

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/07/2013
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NAME OF PROVIDER OR SUPPLIER EASTGATE MANOR NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2119 E NATIONAL HWY WASHINGTON, IN 47501
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F0000	<p>This visit was for the Investigation of Complaint IN00123397.</p> <p>Complaint IN00123397 Substantiated, Federal/State deficiencies related to the allegations are cited at F312 and F328.</p> <p>Survey dates: February 6 and 7, 2013</p> <p>Facility number: 000301 Provider number: 155341 AIM number: 100289090</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicare: 9 Medicaid: 42 Other: 11 Total: 62</p> <p>Sample: 4</p>	F0000		

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>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 12, 2013, by Jodi Meyer, RN</p>			

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F0312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review, the facility failed to ensure residents dependent for ADL [activities of daily living] care received appropriate care, including bathing and combing hair, for 2 of 3 residents reviewed for ADL care, in a sample of 4. Residents A and B</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident A was reviewed on 2/6/13 at 12:00 P.M. The resident was re-admitted to the facility on 12/21/12 with diagnoses including, but not limited to, CVA, right below-the-knee amputation, and dysphagia [difficulty swallowing].</p> <p>A Plan of Care, dated 12/21/12, indicated a problem of "Potential or Actual ADL/Mobility deficit...r/t [related to]: Amputation [Right] BKA [below-the-knee amputation], CVA [Left] side weakness, As evidenced by: Generalized weakness, Resistant to therapy/ADL's, Easily fatigued...Res [resident] refuses care @ x's [illegible] -</p>	F0312	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. F312 Resident A no longer resides in our center. Medical Record review was performed for Resident B with care plans and CNA sheets reviewed and updated to reflect current status. A one time review of current in-house residents utilizing the MDS was completed to identify residents with identified ADL/Mobility deficits. Care plans and CNA sheets updated as needed to reflect current status. All staff will be re-educated on ADL Care, including but not limited to: showers/bathing, grooming, providing physical assist as needed. Resident Observation Rounds will be conducted by the Department HeadStaff 5 x week for 2 weeks, 3 x week for 2 weeks and monthly thereafter. Identified non-compliance will result in one to one re-education up to and</p>	03/06/2013			

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	<p>fluid restriction NPO [nothing by mouth] status." The Interventions included: "Assist/encourage/provide per resident preference: Shower, Bed bath...Assist/encourage/provide per resident preference: Comb hair, Dressing...."</p> <p>An admission Minimum Data Set [MDS] assessment, dated 1/2/13, indicated the resident scored a 10 out of 15 for cognitive function, with 15 indicating no memory problems. The MDS assessment indicated the resident required extensive assistance of two + staff for bed mobility, toilet use, and personal hygiene. The MDS assessment indicated the resident was totally dependent on two + staff for bathing. The MDS assessment indicated the resident did not transfer or ambulate, and was "always incontinent" of bowels.</p> <p>A hospital history and physical, dated 1/7/13, included the following: "...I saw [Resident A] on 01/07/2013 in my clinic for evaluation and removal of staples. I completed a right below the knee amputation on her approximately 3 weeks ago. She returns for removal of staples. Examination of the patient at this time demonstrated that she was somnolent, difficult to arouse, inappropriate with respect to response...She had significant crusting of both eyes secondary to either</p>		including termination. Copies of Resident Observation Rounds will be forwarded to the QA Committee monthly times 6 months and quarterly thereafter to determine further education and/or further monitoring needs.				

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	<p>infection or lack of proper hygiene at the outside facility. Examination of the right below the knee amputation site revealed that there was significant exudate [drainage] skin covering the staples. There was an eschar [dried drainage] covering multiple staples. The right lower leg appears to not have been cleaned since the tie of discharge from this institution. There is no fresh Betadine placed over the staple site. There has been no evidence of cleaning of that. There is a thick eschar present covering the wound....During this time, she also had a liquid bowel movement that was suggestive of C. difficile...Skin:...there is significant crusting dirt and debris over my amputation site...."</p> <p>A hospital consult note, dated 1/7/13, included: "Reason for Consultation: Medical management, dehydration and failure to thrive...She appears disheveled, poorly groomed. She had what is reported as crusts of dirt throughout her skin, dry tears in her eyes and appeared dehydrated, disoriented, and somewhat lethargic...."</p> <p>On 2/7/13 at 9:00 A.M., during interview with the Administrator, she indicated Resident A was "pretty alert and oriented, but non-compliant with her care." The Administrator indicated the resident refused bathing and therapy, and</p>			

