

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155298	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/20/2014
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NAME OF PROVIDER OR SUPPLIER  PYRAMID POINT POST-ACUTE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
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F000000	<p>This visit was for the Investigation of Complaints IN00156916 and IN00156946.</p> <p>Complaint: IN00156916 Substantiated. Federal /State deficiencies related to the allegations are cited at F157 and F328.</p> <p>Complaint: IN00156946 Substantiated. Federal/State deficiencies related to the allegations are cited at F151, F157, and F325 .</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: October 16,17 &amp; 20, 2014</p> <p>Facility Number: 000195 Provider Number: 155298 AIM Number: 100267690</p> <p>Survey Team: Mary Jane G. Fischer RN TC</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 15 Medicaid: 42</p>	F000000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</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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F000151 SS=D	<p>Other: 15 Total: 72</p> <p>Sample: 8 Supplemental Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on October 24, 2014.</p> <p>483.10(a)(1)&amp;(2) RIGHT TO EXERCISE RIGHTS - FREE OF REPRISAL The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.</p> <p>Based on interview and record review, the facility failed to honor a resident's choice, in that when an alert and oriented resident had a specific request in regard to her food preferences, the facility continued to not honor the resident's preference for 1 of 4 residents reviewed for choices in a sample of 8. (Resident "B").</p> <p>Findings include:</p>	F000151	<b>F 151 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident B discharged from the facility on 10/22/2014. Resident B was provided with toasted wheat bread once the preference was made clear. Cinnamon on toasted wheat bread was not identified as contradictory to her preferences until after she received it;	11/17/2014			

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	<p>During an interview on 10-16-14 at 10:15 a.m., the Dietary Manager indicated she was aware that Resident "B" requested her preference of "toast, bacon and eggs." However a review of the resident's daily meal ticket did not reflect the resident's preferences.</p> <p>During an interview on 10-16-14 at 11:12 a.m., Resident "B" indicated "all I want is 2 pieces of bacon, 2 eggs medium and 2 pieces of wheat toast for breakfast. They keep giving me 1 egg and 1 piece of bacon and white bread. I don't eat anything like white bread. When I asked for what I requested [name of dietary manager] sent [name of Certified Nurses Aide #12] down here to tell me I could only have 1 piece of toast and 1 egg because of the budget."</p> <p>During an interview on 10-16-14 at 12:30 p.m., Certified Nurse Aide #12 indicated, "Yes I told [name of Resident "B"] exactly what I was told. She [in reference to the dietary manager] said she [Resident "B"] would have to wait until the third floor was served because of the budget."</p> <p>During an interview on 10-16-14 at 1:00 p.m., the Dietary Manager was notified of the resident's specific request for</p>		<p>however, wheat toast was available upon her request. <b>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken?</b> For those residents able to make their preferences known, a thorough audit will be completed to ensure that their current preferences match the information on their respective tray cards. <b>What measures will be put into place or what systemic changes will be made to ensure that deficient practices do not recur?</b> Upon admission, a dietary preference form will be completed to identify food preferences. These preferences will be added to their tray cards and honored as the posted menu allows. All staff will be educated regarding communication of preferences to the Interdisciplinary Team. <b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur?</b> A random audit will be completed for 10 residents weekly for 8 weeks to check that tray cards are matching the residents' current communicated preferences. Any change in preference will be communicated to the Food Service Manager or designee so that the tray card can be updated promptly. Ten random audits will be completed</p>	

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	<p>breakfast, with emphasis on the resident's specifically wanting "wheat toast."</p> <p>In addition during the daily exit conference on 10-16-14 at 4:00 p.m., the Administrator and the Director of Nurses were notified of the resident's request.</p> <p>During an interview on 10-17-14 at 10:30 a.m., Resident "B" indicated she had not received the wheat toast as requested, and received cinnamon wheat toast instead. "I just give up trying to get it." The Administrator was notified.</p> <p>During an interview on 10-17-14 at 12:00 p.m., the Dietary Manager indicated she provided wheat toast to the resident, "It was cinnamon wheat toast." The Dietary Manager was notified the resident's only request was "wheat toast and not cinnamon wheat toast."</p> <p>A review of the "Midwest FW 2014" menu indicated Toast was available on 10-13-14, Whole Wheat toast was available on 10-16-14, and whole wheat cinnamon toast was available on 10-17-14.</p> <p>During an interview on 10-17-14 at 11:00 a.m., the dietitian indicated the resident's could have a choice between regular white bread toasted and wheat toast.</p>		monthly thereafter until a pattern of substantial compliance is achieved.				

