

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

PRINTED: 01/30/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155220	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2023
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NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 601 SHEFFIELD AVE DYER, IN 46311
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00395443.</p> <p>This visit was done in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and the Investigation of Complaints IN00392424, IN00392575, and IN00392985 completed on 11/22/22.</p> <p>Complaint IN00395443 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00392424 - Not Corrected.</p> <p>Complaint IN00392575 - Not Corrected.</p> <p>Complaint IN00392985 - Corrected.</p> <p>Survey dates: January 5 and 6, 2023.</p> <p>Facility number: 000125 Provider number: 155220 AIM number: 100266740</p> <p>Census Bed Type: SNF/NF: 112 Residential: 35 Total: 147</p> <p>Census Payor Type: Medicare: 14 Medicaid: 76 Other: 22 Total: 112</p> <p>These deficiencies reflect State Findings cited in</p>	F 0000	The facility kindly requests a desk review.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Natalie Porcaro	Administrator	01/27/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0677 SS=D Bldg. 00	<p>accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 1/10/23.</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) 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 record review and interview, the facility failed to ensure dependent residents received help with Activities of Daily Living (ADLs) related to twice a week showers/bed baths for 1 of 3 residents reviewed for ADLs. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's closed record was reviewed on 1/5/23 at 9:41 a.m. Diagnoses included, but were not limited to, anxiety disorder, diabetes mellitus, and high blood pressure.</p> <p>The Discharge Minimum Data Set (MDS) assessment, dated 12/13/22, indicated the resident was cognitively intact for daily decision making.</p> <p>The December 2022 Bath and Skin Report Sheets indicated the resident received bed baths on the following days: - 12/12/22 - 12/22/22 - 12/29/22</p> <p>Interview with the Director of Nursing on 1/6/23 at 1:49 p.m., indicated she was unable to provide any further documentation related to at least twice a week bed baths being given for the resident.</p>	F 0677	<p>Dyer Nursing & Rehabilitation</p> <p>Please accept the following as the facility's credible allegation of compliance. 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>F677 ADL Care Provided for Dependent Residents What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B- Shower or bed bath has been provided twice weekly. Resident B was assessed, upon return from the hospital, and no adverse effects were noted.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; Residents dependent on ADLs</p>	01/26/2023
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	<p>This Federal tag relates to Complaint IN00395443.</p> <p>3.1-38(b)(2)</p>		<p>have the potential to be affected by the same alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Staff were re-educated on providing all residents, with a focus on dependent residents, assistance with ADL care to include general grooming, hair washing, regular showers or bed baths per resident's plan of care. Showers/bed bath master schedule was reviewed to ensure all resident beds have assigned shower/bed bath days twice weekly.</p> <p>Wound care coordinator will verify showers/bed baths were provided daily according to master schedule and any refusals were documented accordingly.</p> <p>Education provided in all new hire orientation and agency orientation.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; DON/designee will randomly observe 10 residents three times weekly, with a focus on dependent residents, to ensure that they are receiving assistance with ADL care including grooming, hair washing, facial hair removal and</p>	

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			<p>showers or bed baths are provided.</p> <p>DON/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p>Date by which systemic corrections will be completed: 1/26/2023</p>	