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	<p>wouldn't use her call light. The Director of Nurses [DON] indicated at that time that the resident refused her showers, but did receive bed baths.</p> <p>On 2/7/13 at 10:30 A.M., the Administrator provided an electronic bathing report, dated 12/22/12 through 1/7/13, which included the resident received a bed bath on 1/7/13.</p> <p>On 2/7/13 at 10:45 A.M., during interview with the resident's surgeon, he indicated that he agreed with the hospital dictation, dated 1/7/13. He indicated when he saw the resident on 1/7/13, he was "pretty upset." He indicated he "had to scrub 10-15 minutes to remove the nasty dirt off of the staples," before he could even remove the staples. The surgeon indicated, "It was obvious she hadn't been cleaned." He indicated the resident's eyes were crusted over "from when she had cried." The surgeon indicated he did not understand how a resident "could refuse care when she is that obtunded?"</p> <p>2. On 2/6/13 at 10:35 A.M., the DON indicated Resident B was NPO [nothing by mouth], and received continuous tube feedings.</p> <p>The clinical record of Resident B was</p>			

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	<p>reviewed on 2/6/13 at 11:30 P.M.</p> <p>Diagnoses included, but were not limited to, temporal lobe intraparietal hemorrhage, seizure disorder, respiratory failure, and acute renal failure.</p> <p>A Minimum Data Set [MDS] assessment, dated 11/20/12, indicated the resident scored a 9 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of two + staff for transfer, and extensive assistance of one staff for dressing, personal hygiene, and toilet use.</p> <p>A Plan of Care, initially dated 8/11/12 and updated 11/20/12, indicated a problem of "Potential or Actual ADL/Mobility deficit, poor oral hygiene...r/t: Cognitive Impairment As evidenced by: Generalized weakness, Resistant to therapy/ADL's, Easily Fatigued." The Interventions included: "Assist/encourage/provide per resident preference: Shower, Provide 1A [one assist]...Assist/encourage/provide per resident preference: Comb hair, Dressing, Shave...Provide physical Assist...."</p> <p>On 2/6/13 at 11:15 A.M., Resident B was not observed to be in his room.</p> <p>On 2/6/13 at 11:20 A.M., Resident B was observed to be sitting in a low broda</p>			

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	<p>chair, by the nursing station. Resident B appeared slightly disheveled, wearing pajama pants, hair uncombed, and with a full beard. LPN # 1 indicated at that time that she was Resident B's nurse that day, and the resident had just been in activities.</p> <p>On 2/6/13 at 12:45 P.M., Resident B was observed in the same position, sitting in a low broda chair, by the nursing station. Other residents were observed being taken to and from the dining room for lunch.</p> <p>On 2/6/13 at 1:55 P.M., Resident B was observed in the same position, in the same location. He remained in pajama pants, and his hair remained uncombed.</p> <p>On 2/6/13 at 2:30 P.M., Resident B was observed in the same position, in the same location.</p> <p>On 2/6/13 at 3:10 P.M., Resident B was observed in the same position, in the same location. He appeared restless, and had his shirt up, exposing his colostomy bag and peg tube site.</p> <p>On 2/6/13 at 3:15 P.M., Resident B was yelling, "Where they at? I wanna go to bed!"</p>			

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	<p>On 2/6/13 at 3:20 P.M., LPN # 1 was interviewed regarding the reasoning Resident B had been sitting in the same position and location since 11:20 A.M.. LPN # 1 indicated she was unsure, but that he would usually ask when he wanted to return to his room. LPN # 1 indicated she would have staff lay the resident down.</p> <p>On 2/6/13 at 3:30 P.M., CNA # 1 and CNA # 2 assisted the resident to bed. The resident indicated he "was hot," and was "out of air." He indicated urgently, "I have to pee!"</p> <p>On 2/7/13 at 9:00 A.M., during interview with the DON, she indicated she did have documentation the resident was at activities from 11:00 A.M.-11:30 A.M. on 2/6/13, and activities staff may have had to reposition him. The DON indicated the reason the resident was usually in the same location was that his feeding tube was plugged into an outlet at that location.</p> <p>This federal tag relates to Complaint IN00123397.</p> <p>3.1-38(a)</p>				