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F000157 SS=E	<p>This Federal tag relates to Complaint IN00156946.</p> <p>3.1-(u)(3)</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</p>			

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	<p>the resident's legal representative or interested family member.</p> <p>Based on record review and interview the facility failed to ensure the resident's physician was notified for possible intervention in regard to gastrostomy feeding tube insertion sites, and weight loss for 2 of 3 resident's sampled with gastrostomy feeding tubes and 3 of 3 residents reviewed for weight loss in a sample of 8. (Resident's "B", "J", "F", "A" and "C").</p> <p>Findings include:</p> <p>1. The record for Resident "B" was reviewed on 10-16-14 at 10:00 a.m. Diagnoses included, but were not limited to, malignant neoplasm, chronic pain, and abnormal weight loss. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident received a regular diet with no restrictions.</p> <p>A review of the resident's weights indicated that on 09-04-14 the resident weighed 147.2 lbs. The documentation lacked a weight for 10-01-14 and indicated "did not occur. However on 10-06-14 the resident was weighed and the documentation indicated the resident weighed 140.2 lbs.</p>	F000157	<p><b>F 157 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident B discharged from the facility on 10/22/2014. Per regulation and company policy, this resident did not meet criteria for physician notification because significant weight loss had not occurred. Resident J on 4/1/2014 had a weight of 195.6 lbs., and her 10/3/2014 weight was 182.6 lbs. Therefore, this represents a 6.6% weight loss over 180 days. Per CMS guidelines, and MDS criteria, this resident did not meet criteria for physician notification because the weight loss of 6.6% did not indicate a significant weight loss had occurred. Resident F had a 2.8% weight increase over 90 days as of 9/3/2014. On 4/1/2014, the resident's weight was 146.6 lbs.; therefore, as of 10/3/2014, the resident showed a weight gain of 4.1% over 180 days. However, because of weight fluctuations related to her health conditions and physician ordered diuretics due to edema, as of 10/3/2014, she had a 10.3% weight loss in 90 days. She was referred to the Registered Dietitian for review, who recommended health shakes twice daily on 10/8/2014. The order was approved by the physician on 10/9/2014. Resident</p>	11/17/2014

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	<p>During an interview on 10-17-14 at 11:00 a.m., the dietitian indicated the current weight represented a 4.7 % loss in approximately one month.</p> <p>Although the resident was weighed on 10-06-14, the nursing staff failed to immediately notify the physician for possible intervention, until after the discussion with the dietitian on 10-17-14.</p> <p>2. The record for Resident "J" was reviewed on 10-17-14 at 9:30 a.m. Diagnoses included, but were not limited to aphasia, intercranial hemorrhage, seizure disorder, gastroesophageal reflux disease and anemia. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident received a regular diet with thin liquids.</p> <p>The resident's plan of care, dated 09-15-14, indicated the resident "triggered a significant weight loss in 90 days and 180 days." The plan of care instructed the nursing staff to notify the physician with weight changes.</p> <p>A review of the resident's weights indicated the resident weighed 204.4 lbs on 05-01-14. Subsequent weights were</p>		<p>A receives daily treatment to her G-tube site. Physician's orders for treatment were to "clean with normal saline daily" and no dressing was required. Later, per the assessment by the nurse on 10/16/14, there were "No signs or symptoms of redness, irritation or warmth to touch." The physician was not notified, as Documentation Guidelines specify "Physician notification of complications". Resident C was seen on 10/17/2014 by the physician and new orders were received and followed. <b>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken?</b> Weights for all residents were reviewed. Families and physicians were notified of any concerns per facility policy. Any new orders received were implemented. Registered Dietitian reviewed weights and made recommendations as indicated. An assessment of all G-tube sites was completed on 10/16/2014. For Resident C, a visit was requested from the physician and completed on 10/17/2014. <b>What measures will be put into place or what systemic changes will be made to ensure that deficient practices do not recur?</b> On a monthly basis, weights for all residents will be reviewed by the Interdisciplinary Team (IDT) to identify residents</p>		

