

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155741	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER FAIRWAY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00177450.</p> <p>Complaint IN00177450 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 & F325.</p> <p>Survey dates: July 15 & 16, 2015</p> <p>Facility number: 004700 Provider number: 155741 AIM number: 100266630</p> <p>Census bed type: SNF/NF: 36 Total: 36</p> <p>Census payor type: Medicare: 5 Medicaid: 30 Other: 1 Total: 36</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

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=G Bldg. 00	<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 interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified of a resident's decreased appetite and failure to eat which resulted in an 8.7% significant weight loss for 1</p>	F 0157	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <ul style="list-style-type: none"> · Resident B no longer resides in facility. 	07/31/2015

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	<p>of 3 residents reviewed for physician notification in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 7/15/15 at 10:00 a.m. Diagnoses for Resident #B included, but were not limited to aphasia, hemiplegia, dementia and anxiety.</p> <p>The resident was admitted to the facility on 5/15/15. On 5/18/15, Resident #B was assessed to have swallowing difficulties, needing assistance with food and fluids, and on nectar thick liquids (a diet designed to prevent aspiration of fluids into the lungs).</p> <p>A care plan dated 5/27/15, indicated the resident was at risk for nutritional deficits related to varied intakes and the need for thickened liquids. A care plan intervention indicated the resident was to be offered substitutes or alternates for intakes (meal consumption) less than 50%.</p> <p>Review of Resident #B's meal intake record for June 2015, indicated the resident consumed the following amounts of food:</p>		<p>How other residents have the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the alleged deficient practice. · All licensed nurses will be inserviced on the Change in Condition policy provided by DNS/designee by July 31, 2015. <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur:</p> <ul style="list-style-type: none"> · All licensed nurses will be inserviced on the Change in Condition policy provided by DNS/designee by July 31, 2015. · All residents reviewed by DNS/designee to ensure per policy that all appropriate notifications related to decreased appetite, failure to eat and significant weight loss by 07/31/15. · Meal consumptions and facility activity report to be reviewed daily by DNS/designee to ensure MD notification is made for continued decreased appetite/failure to eat with weight loss. <p>How corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place and</p> <ul style="list-style-type: none"> · DNS or designee to complete Continuous Quality Improvement tool on Change of Condition 				

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	<p>26-50% of meal intake--6/3 breakfast, 6/5 dinner, 6/6 breakfast, 6/7 lunch, 6/9 dinner, 6/12 lunch, 6/13 dinner, 6/15 dinner, 6/16 breakfast, 6/17 breakfast, 6/18 lunch, 6/20 breakfast and dinner, 6/22 breakfast, 6/23 breakfast.</p> <p>1-25% of meal intake--6/2 lunch and dinner, 6/3 lunch and dinner, 6/4 lunch and dinner, 6/5 breakfast and lunch, 6/8 breakfast and dinner, 6/9 lunch, 6/10 dinner, 6/11 dinner, 6/12 dinner, 6/14 breakfast, 6/15 breakfast, 6/18 dinner, 6/19 breakfast and lunch, 6/20 lunch, 6/21 breakfast and lunch, 6/22 lunch, 6/25 lunch.</p> <p>No meal intake--6/13 lunch, 6/14 lunch, 6/16 dinner, 6/17 lunch and dinner, 6/19 dinner, 6/21 dinner, 6/22 dinner, 6/23 lunch and dinner, 6/24 breakfast, lunch and dinner, 6/25 breakfast.</p> <p>Weights for the resident were as follows and shows the resident lost 15 pounds (lbs.) is 30 days, which is an 8.7% significant decrease in weight. 5/19/15 (on admission) 172 (lbs.) 5/26/15--172 lbs. 6/8/15-- 168 lbs. 6/16/15--166 lbs. 6/23/15--157 lbs</p> <p>The clinical record lacked documentation</p>		<p>weekly x 4 weeks then monthly times 6 and quarterly thereafter for one year. The results of this audit will be reviewed by CQI committee overseen by ED and Medical Director. If threshold of 95% is not achieved an action plan will be developed.</p> <p>By what date the systemic change will be completed. July 31, 2015</p>	

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F 0325 SS=G Bldg. 00	<p>the physician had been notified of the weight loss and meal percentages consumed until 6/24/15.</p> <p>During an interview with the the Administrator and Director of Nursing on 7/15/15 at 4:05 p.m., documentation was requested for interventions in place for the resident's decreased meal consumption</p> <p>During an interview with the Administrator on 7/16/15 at 9:30 a.m., she indicated there were no interventions put into place for the resident's decreased meal consumption. The Nutrition-at-Risk team should have been monitoring this resident and notifying the physician.</p> <p>This Federal tag relates to Complaint IN00177450.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p> <p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical</p>			