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F0328 SS=G	<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 interview and record review, the facility failed to ensure a resident admitted with a new feeding tube received appropriate treatment regarding tolerance of the feedings, which resulted being admitted to the hospital with dehydration and pneumonia, for 1 of 3 residents reviewed with feeding tubes, in a sample of 4. Resident A</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident A was reviewed on 2/6/13 at 12:00 P.M. The resident was re-admitted to the facility on 12/21/12 with diagnoses including, but not limited to, CVA, right below-the-knee amputation, and dysphagia [difficulty swallowing]. The resident had a new PEG tube [feeding tube] placed on 12/20/12 in the hospital.</p>	F0328	<p>Resident A no longer resides in our center. A one time medical record review of current in-house residents was performed to identify residents with feeding tubes. A physical assessment was performed on identified residents to include but not limited to signs & symptoms of dehydration and pneumonia. Care plans, CNA assignment sheets and Dietary Recommendations updated as needed to reflect current status. All licensed nurses on our staff will be re-educated on the following; monitoring for signs of dehydration, including but not limited to skin turgor, dry mucal membranes and decreased output, monitoring for intolerance to tube feedings, including but not limited to vomiting and diarrhea and monitoring for signs and symptoms of pneumonia, including but not limited to temperature, coughing, wheezing and shortness of breath. Re-education included licensed</p>	03/06/2013			

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	<p>Physician orders, dated 12/21/12, included: "Jevity 1.5 @ 55 cc/hr cont. [continuously], NPO [nothing by mouth], ice chips only," and "Diphenoxylate-ATROP 2.5-.025 mg [also known as "Lomotil," an anti-diarrheal medication] PRN [as needed] loose stools per peg tube [feeding tube] ([one] tab [tablet] [after] each loose stool not to exceed 8 tabs/24 [hours])."</p> <p>A "Bowel Data Collection and Assessment," dated 12/21/12, included: "...Resident has been incontinent of stool, Yes...Always incontinent. Signs and symptoms of bowel incontinence, Diarrhea...."</p> <p>A Plan of Care, dated 12/21/12, indicated: "Alteration in Bowel Elimination Plan of Care...Problem, History Constipation, Incontinence...Diarrhea: Persistent R/T [related to] peg tube [illegible] loose stools." Interventions included: "...Monitor bowel elimination using CareTracker [electronic documentation]...NPO ice chips only peg tube feed..."</p> <p>Nurses Notes included the following notations:</p> <p>12/23/12 at 10:50 P.M.: "Resident is being non-compliant [with] NPO order to</p>		<p>nurses documenting residents identified with signs and/or symptoms of dehydration or pneumonia on the 24 Hour Status Report sheet. The Interdisciplinary Team will review the 24 Hour Status Report sheet for documentation of residents with identified dehydration or feeding intolerances daily as well as those exhibiting signs and symptoms of pneumonia daily times 2 weeks and Monday thru Friday thereafter. New interventions will be documented on the care plans as they arise. The DON/Designee will be responsible to review those residents on tube feedings' charts weekly for 4 weeks, bi-weekly for 4 weeks, and then monthly for 1 month to ensure care plans are implemented or updated as necessary. Identified non-compliance will result in 1:1 re-education up to and including termination. Identified trends will be reviewed in QA monthly times 6 months and quarterly thereafter to determine further recommendations as needed.</p>				