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	<p>199 lbs on 06-03-14, 195.8 lbs on 07-02-14, 181 lbs on 09-03-14.</p> <p>The nursing staff failed to notify the physician of the 23.4 lbs. weight loss until 09-15-14.</p> <p>During an interview on 10-17-14 at 9:45 a.m., the resident indicated "It's not appetizing and I don't always get the food I like." The resident indicated she was aware of her recent weight loss.</p> <p>During an interview on 10-17-14 at 9:00 a.m., the dietitian indicated current weight represented a 10 % loss from 05-01-14 thru 09-03-14.</p> <p>3. The record for Resident "F" was reviewed on 10-17-14 at 11:30 a.m. Diagnoses included, but were not limited to, cerebral vascular accident, diabetes mellitus, legally blind, esophageal reflux and anemia. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident received a regular no added salt diet.</p> <p>A review of the resident's weights indicated the following: 05-02-14 159.4 lbs., 06-02-14 159.4 lbs., 07-02-14 170.2 lbs., 08-01-14 175 lbs., 09-03-14 163.8 lbs., 10-03-14 152.6 lbs.</p>		<p>with significant weight loss. The IDT Walking Rounds will be completed, including family and physician notification per policy. Nurses will be re-educated to assess G-tube sites during weekly skin checks, document any identified abnormalities, and contact the physician for any new orders. <b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur?</b> A weight loss log will be created to track significant changes and physician notification. On a monthly basis, the weight loss log will be reviewed by the Registered Dietitian or her designee. Nursing management will audit weekly skin assessments for those residents with G-tubes to ensure completion of G-tube insertion site assessments, physician notification and follow-up treatment as required. These audits will be completed weekly for four weeks and monthly thereafter until a pattern of substantial compliance is achieved.</p>	

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	<p>During an interview on 10-17-14 at 9:00 a.m., the dietitian indicated the resident's weight loss from 07-02-14 thru 10-03-14 represented a 12 % weight loss.</p> <p>The record lacked notification for physician intervention.</p> <p>4. The record for Resident "A" was reviewed on 10-16-14 at 1:00 p.m. Diagnoses included, but were not limited to, dementia, diabetes, congestive heart failure and chronic obstructive pulmonary disease. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident had a gastrostomy feeding tube, which was used for medication administration.</p> <p>During an observation on 10-16-14 at 1:15 p.m. the resident was transported to her room and the gastrostomy insertion site was observed.</p> <p>The area around the gastrostomy insertion site had dark dried reddish, brown crusted matter. The area did not have a dressing in place.</p> <p>A review of the resident's record on 10-17-14 at 12:00 p.m., contained</p>			

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	<p>documentation as follows: "10-16-14 GT [gastrostomy tube] is patent and [illegible word]. Flushes well. Color at site is WNL [within normal limits]. No signs or symptoms of redness, irritation or warmth to touch."</p> <p>On 10-17-14 at 1:00 p.m., the Administrator and the Director of Nurses were informed of the observation made on 10-16-14 and the lack of documentation of the dark dried reddish brown crusted matter. The Director of Nurses indicated the facility nursing staff "chart by exception."</p> <p>The nursing staff failed to notify the physician for possible intervention until after the Administrator and the Director of Nurses were alerted to the observation made on 10-16-14</p> <p>5. The record for Resident "C" was reviewed on 10-16-14 at 1:30 p.m. Diagnoses included, but were not limited to, gastroesophageal reflux disease, mental retardation and dysphagia. These diagnoses remained current at the time of the record review.</p> <p>During an observation on 10-16-14 at 1:40 p.m., the resident was transported to the shower room, for an observation of the gastrostomy feeding tube insertion</p>			

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	<p>site. Licensed Nurse #9 removed the abdominal binder and then removed the dressing around the insertion site. Upon removal of the dressing a copious amount of thick yellow drainage was observed. The nurse indicated "that's new." When interviewed the type of intervention in place the nurse indicated "we use calazime around it."</p> <p>A review of the resident's record on 10-17-14 at 12:30 p.m., lacked documentation of the observation of the insertion site, the thick yellow drainage or that the physician had been notified for possible intervention.</p> <p>On 10-17-14 at 1:00 p.m., the Administrator and the Director of Nurses were notified of the observation and the lack of documentation or physician notification of the thick yellow drainage.</p> <p>6. A review of the Facility Policy on 10-17-14 at 10:30 a.m., titled "Care of Enteral Feeding Tube," dated "2006," indicated the "Basic responsibility" for the care of the feeding tube was the "Licensed Nurse." The "Purpose" indicated "to prevent irritation and skin breakdown around feeding tube, to prevent odor and to prevent discomfort." "Assessment Guidelines," indicated, "may include, but are not limited to:</p>			

