decrease oral consumption. Nursing staff were re-educated on 2/3/16 & 2/4/16 regarding MD notification in regards to labs and decrease oral intake. 4. To ensure the deficient practice does not reoccur, the monitoring system established is to: DON / Designee will monitor 7 residents weekly for four weeks, then 5 residents weekly for 4 months to ensure the MD notification policy is being followed. Any issues observed or identified will be corrected immediately. The audits will be discussed during our monthly QA meeting. QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated. 5. Completion date systemic changes will be completed: 2/12/16</i></p>	

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	Nepro -100% consumed Other fluids: 80 cc 12/8/15 Nepro -% consumed unknown Other fluids: 360 cc 12/9/15 Nepro- % consumed unknown Other fluids not recorded 12/10/15 Nepro - % consumed unknown Other fluids: 120 cc 12/11/15 Nepro - % consumed unknown Other fluids: 480 cc 12/12/15 Nepro 240 cc Other fluids not recorded 12/13/15 Nepro - 50% consumed Other fluids:240 cc 12/14/15 Nepro -25 % consumed Other fluids not recorded 12/15/15 Nepro- not signed out as given			

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	12/16/15 Nepro- not signed out as given Other fluids: 240 cc			
	12/17/15 Ensure 240 cc per can)- One Can TID (three times a day) 75%, 75%, and 25% consumed Other fluids: 580 cc			
	12/18/15 Ensure TID: 75%, 50%, 100% unconsumed Other fluids: 240 cc			
	12/19/15 Ensure TID: 50 %, unknown %, 100% consumed Other fluids: 480 cc			
	12/20/15 Ensure TID: 0% x 3 consumed Other fluids: 360 cc			
	12/21/15 Ensure TID: Unknown %, 50% , 100% consumed Other fluids: 2464 cc			
	12/22/15 Ensure TID: Unknown % x 3 Other fluids: 240 cc			

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	<p>12/23/15 Ensure TID: 11%, 75%, 100% consumed Other fluids: 360 cc</p> <p>12/24/15 Ensure TID: 100%, unknown x 2 Other fluids: 460 cc</p> <p>12/25/15- Ensure TID: 25%, 25%, 50% consumed Other fluids: 600 cc</p> <p>12/26/15 Ensure TID: percent unknown x 2, 100% No other fluids recorded.</p> <p>12/27/15 Ensure TID: % unknown x 3 Other fluids: 480 cc</p> <p>12/28/15 Ensure TID: 25%, 100%, 100% Other fluids: 100 cc</p> <p>12/29/15 Ensure- TID: 98%, unknown x 2 Other fluids: 240 cc</p> <p>Review of the 11/2015 and 12/2015 Laboratory tests results indicated CMP (Comprehensive Metabolic Panel) results were as follows: 11/20/2015</p>			

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	<p>BUN: 34 (normal 8-28) Creatinine: 1.74 (normal 0.40-1.60)</p> <p>12/04/2105 BUN: 55 Creatinine: 2.38</p> <p>12/09/2015 BUN: 71 Creatinine: 2.75</p> <p>The 12/2015 Progress Notes were reviewed. A Nursing entry made on 12/6/15 at 9:30 p.m. indicated the Physician was called related to the recent laboratory tests results. The Notes indicated an order was obtained for IV (intravenous) fluids of sodium chloride at 30 cc/hour continuously and obtain a CMP laboratory test after 48 hours. The entry also indicated the laboratory test results were to be faxed to the renal (kidney) Doctor in the a.m. An entry made on 12/11/15 at 12:18 p.m. indicated there was an order to "d/c fluids." An entry made on 12/11/15 at 4:58 p.m. indicated the IV line was discontinued.</p> <p>A Nursing entry made on 12/9/15 at 3:51 p.m., indicated the resident remained on IV fluids for dehydration. A Nursing entry made on 12/11/15 at 1:59 p.m., indicated an order was obtained to discontinue the IV fluids.</p>			

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	<p>An entry made on 12/12/15 at 2:27 p.m. indicated the resident remained in bed this shift. Encouragement to get the resident up and move around for a little while was not successful.</p> <p>An entry made on 12/13/15 at 10:25 a.m. indicated the CNA reported the resident had been refusing all her meals since 12/12/15. The Nurse talked to the resident and the resident stated she did not want the meal. The Nurse offered an Ensure supplement and the resident consumed the supplement.</p> <p>The next entry was made on 12/13/15 at 2:59 p.m. This entry indicated the resident did not participate in any activities or therapy. The resident stated she was tired and refused her wound treatment. The resident was educated on the importance of wound care treatments.</p> <p>The next entry was made on 12/14/15 at 12:51 p.m. This entry indicated the Nurse was called to the room to assess the resident. The resident presented with congestion and wheezing to the right lung.</p> <p>Review of the 12/16/15 Registered Dietitian Progress Note indicated the resident was noted to have weight loss of</p>			