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	<p>only have ice chips. She has been having her husband get her glasses of water. Resident was educated and stated 'Oh well.' Husband was educated and verbalized understanding."</p> <p>12/26/12 at 6:30 A.M.: "...Res. [resident] incont [incontinent] BM x 3 this shift..."</p> <p>12/27/12 at 6:00 P.M.: "Resident's husband continued to give H2O to wife. Spoke [with] both. Husband appeared upset [and] called [name of physician]...He explained to myself [and] husband that the NPO order was r/t stroke...which resident has [increased] risk for pneumonia, aspiration, death because of weakness in swallowing....The MD did state he was against husband giving liquids to wife, but could choose to do so...Refusal of care paperwork was filled out [and] signed by husband...."</p> <p>A "Nutrition Information Worksheet," dated 12/27/12, included: "Send to [name of dietician]...Pressure area on coccyx, Activity level Bedridden, Current Orders, Name of Formula, Jevity 1.5 Rate of Flow, 55 cc/hr...Lab Data, 12-22-12...Na+ [sodium] 142, K+ [potassium] 2.8...BUN 25, Creatinine 1.3...Tolerance to Tube Feeding, Tolerates...." The form did not indicate the resident was having loose stools.</p>						

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	<p>A faxed "Nutrition Information Worksheet," returned and completed by the Registered Dietician and dated 12/27/12, included: "...Current Tube Feeding Provides: 1980 cal...1003 cc free H2O (1183 cc [with] flushes...Assessment, Caloric Requirements...[approximately] 2255 cal [calories]...Fluid Requirements... [approximately] 2700 cc fluid, Recommendations: 1. Change tube feeding to Jevity 1.5 @ 70 cc/[hour] x 22 [hours]/day. 2. Increase flushes to 200 cc free H2O 5x/day et [and] 60 cc H2O [before and after] medications...."</p> <p>A Physician's order, dated 12/27/12, indicated the Registered Dietician's recommendations were followed.</p> <p>A Plan of Care, dated 12/31/12, indicated a problem of "At Nutritional Risk r/t: Diabetes, Tube Feeding r/t Dysphagia, Diet Non Compliance...Swallowing difficulties: NPO except ice chips...." The Interventions included: "...Monitor for signs of dehydration...Monitor tolerance of TF [tube feed], Keep HOB [head of bed] elevated...."</p> <p>A Nurses Note, dated 12/31/12 at 7:30 P.M., indicated, "Spoke [with] [name of primary physician] per res. request to</p>						

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	<p>[increase] pain med [medication]. N.O. [new order] obtained...." Documentation of diarrhea was not located in the clinical record.</p> <p>A Physician's order, dated 12/31/12, indicated, "Immodium 2 mg [an anti-diarrheal medication] [two] tabs 1st loose stool then [one] [after] each following loose stool not to exceed 4 tabs (8 mg) in 24 [hours]."</p> <p>Nurses Notes continued:</p> <p>1/1/13 at 9:00 A.M.: "...3 PM Vomited large amount clear yellow emesis. Feeding off @ this time. Stated she feels better since vomiting."</p> <p>1/1/13 at 8:30 P.M.: "Feeding tube restarted @ 1730 [5:30 P.M.] and routine meds given...Meds given @ 2000 [8:00 P.M.] and vomiting x 2 happened immediately afterwords [sic]. Emesis appeared to be the Jevity feeding. Feeding is being held @ this time to give stomach time to settle."</p> <p>An admission Minimum Data Set [MDS] assessment, dated 1/2/13, indicated the resident scored a 10 out of 15 for cognitive function, with 15 indicating no memory problems. The MDS assessment indicated the resident required extensive</p>			

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	<p>assistance of two + staff for bed mobility, toilet use, and personal hygiene. The MDS assessment indicated the resident was totally dependent on two + staff for bathing. The MDS assessment indicated the resident did not transfer or ambulate, and was "always incontinent" of bowels.</p> <p>Nurses Notes continued:</p> <p>1/2/13 at 10:15 A.M.: Resident Potassium level 6.5 [high]. [Name of physician] notified new orders...Recheck Potassium level on 1/4/13."</p> <p>1/2/13 at 10:45 A.M.: "Held Colace d/t [due to] loose stools on previous shifts...."</p> <p>1/3/13 at 2:50 P.M.: "...New orders 1.) D/C [discontinue] Foley Cath [catheter]...."</p> <p>1/3/13 at 5:30 P.M.: "Cath was DC'd per orders @ 1515 [3:15 P.M.]...Resident does continue to try to get staff to allow her H2O...She also becomes angry [and] tearful after husband leaves when staff empties cups of water and replaces [with] fresh ice chips...."</p> <p>1/4/13 at 10:30 A.M.: "Res c/o [complains of] being unable to void this AM since F/C [Foley catheter] removed yesterday - [no] voiding noted thus far</p>			