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	<p>condition around site of tube insertion, drainage, amount, color and odor."</p> <p>"Documentation Guidelines," may include: Condition of the skin around feeding tube, if unusual, drainage, amount, color and odor, if unusual, Physician notification of complications."</p> <p>7. A review of the Facility Policy on 10-20-14 at 8:30 a.m., titled "Managing Change of Condition," and dated October 2011, indicated the following:...</p> <p>"Objective: To appropriately assess, document, and communicate changes of condition (COC) to the primary care provider. To provide treatment and services to address changes in accordance with resident needs and existing Advance Directives."</p> <p>"If the change in condition does not appear life threatening, the following steps may be followed:... 2.) Notify physician and responsible party of assessment findings. If unable to communicate with the resident's attending or designated on-call physician, contact the facility Medical Director. 3. Notify the Resident and/or responsible party of current status and subsequent actions/orders.... 5. Report change of condition to DON [Director of Nurses],</p>			

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F000323 SS=D	<p>ED [Executive Director] and other members of the IDT [Interdisciplinary Team] per facility practice."</p> <p>This Federal tag relates to Complaints IN00156916 and IN00156946.</p> <p>3.1-5(a)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review the facility failed to ensure supervision and assist devices to alert the staff of unassisted transfer or ambulation for 1 of 1 resident reviewed for falls which resulted in significant facial bruising in a sample of 8. (Resident "E").</p> <p>Findings include:</p> <p>The record for Resident "E" was reviewed on 10-16-14 at 2:00 p.m. Diagnoses included, but were not limited to, history of fracture of femur, dementia, mental retardation, and cataract of the right eye. These diagnoses remained current at the time of the record review. The record indicated the resident was a</p>	F000323	<p><b>F 323 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident E discharged from the facility on 10/24/2014. Interventions relevant to her first fall from bed were implemented. Interventions relevant to her second fall from her wheelchair were implemented. <b>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken?</b> Residents at risk for falls were reviewed for adequate interventions and adjustments were made as indicated. Care plans were updated as needed. <b>What</b></p>	11/17/2014

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	<p>"new admission" to the facility on 09-05-14 at 6:00 p.m.</p> <p>The "Fall Risk Evaluation," dated 09-05-14 indicated the resident "represented a high risk" for falls.</p> <p>The "Fall Risk Care Plan," dated 09-05-14, indicated the resident was "at risk for falls and injuries r/t (related to) "psychotropic meds. [medications], cardiovascular meds and pain meds, with cognitive impairment, dementia and poor safety awareness." Interventions included "provide adequate lighting, observe for side effects of meds, and call light within reach."</p> <p>A review of the Minimum Data Set Assessment (MDS), dated 09-12-14, indicated the resident had severe cognitive impairment, and required extensive assistance and 2 staff members with transfer, bed mobility and toileting, and extensive assistive with one staff member with dressing, eating and hygiene. The MDS further indicated the resident had an impairment to the lower extremity.</p> <p>The resident received Physical Therapy services which also indicated the resident was total assistance with bed mobility, transfers, and a high fall risk in regard to</p>		<p><b>measures will be put into place or what systemic changes will be made to ensure that deficient practices do not recur?</b> The Interdisciplinary Team (IDT) will review new admissions for their risk for falling and implement measures as indicated. IDT post-occurrence rounds will occur after each fall in accordance with facility policy.</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur?</b> Nursing management will review IDT post-occurrence rounds to ensure appropriate interventions have been implemented weekly for four weeks and monthly thereafter.</p>	

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	<p>balance. The Precautions included "confusion, fall risk, MR (mental retardation) and schizophrenia with cognitive status as alert to person and severely impaired with safety awareness."</p> <p>A review of the Nurses Notes, dated 09-05-14 at 10:30 p.m., indicated the resident was "found sitting of floor. No injuries noted. Res. [resident] unable to explain how fall happened and what she was trying to do. Low bed and mats in place. Will continue to monitor."</p> <p>A review of the "Skilled Documentation Flowsheet's," indicated the following:</p> <p>"09-14-14 at 10:00 p.m. Requires total assist with ADL's [Activities of Daily Living] et [and] transfers."</p> <p>"09-23-14 at 10:00 p.m. Requires extensive assist with transfer et. ADL's."</p> <p>"09-28-14 at 9:30 p.m. Resident noted attempting to get out of w/c [wheelchair] unassisted. Staff reminds not to do so without success."</p> <p>The "Report of Incident - Actual or Suspected Fall," dated 10-12-14 at 10:00 a.m., indicated the "Resident attempted to self transfer in Activity Rm. [room], Found on the floor - No c/o [complaints</p>			