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	<p>6.5 % in the last (30) days. The resident had a decreased appetite and the weight loss was unplanned. Recommendations were to discontinue the Nepro supplement and start Ensure one can three times a day.</p> <p>There was no accurate and complete recordings of the total measurements of the resident's oral fluid intake. There was no Intake and Output recorded during December 2015.</p> <p>A Physician Progress note was entered on 12/26/15 at 11:15 a.m. The Progress note did not indicated the Physician was aware of the resident's low oral fluid intake.</p> <p>A Nursing Progress note was made on 12/30/15 at 9:30 a.m. The entry indicated the Nurse was notified of a change in the resident's condition. The resident was pale, cool, and lethargic. The resident was given a sternal rub and did not arouse. An oxygen saturation level reading was unable to be read. Oxygen was started and then the resident started to open her eyes. An order was obtained to send the resident to the hospital and 911 was activated.</p> <p>The facility policy titled Guidelines for Notifying Physicians' of Clinical Problems" was reviewed on 1/20/16 at</p>			

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F 0279 SS=D Bldg. 00	<p>1:10 p.m. The policy had a revised date of April 2007. The Director of Nursing identified the policy as current. The policy indicated any substantial change in the physical condition or functional status of the resident that does not require immediate notification should be discussed with the Physician. Examples included a decline in function or progressive weakness.</p> <p>This Federal tag relates to Complaint IN00190737.</p> <p>3.1-5(a)(2)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services</p>			

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	<p>that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure a Care Plan was completed for a change in condition for 1 of 3 residents reviewed for Care Plans in a sample of 3. (Resident #B)</p> <p>Finding includes:</p> <p>The closed record for Resident #B was reviewed on 1/19/16 at 9:00 a.m. The resident's diagnoses included, but were not limited to, chronic kidney disease, high blood pressure, diabetes mellitus, anemia, breast neoplasm, and pneumonia. The resident was discharged to the hospital on 12/30/15. The resident had previously been hospitalized from 11/25/15 thru 12/2/15.</p> <p>Review of the 10/29/15 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive patterns were intact. The assessment indicated the resident required extensive assistance of one staff</p>	F 0279	<p>F 279 PLAN OF CORRECTION Please accept the following as the facility's plan of correction. 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. 1. The corrective action taken for the resident found to have been affected by the deficient practice: <i>Resident #B no longer resides in the building.</i> 2. The corrective action for those residents having the potential to be affected by the same deficient practice: <i>All residents with 'acute kidney failure' are at risk for this alleged deficient practice. The interdisciplinary team completed an audit of all residents that are at risk and those residents with acute kidney failure on 2/5/16 to ensure that care plans are in place related to the monitoring of fluids. Care plans were updated as needed.</i> 3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur: <i>During the clinical report meeting</i></p>	02/12/2016

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	<p>member for eating and personal hygiene. The MDS assessment indicated the resident's active diagnoses included, but were not limited to, acute kidney failure. The assessment indicated the resident had Unstageable pressure ulcers.</p> <p>Review of the 12/9/15 Nutrition Observation re-admission assessment indicated the resident was to be evaluated on her return from the hospital. The assessment indicated the resident's current weight was 125 pounds and her ideal body weight was 130 pounds. Her BMI (Body Mass) was 20.9. The assessment also indicated the resident had Stage III and Stage IV pressure ulcers and the resident's overall nutritional risk was high. The resident's estimated fluid needs were 1500-1710 cc's (cubic centimeters) per day.</p> <p>The resident's current Care Plans were reviewed. No current Care Plans were in place for the prevention or monitoring for dehydration related to the active diagnosis of acute kidney failure and the need to meet her estimated fluid needs.</p> <p>When interviewed on 1/20/16 at 11:30 a.m., the Director of Nursing indicated no Care Plans were in place for prevention or monitoring of dehydration.</p>		<p><i>the interdisciplinary team will discuss, review and assign care plans as needed.</i> The interdisciplinary team was re-inserviced on updating, completing and formulating care plans for the residents including residents with change of condition on 2/3/16. 4. To ensure the deficient practice does not reoccur, the monitoring system established is to: MDS Coordinator / Designee will monitor 5 residents weekly for 4 weeks, then 3 residents weekly for 4 months to ensure care plans are completed as needed. Any issues identified will be corrected immediately. The audits will be discussed during our monthly QA meeting. QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated. 5. Completion date systemic changes will be completed: 2/12/16</p>	