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	<p>this shift...."</p> <p>1/4/13 at 10:35 A.M.: "[Physician] returned call [with] N.O. [new order] rec'd [received] [and] noted."</p> <p>1/4/13 at 12:00 P.M.: "In [and] out cath using sterile tech [technique] - obtained 1000 cc clear, yellow urine...."</p> <p>1/5/13 at 8:35 P.M.: "Resident had c/o full bladder. In [and] out cath done and collected 650 cc urine...."</p> <p>1/6/13 at 6:30 A.M.: "Res. was no void this shift. Have attempted x 3 to in/out cath [with] [no] urine. [No] c/o full bladder from res. or c/o pain...."</p> <p>1/6/13 at 7:05 A.M.: "Spoke [with] [physician] this AM...informed [physician] of attempt x 3 to in/out cath res. [with] [no] urine et [no] c/o voiced by res. Order rec'd to increase H2O flush from 200 cc to 300 cc [with] each med through peg."</p> <p>1/6/13 at 1:00 P.M.: "Resident voided this AM but nothing @ 1200 [12:00 P.M.]. Cath [with] 200 cc urine output...."</p> <p>1/7/13 at 6:30 A.M.: "Res. was no void as of 4 AM. Cath x 2 [with] [no] urine return. 2 different nurses attempted...."</p>			

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	<p>The next entry in the Nurses Notes, dated 1/7/13 at 10:30 A.M., indicated, "Attempted to notify husband of appt [appointment] today [with] [name of surgeon] - Recording states, 'Not a working number.'"</p> <p>Documentation regarding the resident's status when she left for her physician's appointment was not located in the clinical record.</p> <p>The next entry in the Nurses Notes, dated 1/7/13 at 5:00 P.M., indicated, "[Hospital] called to notify [facility] that Resident while at an appointment [with] [surgeon] was admitted to [hospital] DX [diagnosis] Aspiration Pneumonia and alt [altered] Mental Status...."</p> <p>An electronic Bowel and Bladder Report indicated the resident had the following bowel movements [BM]: 12/27: 2, 12/28: 3, 12/29: 3, 12/30: 4, 12/31: 5, 1/1: 1, 1/3: 2 medium, 1 diarrhea; 1/5: 1 medium, 1/6: 1 small, 1/7: 1 X-Large. An electronic "ADL" [activities of daily living] Report, dated 1/2/13-1/7/13, also included the resident had 1 medium BM and 1 diarrhea/watery stool on 1/2.</p> <p>The resident's Medication Administration Records, dated December 2012 and</p>			

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	<p>January 2013, indicated the resident never received Lomotil or Immodium for loose stools.</p> <p>A hospital history and physical, dated 1/7/13, included the following: "Diagnosis: 1. Altered mental status 2. Aspiration pneumonia 3. Dehydration...I saw [Resident A] on 01/07/2013 in my clinic for evaluation and removal of staples. I completed a right below the knee amputation on her approximately 3 weeks ago. She returns for removal of staples. Examination of the patient at this time demonstrated that she was somnolent, difficult to arouse, inappropriate with respect to response. She had audible gurgling without the need for a stethoscope, suggesting aspiration with thick pulmonary secretions...During this time, she also had a liquid bowel movement that was suggestive of C. difficile. She was admitted to the floor for rapid hydration...Physical Exam...she does have significant gurgling, crackles and rhonchi within her airway. She is coughing up thick secretions...She has a basic metabolic profile which shows that her sodium is 129 [normal 133-145], potassium is 7.2 [normal 3.5-5.1], glucose is 173 [normal 65-99], BUN is 82 [normal 6-20], Creatinine is 2.11 [normal .5-1.2]...."</p>						