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F000325 SS=G	<p>of] pain - no apparent injuries noted. 3:00 p.m. Res. has bruise to Lt. [left] side of face."</p> <p>During the initial tour of the facility on 10-16-14 at 9:00 a.m., the resident was seated in a wheelchair adjacent to the nurses station on the second floor. The resident was observed with extensive bruising down the left side of the face which included the resident's forehead, left eye area, cheek and chin. The bruising was blackish blue in color. An alarm was observed attached to the back of the wheelchair.</p> <p>When interviewed on 10-16-14 at 9:15 a.m., about the resident's injuries, the Unit Manager indicated the resident had fallen "out of her wheelchair." When further interviewed, the Unit Manager indicated the chair alarm had not been implemented until after the resident had a second fall occurrence which resulted in injury.</p> <p>3.1-45(a)(2)</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</p>						

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	<p>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 observation, record review and interview the facility failed to ensure acceptable nutritional parameters for residents and failed to provide interventions or referrals which resulted in significant weight loss for 3 of 3 resident's reviewed for weight loss in a sample of 8. (Resident's "J", "F" and "B").</p> <p>Findings include:</p> <p>1. The record for Resident "J" was reviewed on 10-17-14 at 9:30 a.m. Diagnoses included, but were not limited to aphasia, intercranial hemorrhage, seizure disorder, gastroesophageal reflux disease and anemia. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident received a regular diet with thin liquids.</p> <p>The resident's plan of care, dated 09-15-14, indicated the resident "triggered a significant weight loss in 90 days and 180 days." The plan of care instructed the nursing staff to notify the physician with weight changes.</p>	F000325	<p><b>F 325 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident B discharged from the facility on 10/22/2014. Per regulation and company policy, this resident did not meet criteria for physician notification because significant weight loss had not occurred. Resident J on 4/1/2014 had a weight was 195.6 lbs., and her 10/3/2014 weight was 182.6 lbs. Therefore, this constituted for a 6.6% weight loss over 180 days. Per CMS guidelines, and MDS criteria, this resident did not meet criteria for physician notification because the weight loss of 6.6% did not indicate a significant weight loss had occurred. Resident F had a 2.8% weight increase over 90 days as of 9/3/2014. On 4/1/2014, the resident's weight was 146.6 lbs.; therefore, as of 10/3/2014, the resident showed a weight gain of 4.1% over 180 days. Because of weight fluctuations related to her health conditions and required use of diuretics, as of 10/3/2014, she had a 10.3% weight loss in 90 days. She was referred to the Registered Dietitian for review, who recommended health shakes twice daily on 10/8/2014. The</p>	11/17/2014

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	<p>A review of the resident's weights indicated the resident weighed 204.4 lbs on 05-01-14. Subsequent weights were 199 lbs on 06-03-14, 195.8 lbs on 07-02-14, 181 lbs on 09-03-14.</p> <p>A review of the Interdisciplinary Assessment and Progress Note dated 08-14-14 indicated the resident's previous weight dated 05-01-14 was 204 lbs., and the current weight, documented as 07-02-14 was 196 lbs. The progress note indicated the resident's weight was "stable or recently stabilized" even though an 08-2014 weight was not obtained. When the resident's weight was obtained on 09-03-14 and weighed 181 lbs., a 14.8 lbs. weight loss had occurred and the facility did not provide an intervention until 09-18-14.</p> <p>A review of the "Nutritional Status/Quarterly Progress Record," dated 09-15-14, indicated the resident had a 9% weight loss in 90 days and a 12 % weight loss in 180 days.</p> <p>During an interview on 10-17-14 at 9:45 a.m. the resident indicated "It's not appetizing and I don't always get the food I like." The resident indicated she was aware of her recent weight loss.</p>		<p>order was approved by the physician on 10/9/2014.No evidence of harm has been demonstrated in this alleged deficient practice. <b>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken?</b> Weights for all residents were reviewed. Families and physicians were notified of any concerns per facility policy. Any new orders received were implemented. Registered Dietitian reviewed weights and made recommendations as indicated. <b>What measures will be put into place or what systemic changes will be made to ensure that deficient practices do not recur?</b> On a monthly basis, weights for all residents will be reviewed by the Interdisciplinary Team (IDT) to identify residents with significant weight loss. The IDT Walking Rounds will be completed, including family and physician notification per policy. <b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur?</b> Weight loss log will be created to track significant changes and physician notification. On a monthly basis, the weight loss log will be reviewed by the Registered Dietitian or her designee.</p>				