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	<p>condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on record review and interview the facility failed to ensure a resident with a decreased appetite, received adequate nutrition monitoring and interventions to prevent a significant weight loss of 8.7% for 1 of 3 residents reviewed for weight loss in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 7/15/15 at 10:00 a.m. Diagnoses for Resident #B included, but were not limited to aphasia, hemiplegia, dementia and anxiety.</p> <p>The resident was admitted to the facility on 5/15/15. On 5/18/15, Resident #B was assessed to have swallowing difficulties, needing assistance with food and fluids and on nectar thick liquids to prevent aspiration of fluids into the lungs. The resident's admission Minimum Data Set (MDS) assessment indicated the resident was severely cognitively impaired (BIMS-brief interview of mental status score was "4").</p> <p>The resident's weight on admission was 172 pounds (lbs) and on discharge to the hospital on 5/25/15, 157 lbs., which is an</p>	F 0325	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <ul style="list-style-type: none"> ·Resident B no longer resides at facility. <p>How other residents have the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the alleged deficient practice. ·All residents were reviewed by 07/31/15 by IDT team for decreased appetite/ failure to eat with weight loss, if at risk resident identified then resident placed on Nutrition-At-Risk list for further monitoring. Residents assessed, Physician notified, interventions put in place if necessary and care plan was updated. ·All nursing staff to be inserviced on food and fluid intake procedure, offering substitution if consumes 50% or less by DNS/designee by July 31, 2015. ·IDT to be inserviced on resident weight monitoring, residents nutritionally at risk and Nutrition-At-Risk by DNS/RD by July 31, 2015. <p>What measures will be put into place or what systemic changes will be made to ensure that the</p>	07/31/2015

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	<p>8.7% significant weight loss in 30 days.</p> <p>A care plan dated 5/27/15, indicated the resident was at risk for nutritional deficits related to varied intakes and the need for thickened liquids. A care plan intervention indicated the resident was to be offered substitutes or alternates for intakes (meal consumption) less than 50%.</p> <p>Review of Resident #B's meal intake record for June 2015, indicated the resident consumed the following amounts of food:</p> <p>26-50% of meal intake--6/3 breakfast, 6/5 dinner, 6/6 breakfast, 6/7 lunch, 6/9 dinner, 6/12 lunch, 6/13 dinner, 6/15 dinner, 6/16 breakfast, 6/17 breakfast, 6/18 lunch, 6/20 breakfast and dinner, 6/22 breakfast, 6/23 breakfast.</p> <p>1-25% of meal intake --6/2 lunch and dinner, 6/3 lunch and dinner, 6/4 lunch and dinner, 6/5 breakfast and lunch, 6/8 breakfast and dinner, 6/9 lunch, 6/10 dinner, 6/11 dinner, 6/12 dinner, 6/14 breakfast, 6/15 breakfast, 6/18 dinner, 6/19 breakfast and lunch, 6/20 lunch, 6/21 breakfast and lunch, 6/22 lunch, 6/25 lunch.</p> <p>No meal intake--6/13 lunch, 6/14 lunch,</p>		<p>deficient practicedoes not occur:</p> <ul style="list-style-type: none"> ·Allnew residents will be followed by Nutrition-At-Risk/IDT for the first fourweeks in facility to monitor for weight loss. · Weights of other residents to be reviewedweekly/monthly and if significant weight loss noted resident will be placed onNutrition-At-Risk. ·Mealconsumptions and facility activity report to be reviewed daily by DNS/designee,substitute meal to be offered if resident consumes 50% or less, residentsassessed, Physician notified, interventions put in place if necessary and careplan was updated. ·Allnursing staff to be inserviced on food and fluid intake procedure, offeringsubstation if consumes 50% or less by DNS/designee by July 31, 2015. · IDT to be inserviced on resident weightmonitoring, residents nutritionally at risk and Nutrition-At-Risk by DNSS/RD byJuly 31, 2015. <p>How corrective action(s) will bemonitored to ensure the deficient practice will not recur; i.e. what qualityassurance program will be put into place and</p> <ul style="list-style-type: none"> ·DNSor designee to complete Continuous Quality Improvement tool on Resident Weightswweekly times 4 weeks then monthly times 6 and then quarterly thereafter for 	

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	<p>6/16 dinner, 6/17 lunch and dinner, 6/19 dinner, 6/21 dinner, 6/22 dinner, 6/23 lunch and dinner, 6/24 breakfast, lunch and dinner, 6/25 breakfast.</p> <p>The record lacked documentation Resident #B was offered substitutes, alternate meals as indicated in the plan of care or provided any supplements.</p> <p>The clinical record lacked documentation the physician had been notified of the weight loss and meal percentages consumed until 6/24/15.</p> <p>During an interview with the the Administrator and Director of Nursing on 7/15/15 at 4:05 p.m., documentation was requested for interventions in place for the resident's decreased meal consumption.</p> <p>During an interview with the Administrator on 7/16/15 at 9:30 a.m., she indicated there were no interventions put into place for the resident's decreased meal consumption. The Nutrition-at-Risk team should have been monitoring this resident and notifying the physician.</p> <p>This Federal tag relates to Complaint IN00177450.</p>		<p>oneyear. The results of these audits will be reviewed by the CQI committee overseen by the ED and Medical Director. If threshold of 95% is not achieved an action plan will be developed.</p> <p>By what date the systemic change will be completed. ·July31, 2015</p>	

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	3.1-46(a)(1)				