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F 0327 SS=G Bldg. 00	<p>This Federal tag relates to Complaint IN00190737.</p> <p>3.1-31(e)</p> <p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>Based on record review and interview the facility failed to ensure interventions were in place to monitor hydration related to the failure to assess fluid intake to ensure the resident's estimated fluid intake levels were before and after IV fluids were provided which resulted in a hospital admission with a diagnoses of dehydration requiring treatment for 1 of 3 residents reviewed for dehydration in a sample of 3. (Resident #B)</p> <p>Finding includes:</p> <p>The closed record for Resident #B was reviewed on 1/19/16 at 9:00 a.m. The resident's diagnoses included, but were not limited to, chronic kidney disease, high blood pressure, diabetes mellitus, anemia, breast neoplasm, and pneumonia. The resident was discharged to the</p>	F 0327	<p>F 327 REQUESTING IDR (Documentation to support to follow)</p> <p>PLAN OF CORRECTION</p> <p>Please accept the following as the facility's plan of correction. 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>1. The corrective action taken for the resident found to have been affected by the deficient practice:</p>	02/12/2016			

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	<p>hospital on 12/30/15.</p> <p>Review of the 12/9/15 Nutrition Observation re-admission assessment indicated the resident was to be evaluated on her return from the hospital. The assessment indicated the resident's current weight was 125 pounds and her ideal body weight was 130 pounds. The assessment indicated the resident had Stage III and Stage IV pressure ulcers and the resident's overall nutritional risk was high. The resident's estimated fluid needs were 1500-1710 cc's (cubic centimeters) per day.</p> <p>The 12/2015 Physician orders were reviewed. Orders were written on 12/2/15 for the resident to receive a regular no concentrated sweets diet. An order was written on 12/3/15 for the resident to received Nepro (a liquid supplement) one can daily. The Nepro was discontinued on 12/16/15. An order was written on 12/17/15 for the resident to receive one can of Ensure three times a day.</p> <p>The 12/20/15 Vital Signs records and Medication Record were reviewed. The records indicated the amount of fluids the resident consumed as follows:</p> <p>12/03/15</p>		<p><i>Resident #B no longer resides in the building.</i></p> <p>2. The corrective action for those residents having the potential to be affected by the same deficient practice:</p> <p><i>All residents with IV hydration are at risk for this alleged deficient practice. An audit was completed on 2/5/16 of all residents with IV hydration during the month of December and January. No further deficiencies were identified.</i></p> <p>3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur:</p> <p><i>Nursing staff were re-educated on 2/3/16 & 2/4/16 regarding the monitoring and documentation of fluids in Matrix & POC. During Daily Clinical Review 5days per week the nurse's notes will continue to be reviewed by the DON and ADON. POC will also be reviewed during Daily Clinical Review in regards to intake and output documentation.</i></p>	

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	<p>Nepro (240 cc/can)one can daily- % consumed unknown Other fluids: 240 cc</p> <p>12/4/15- Nepro- 50% consumed Other fluids not recorded</p> <p>12/5/15 Nepro - 50% consumed Other fluids not recorded</p> <p>12/6/15 Nepro -100% consumed Other fluids: 480 cc</p> <p>12/7/15 Nepro -100% consumed Other fluids: 80 cc</p> <p>12/8/15 Nepro -% consumed unknown Other fluids: 360 cc</p> <p>12/9/15 Nepro- % consumed unknown Other fluids not recorded</p> <p>12/10/15 Nepro - % consumed unknown Other fluids: 120 cc</p> <p>12/11/15 Nepro - % consumed unknown</p>		<p>4. To ensure the deficient practice does not reoccur, the monitoring system established is to:</p> <p><i>DON/ Designee will monitor 5 residents 5 days a week for 4 weeks, then 3 residents weekly for 4 months to ensure resident intake and output are documented.</i></p> <p><i>Any Issues identified will be corrected immediately.</i></p> <p><i>The audits will be discussed during our monthly QA meeting.</i></p> <p><i>QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated.</i></p> <p>4. Completion date systemic changes will be completed: 2/12/16</p>	