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	<p>2. The record for Resident "F" was reviewed on 10-17-14 at 11:30 a.m. Diagnoses included, but were not limited to, cerebral vascular accident, diabetes mellitus, legally blind, esophageal reflux and anemia. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident received a regular consistent carbohydrate diet with no added salt diet.</p> <p>A review of the resident's plan of care, dated 08-28-14, indicated the resident was at risk for altered nutrition and hydration due to diabetes, depression, and GERD (gastroesophageal reflux disease). Interventions included to "honor food/fluid preferences, monitor weight weekly, provide adaptive equipment and more finger foods at lunch and dinner per resident request."</p> <p>A review of the resident's weights indicated the following: 05-02-14 159.4 lbs., 06-02-14 159.4 lbs., 07-02-14 170.2 lbs., 08-01-14 175 lbs., 09-03-14 163.8 lbs., 10-03-14 152.6 lbs.</p> <p>A review of the Interdisciplinary Assessment and Progress Note, dated 08-28-14, indicated the resident's previous weight on 07-02-14 was 160 lbs., and the current weight, dated</p>			

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	<p>08-01-14 was 175 lbs. The notation indicated the resident gained 12.9 % in 180 days. The "current management plan included "finger foods and small portions."</p> <p>A review of the "Nutritional Screening and Assessment," dated 09-08-14, the dietitian indicated the average intake was 67% and the resident's weight was decrease 6.4 % in 30 days and 12% in 90 days and that the resident's weight does fluctuate. The dietitian recommended "weekly weights times 4."</p> <p>Continued review of the resident's record lacked the weekly weights as recommended by the dietitian.</p> <p>A review of physician orders indicated, "health shakes" and were not added to aide in the resident's weight loss until 10-08-14.</p> <p>A review of the resident's tray card indicated the resident's preference for breakfast included "orange juice times 2, jello - no hard pieces and frosted flakes 3/4 cup."</p> <p>During an observation on 10-17-14 at 10:00 a.m., the resident's breakfast tray remained in her room. The breakfast meal tray was observed and consisted of</p>			

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	<p>hot cereal, scrambled eggs, and toast in a divided plate. A bowl was also observed which had residue of a red liquid. The resident had consumed the fluids provided but only had taken "bites" of the cereal and eggs. The toast was untouched.</p> <p>During an interview on 10-17-14 at 11:15 a.m., the dietitian indicated the facility staff had documented that the resident had consumed 50% of the breakfast meal.</p> <p>During an interview on 10-17-14 at 9:00 a.m., the dietitian indicated the resident's weight loss from 07-02-14 thru 10-03-14 represented a 12 % weight loss.</p> <p>The dietician further indicated that when "walking rounds" are performed, the staff should be noting the weights, the correct diet and the need for any intervention.</p> <p>3. The record for Resident "B" was reviewed on 10-16-14 at 10:00 a.m. Diagnoses included, but were not limited to, Malignant neoplasm, chronic pain, and abnormal weight loss. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident received a regular diet with no restrictions.</p>			

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	<p>A review of the resident's plan of care, dated 08-18-14, indicated the resident had a risk for alteration in nutrition and hydration related to malignant neoplasm - encourage &gt; (greater than) 75 % of meal intake - liberalize diet - monitor weight - notify MD (Medical Doctor) of significant weight change.</p> <p>A review of the resident's weights indicated that on 09-04-14, the resident weighed 147.2 lbs. The documentation lacked a weight for 10-01-14 and indicated "did not occur." However on 10-06-14 the resident was weighed and the documentation indicated the resident weighed 140.2 lbs., a loss of 7 lbs.</p> <p>During an interview on 10-17-14 at 11:00 a.m., the dietitian indicated the current weight represented a 4.7 % loss in approximately one month.</p> <p>An intervention was not provided to the resident until 10-17-14 after a discussion at the Daily Exit conference with the Administrator and the Director of Nurses.</p> <p>The intervention included Ensure Plus - Supplement 120 ml (milliliters) BID (two times a day).</p> <p>4. A review of the facility policy on</p>			