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	<p>A hospital consult note, dated 1/7/13, included: "Reason for Consultation: Medical management, dehydration and failure to thrive...appeared dehydrated, disoriented, and somewhat lethargic. She was admitted for basic evaluation but shortly after obtaining labs we found out she was also in acute renal failure with hyperkalemia [high potassium]...She has secretions in upper airway and hypoxemia probably from aspiration...Plan:...Will start with aggressive fluid resuscitation...Unfortunately the patient already does have diarrhea...Prognosis: Prognosis is guarded at this point...."</p> <p>On 2/7/13 at 9:00 A.M., during interview with the Administrator, she indicated Resident A was "pretty alert and oriented, but non-compliant with her care." The Administrator indicated the resident's husband would give the resident water, even though the facility educated him regarding the risks. The Administrator indicated she was unaware if the resident's husband gave the resident anything other than water.</p> <p>On 2/7/13 at 10:45 A.M., during interview with the resident's surgeon, he indicated that he agreed with the hospital dictation, dated 1/7/13. He indicated when he saw the resident on 1/7/13, he was "pretty upset." He indicated she was</p>			

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	<p>"gurgling" and had "obviously aspirated" and was "dehydrated." He indicated the resident was very lethargic. The surgeon indicated the facility had informed him that the resident's husband was supposedly giving the resident water at times, but "if she aspirates, then you treat her."</p> <p>On 2/7/13 at 11:05 A.M., during interview with the Registered Dietician [RD], she indicated she divides her time between 3 facilities, and was scheduled to come to this facility every 2 weeks. She indicated when a resident is admitted to the facility with a feeding tube, the dietary manager faxes her the information, she calculates the appropriate feeding, and faxes the recommendations back. The RD indicated she did visit the resident on 1/2/13, but was unable to find her documentation in the clinical record. She indicated she was unaware that the resident was having diarrhea. She indicated that if a resident did have continued loose stools, the feeding could be adjusted.</p> <p>On 2/7/13 at 11:05 A.M., the Administrator provided a copy of a calendar page, which indicated Resident A had an appointment with her surgeon on 1/7/13 at 1:30 P.M. A notation indicated, "Pick up around 1 PM." During</p>			

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	<p>interview with the DON at that time, she indicated the resident was transferred to the appointment on 1/7/13 by a medical transportation service, and her husband did not accompany her.</p> <p>On 2/7/13 at 11:45 A.M., the Director of Nursing [DON] provided a control log, which indicated the resident received Lomotil for loose stools two times on 12/28/12, on 12/29/12, 1/1/13, and twice on 1/2/13. The DON indicated she did not know why it was not documented on the MAR or in the Nurses Notes. The DON indicated she thought if the staff obtained a new order for Immodium on 12/31/12, they probably would have given the medication, but did not know why it was not documented. The DON indicated respiratory distress was not documented, and she did not know if the resident was requesting water and was not voiding because she was becoming dehydrated.</p> <p>On 2/7/13 at 3:30 P.M., during interview with the Dietary Manager, she indicated when a resident is admitted with a feeding tube, she faxes the information to the RD, who then faxes back the recommendations. The Dietary Manager indicated she asked nursing staff how the resident was tolerating the feedings, and was not informed the resident was having diarrhea. The Dietary Manager indicated</p>				

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	<p>she would have notified the RD if she knew the Resident A had been having diarrhea. The Dietary Manager indicated the RD did not enter the facility and review the resident's record on 12/27/12.</p> <p>2. On 2/7/13 at 2:15 P.M., the Administrator provided the current facility policy on "Enteral Tube Feeding," dated July 2010. The policy included: "...Assess resident on enteral tube feeding on admission, re-admission or as clinical condition indicated...Assess and document according to the following frequency:...Unstable or change in condition which includes, but is not limited to: intolerance...Weekly and as needed...Review/evaluate the following information in each assessment...Problems/limitations as a result of tube feeding, c. Changes in conditions (...diarrhea)...Discuss intolerances and/or concerns with the Nursing staff, including, but not limited to:...Diarrhea...Recommend changes to the physician as needed to improve or stabilize the resident [sic] nutritional status...."</p> <p>This federal tag relates to Complaint IN00123397.</p> <p>3.1-47(a)(2)</p>						

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

PRINTED: 02/25/2013

FORM APPROVED

OMB NO. 0938-0391

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