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	<p>Other fluids: 480 cc</p> <p>12/12/15 Nepro 240 cc Other fluids not recorded</p> <p>12/13/15 Nepro - 50% consumed Other fluids:240 cc</p> <p>12/14/15 Nepro -25 % consumed Other fluids not recorded</p> <p>12/15/15 Nepro- not signed out as given</p> <p>12/16/15 Nepro- not signed out as given Other fluids: 240 cc</p> <p>12/17/15 Ensure 240 cc per can)- One Can TID (three times a day) 75%, 75%, and 25% consumed Other fluids: 580 cc</p> <p>12/18/15 Ensure TID: 75%, 50%, 100% unconsumed Other fluids: 240 cc</p> <p>12/19/15 Ensure TID: 50 %, unknown %, 100%</p>		<p>REQUESTING IDR</p> <p>After review of all the supporting evidence above, we believe it is clear that this tag should be removed. At a very minimum F327 severity should be reduced. It is obvious this resident was not experiencing a decline in hydration status at the facility. Multiple professionals were monitoring and assessing, providing care and therapy according to standards of care. The resident had an unanticipated event at the hospital which caused a large amount of fluids to be released and that required further treatment. Please eliminate the tag from the 2567.</p> <p>Lake County Nursing and Rehabilitation Center</p>	

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	<p>consumed Other fluids: 480 cc</p> <p>12/20/15 Ensure TID: 0% x 3 consumed Other fluids: 360 cc</p> <p>12/21/15 Ensure TID: Unknown %, 50% , 100% consumed Other fluids: 2464 cc</p> <p>12/22/15 Ensure TID: Unknown % x 3 Other fluids: 240 cc</p> <p>12/23/15 Ensure TID: 11%, 75%, 100% consumed Other fluids: 360 cc</p> <p>12/24/15 Ensure TID: 100%, unknown x 2 Other fluids: 460 cc</p> <p>12/25/15- Ensure TID: 25%, 25%, 50% consumed Other fluids: 600 cc</p> <p>12/26/15 Ensure TID: percent unknown x 2, 100% No other fluids recorded.</p> <p>12/27/15 Ensure TID: % unknown x 3</p>		respectfully requests that the deficiency be removed, or at a minimum, the scope and severity be reduced from a G level.	

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	<p>Other fluids: 480 cc</p> <p>12/28/15 Ensure TID: 25%, 100%, 100% Other fluids: 100 cc</p> <p>12/29/15 Ensure- TID: 98%, unknown x 2 Other fluids: 240 cc</p> <p>Review of the 11/2015 and 12/2015 Laboratory tests results indicated CMP (Comprehensive Metabolic Panel) results were as follows: 11/20/2015 BUN: 34 (normal 8-28) Creatinine: 1.74 (normal 0.40-1.60)</p> <p>12/04/2105 BUN: 55 Creatinine: 2.38</p> <p>12/09/2015 BUN: 71 Creatinine: 2.75</p> <p>The 12/2015 Progress Notes were reviewed. A Nursing entry made on 12/6/15 at 9:30 p.m. indicated the attending Physician was called related to recent laboratory tests results. The Notes</p>			

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	<p>indicated an order was obtained for IV (intravenous) fluids of sodium chloride at 30 cc/hour continuously and to obtain a CMP laboratory test after 48 hours. The order indicated indicated the laboratory test results were to be faxed to the renal (kidney) Doctor in the a.m. An entry made on 12/11/15 at 12:18 p.m. indicated there was an order to "d/c fluids." An entry made on 12/11/15 at 4:58 p.m. indicated the IV line was discontinued.</p> <p>Review of the 12/7/15 through 12/10/15 Nursing Progress Notes indicated there was no indication of the laboratory test results having been faxed or called to the renal Doctor.</p> <p>A Nursing entry made on 12/9/15 at 3:51 p.m., indicated the resident remained on IV fluids for dehydration. A Nursing entry made on 12/11/15 at 1:59 p.m., indicated an order was obtained to discontinue the IV fluids.</p> <p>An entry made on 12/12/15 at 2:27 p.m. indicated the resident remained in bed this shift. Encouragement to get up was given to the resident and was not successful. The Nurse talked with the resident and the resident stated she didn't want to walk.</p> <p>An entry made on 12/13/15 at 10:25 a.m.</p>			