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	<p>10-20-14 at 8:30 a.m., titled "Operating Standards Guidelines Interdisciplinary Walking Rounds," and dated 10-2012, indicated the following:</p> <p>"Practice Walking Rounds are completed on a regularly scheduled basis that will allow the Interdisciplinary Team [IDT] to observe resident functional status. The process is completed via IDT face-to-face contact with the resident to identify subtle changes of condition."</p> <p>The objective of the process is to assess resident needs and determine potential referral/intervention to impact positive functional change. The process is supported through training with on-site mentoring from Clinical Operations and select Regional teams."</p> <p>"Rationale: Participation in the IDT Walking Rounds Process has the potential to impact our clinical and operational business at several levels. The process will help to ensure identification, accurate medical record documentation, and referral for further assessment when a resident change of condition is observed. It is the one opportunity the interdisciplinary team has to observe resident condition and functional abilities together."</p>						

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	<p>"The results of such IDT efforts will assist in both the clinical and financial management by identifying changes and intervening more quickly. Additional positive outcomes would be anticipated:</p> <ul style="list-style-type: none"> <li>* Improved accuracy of medical record documentation related to change of resident condition.</li> <li>* Completion of the Interdisciplinary Assessment &amp; Progress Note provides supportive documentation for "at risk" residents.</li> <li>* Completion of the Interdisciplinary Assessment &amp; Progress Notes provides supportive documentation of routine, on-going observation of resident condition."</li> </ul> <p>"Procedure: 2. Some key areas of IDT Walking Rounds include: Monthly and/or weekly weights are reviewed to determine a need for weekly weights or if the weight is stable enough to remove from weekly assessment. Resident with weight loss need to have the Operating Standard for Nutrition Management initiated. Refer to dietary if appropriate, for double portion, enhanced fortified food items or specialized nutritional products, Speech for swallowing difficulties, to other IDT members for behavior management. Add resident to weekly weights as needed or if there is a loss of 2 % in seven (7) days, 5% in thirty</p>						

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	<p>(30) days, 7.5 % in ninety (90) days, and/or 10 % in one hundred and eighty (180) days."</p> <p>During an interview on 10-20-14 at 10:00 a.m., the dietitian indicated the facility did not have a "nutritional at risk" program, but instead used the "weight management standard."</p> <p>A review of the "Weight Management Standard," on 10-20-14 at 10:15 a.m., and dated 10-2011, indicated the following: "Practice: Resident identified to be at risk for weight variance, will have routine assessment and care plan interventions implemented in accordance with Advance Directives. The objective of this process is to assess and manage weight variances, to determine appropriate referrals and/or interventions to achieve the best possible clinical outcomes. Licensed nurse to review electronic weight reports and schedule re-weights within 24 hours for significant weight variance: A five pound weight loss from original weight, a 5% weight variance (loss/gain) in one month, 7.5% in three months, or 10 % in six months, a three pound loss in one month for those weighing less than 100 lbs. Physician and responsible party will be notified of significant weight variances. Review to</p>						

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	<p>identify potential causal factors of loss/gain, need for significant change in condition assessment and referral for continued assessment and interventions."</p> <p>"Residents experiencing weight loss will be managed through the following process as directed by the DON [Director of Nurses] / RD [Registered Dietitian] / Dietary Service Manager and interdisciplinary team [IDT]:</p> <p>"Phase 1: Liberalize diet, portion adjustment - large/small, three vs. [versus] six small meals, fortified diet, diet texture, tailor eating patterns to resident's usual routine."</p> <p>"Phase 2. Implement "house snacks" per resident preference."</p> <p>"Phase 3. Assess need for utilization of a supplement on a time limited basis. Re-evaluate on a regular basis to ensure compliance and positive outcomes. Supplements should be provided during periods that support actual consumption by the resident. Re-evaluate monthly to determine impact of supplement interventions."</p> <p>This Federal tag relates to Complaint IN00156946.</p>			

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NAME OF PROVIDER OR SUPPLIER  PYRAMID POINT POST-ACUTE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260			
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F000328 SS=D	<p>3.1-46(a)(1)</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation and record review the facility failed to ensure residents with gastrostomy feeding tube's received the necessary care in regard to the assessment and subsequent treatment of the insertion site for 2 of 3 sampled residents. (Residents "A" and "C").</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 10-16-14 at 1:00 p.m. Diagnoses included, but were not limited to, dementia, diabetes, congestive heart failure and chronic obstructive pulmonary disease. These diagnoses remained current at the time of the record review.</p>	F000328	<p><b>F 328 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident A receives daily treatment to her G-tube site. Physician's orders for treatment were to "clean with normal saline daily", and no dressing was required. Later, per the assessment by the nurse on 10/16/14, there were "No signs or symptoms of redness, irritation or warmth to touch." The physician was not notified, as Documentation Guidelines specify "Physician notification of complications". Resident C was seen on 10/17/2014 by the physician and new orders were received and followed. <b>How will other residents having the</b></p>	11/17/2014			