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	<p>indicated the CNA reported the resident had been refusing all her meals since 12/12/15. The Nurse talked to the resident and the resident stated she did not want the meal. The Nurse offered an Ensure supplement and the resident consumed the supplement.</p> <p>The next entry was made on 12/13/15 at 2:59 p.m. This entry indicated the resident did not participate in any activities or therapy. The resident stated she was tired and refused her wound treatment also. The next entry was made on 12/14/15 at 12:51 p.m. This entry indicated the Nurse was called to the room to assess the resident. The resident presented with congestion and wheezing to the right lung.</p> <p>An entry made by Occupational Therapy staff was made on 12/14/15 at 4:45 p.m. indicated the resident required maximum rest breaks, fatigued easily, and required maximum verbal cues to stay awake.</p> <p>Review of the 12/16/15 Registered Dietitian Progress Note indicated the resident was noted to have weight loss of 6.5 % in the last (30) days. The resident had a decreased appetite lately and the weight loss was unplanned. Recommendations were to discontinue the Nepro supplement and start Ensure</p>			

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	<p>one can three times a day.</p> <p>There was no accurate and complete recording of the total measurements of the resident's oral fluid intake. There was no Intake and Output recorded during December 2015.</p> <p>A Physician Progress note was entered on 12/26/15 at 11:15 a.m. The Progress note did not indicate the Physician was aware of the resident low fluid intake or the amount of fluids taken in each day.</p> <p>A Nursing Progress note was made on 12/30/15 at 9:30 a.m. The entry indicated the Nurse was notified of a change in the resident's condition. The resident was pale, cool, and lethargic. The resident was given a sternal rub and did not arouse. An oxygen saturation level reading was unable to be read. Oxygen was started and the resident started to open her eyes. An order was obtained to send the resident to the hospital and 911 was activated.</p> <p>There was no record of any I & O (Intake and Output) records being recorded during the dates the resident received the IV fluids.</p> <p>The resident's hospital records were reviewed. The resident present to the</p>			

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	<p>hospital on 12/30/15 at 9:52 a.m. The resident's diagnoses included, but were not limited to, acute kidney failure, respiratory failure, acidosis, and anemia.</p> <p>The ED (Emergency Department) notes were reviewed. The notes indicated the resident came from a Nursing Home for increased lethargy and being unresponsive. The EMT'S(Emergency Medical Technician) stated the resident's blood pressure was 60/40, she was lethargic, a non rebreather oxygen mask was applied, and IV fluids were infusing.</p> <p>The resident's vital signs on 12/30/15 at 9:54 a.m. were as follows: BP 89/48, Heart rate 94, and Respiratory rate 24. The resident's blood pressure was running 80's/40's at 1:09 p.m. The resident was lethargic at 3:25 p.m. and her blood pressure was in the 60's systolic (the upper number).</p> <p>The resident's laboratory tests from the ED were reviewed. BUN: 58 Creatinine: 3.14</p> <p>The ED Physician notes were reviewed. The notes indicated the resident presented with fatigue and dehydration was suspected. The resident was hypotensive (low blood pressure) with</p>			

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	<p>severe fluid loss and was to be admitted for dehydration and diuresis.</p> <p>An entry at 1:39 p.m. indicated the resident's blood pressure was 116/65.</p> <p>An entry at 3:25 p.m. indicated the resident's was lethargic and blood pressure was in the 60's again.</p> <p>Levophed(a medication to increase blood pressure) was to be started to increase the blood pressure and the resident was to be transferred to the Intensive Care Unit.</p> <p>Review of the 1/1/16 Physician History and Physical indicated the resident arrived from the Nursing home on a 100% rebreather oxygen mask. The resident was significantly hypotensive (low blood pressure) and her systolic blood pressure was 60. Very concentrated urine was noted. The resident was significantly dehydrated and was given multiple boluses of IV fluids. The patient did get better with IV fluids.</p> <p>Recommendations were to continue with aggressive hydration and to be monitored closely in the Intensive Care unit.</p> <p>When interviewed on 11/19/15 at 2:00 p.m., the Director of Nursing indicated there were no orders for the resident to be a DNR (Do Not Resuscitate). The DON indicated a Hospice Evaluation was completed. The resident declined Hospice services.</p>			

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	<p>When interviewed on 11/20/16 at 11:00 a.m., the Director of Nursing indicated the resident's I& O was not recorded as per the policy. The Director of Nursing indicated the resident's oral fluid intake was not recorded consistently to monitor for dehydration.</p> <p>The facility policy titled "Intake, Measuring and Recording" was reviewed on 1/20/16 at 11:50 a.m. The Director of Nursing provided the policy and indicated it was current. The policy was dated September 2005. The policy indicated the procedure was applicable when indicated by the resident's condition and treatment such as IV fluids and parental nutrition.</p> <p>This Federal tag relates to Complaint IN00190737.</p> <p>3.1-46(2)(b)</p>			

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

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