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	<p>The record indicated the resident had a gastrostomy feeding tube, which was used for medication and a physician order which instructed the nursing staff to "cleanse G [gastrostomy] Tube insertion site QD [every day] with NSS [normal saline solution]."</p> <p>During an observation on 10-16-14 at 1:15 p.m. the resident was transported to her room and the gastrostomy site was observed.</p> <p>The area around the gastrostomy insertion site had dark dried reddish, brown crusted matter. The area did not have a dressing in place.</p> <p>A review of the resident's record on 10-17-14 at 12:00 p.m., contained documentation as follows: "10-16-14 - GT [gastrostomy tube] is patent and [illegible word]. Flushes well. Color at site is WNL [within normal limits]. No signs or symptoms of redness, irritation or warmth to touch."</p> <p>On 10-17-14 at 1:00 p.m., the Administrator and the Director of Nurses were notified of the observation made on 10-16-14 and the lack of documentation of the dark dried reddish brown crusted matter as documented in the nurses notes.</p>		<p><b>potential to be affected by the same deficient practice be identified and what corrective actions will be taken?</b> An assessment of all G-tube sites was completed on 10/16/2014. For Resident C, a visit was requested from the physician and completed on 10/17/2014. <b>What measures will be put into place or what systemic changes will be made to ensure that deficient practices do not recur?</b> All nurses will be re-educated to assess G-tube sites during weekly skin checks, document any identified abnormalities, and contact the physician for any new orders. <b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur?</b> Nursing management will audit weekly skin assessments for those residents with G-tubes to ensure completion of G-tube insertion site assessments, physician notification and follow-up treatment as required. These audits will be completed weekly for four weeks and monthly thereafter until a pattern of substantial compliance is achieved.</p>	

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	<p>2. The record for Resident "C" was reviewed on 10-16-14 at 1:30 p.m. Diagnoses included, but were not limited to, gastroesophageal reflux disease, mental retardation and dysphagia. These diagnoses remained current at the time of the record review.</p> <p>During an observation on 10-16-14 at 1:40 p.m., the resident was transported to the shower room, for an observation of the gastrostomy feeding tube site. Licensed Nurse #9 removed the abdominal binder and then removed the dressing around the insertion site. Upon removal of the dressing a copious amount of thick yellow drainage was observed. The nurse indicated "that's new." When interviewed the type of intervention in place the nurse indicated "we use calazime around it."</p> <p>The resident's progress notes, dated 10-16-14 at 4:50 p.m., indicated, "GT insertion site noted to be pink and irritated with slight edema present. Area cleansed with normal saline and treatment of calazime and clean dressing applied. No signs or symptoms of pain or discomfort. Tolerated well."</p> <p>A review of the resident's record on 10-17-14 at 12:30 p.m., lacked</p>			

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	<p>documentation of the observation on 10-16-14 of the insertion site with the thick yellow drainage.</p> <p>A subsequent nurses note dated 10-17-14 at 9:00 a.m., indicated "GT site slightly irritated. Dressing change done. Tolerated treatment. Areas slightly red and puffy."</p> <p>The Administrator and the Director of Nurses were alerted of the observation on 10-17-14 at 1:00 p.m. and the lack of physician notification for possible intervention. The resident was assessed by the physician on 10-17-14, approximately 24 hours after the initial observation and the nursing staff received orders for Calcium Alginate to the insertion site and the area needed to be re-evaluated the following week.</p> <p>3. A review of the Facility Policy on 10-17-14 at 10:30 a.m., titled "Care of Enteral Feeding Tube," dated "2006," indicated the following:</p> <p>"Basic responsibility" for the care of the feeding tube was the "Licensed Nurse."</p> <p>"Purpose" - "to prevent irritation and skin breakdown around feeding tube, to prevent odor and to prevent discomfort."</p>						

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	<p>"Assessment Guidelines" - condition around site of tube insertion, drainage, amount, color and odor."</p> <p>"Documentation Guidelines" - condition of the skin around feeding tube, if unusual, drainage, amount, color and odor, if unusual, Physician notification of complications."</p> <p>This Federal tag relates to Complaint IN00156916.</p> <p>3.1-47(a)(2)</p>				