

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155650	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/13/2013
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NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8380 VIRGINIA ST MERRILLVILLE, IN 46410
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F000000	<p>This visit was for the Investigation of Complaint IN00130573.</p> <p>Complaint IN00130573-Substantiated. Federal/state deficiency related to the allegation is cited at F327.</p> <p>Survey dates: June 12 & 13, 2013</p> <p>Facility number: 000577 Provider number: 155650 AIM number: 100266950</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: SNF/NF: 73 Total: 73</p> <p>Census payor type: Medicare: 12 Medicaid: 49 Other: 12 Total: 73</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed on June 16, 2013, by Janelyn Kulik, RN.			

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F000327 SS=G	<p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>Based on observation, record review, and interview, the facility failed to ensure proper hydration was provided for a resident receiving feeding through a gastrostomy (a surgically inserted tube placed into the stomach to provide nutrition) tube related to failing to initiate recommendation made by the Registered Dietitian to increase water flushes for hydration for 1 of 3 residents reviewed to be at risk for dehydration in the sample of 5. This resulted in the resident requiring emergency hospitalization related to critical laboratory levels. The facility also failed to ensure the resident was evaluated by a Registered Dietitian upon return from the hospitalization. (Resident #E)</p> <p>Findings include:</p> <p>On 6/12/13 at 4:00 p.m., Resident #E was observed in bed. The resident was receiving tube feeding of Glucerna 1.2 at 75 cc (cubic centimeters) via an PEG (percutaneous endoscopic gastrostomy) tube.</p>	F000327	<p>F327</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Registered Dietitian completed a full assessment on resident E. Recommendation was made & order was received to change tube feeding to Nepro and increased water flushes to 225ml every shift.</p> <p>2) How the facility identified other residents:</p>	07/13/2013			

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	<p>The record for Resident #E was reviewed on 6/13/14 at 9:50 a.m. The resident's diagnoses included, but were not limited to, urinary tract infection, cardiovascular disease, dementia, gastrostomy tube, high blood pressure, and dysphagia (difficulty swallowing). The resident was admitted to the facility on 4/26/13. The resident was admitted from the hospital. The resident was discharged to the hospital on 5/28/13 and was readmitted to the facility on 6/3/13.</p> <p>Dehydration Risk Assessments were completed on 4/26/13 and 6/3/13. The 4/26/13 Dehydration Risk Assessment indicated the resident's score was 10 (High Risk). The 6/3/13 Dehydration Risk Assessment indicated the resident's score was 10 (High Risk).</p> <p>Review of the 6/2013 Physician orders indicated an order was written on 5/3/13 to resume all prior hospitalization medications and treatments. An order was written on 6/11/13 to flush the gastrostomy tube with 200 cc's of water every shift for a total of 600 cc's daily.</p> <p>A Nutritional Risk Assessment was</p>		<p>All residents that receive tube feeding will be assessed by the Registered Dietitian to ensure adequacy of fluids.</p> <p>Dietician was notified of all admissions and re-admissions in the last 30 days to ensure assessment was completed.</p> <p>3) Measures put into place/ System changes:</p> <p>Licensed Staff will be re-educated regarding notifying Registered Dietitian within 24 hours of new admissions and re-admissions receiving enteral feedings.</p> <p>Dietary Manager or designee will review Dietician Recommendations for 3 residents per week to ensure that recommendations documented in progress notes are completed.</p> <p>All new admissions and re-admissions for each week will be reviewed in the weekly Nutrition At Risk meeting to ensure timely Registered Dietician notification and assessment.</p> <p>The Dietary Manager is responsible for the oversight of these audits.</p>				

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	<p>completed by the Registered Dietitian on 4/29/13. The assessment indicated the resident was NPO(unable to receive food or fluids by mouth). The assessment also indicated the resident's Mini Nutrition Assessment indicated the resident was malnourished. The assessment also indicated the resident was receiving 100 cc's of water flush per the gastrostomy tube per shift and the total water being infused was below the residents estimated needs for proper hydration. Recommendations made by the Registered Dietitian included to increase the water flush to 200 cc's per shift.</p> <p>Review of the 4/2013 and 5/2013 Medication Administration Record indicated the resident received water flushes of 100 cc's every shift from 4/26/13 through 5/28/13. The resident also received Invanz (an antibiotic) 1 Gram once a day for 10 days beginning on 4/27/13. The antibiotic was ordered to treat a urinary tract infection.</p> <p>Review of the 4/2013 and 5/2013 Nursing Progress Notes indicated there was no documentation of the 4/29/13 Registered Dietitian's recommendations to increase the water flushes being addressed.</p>		<p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in the monthly Quality Assurance meeting for 3 months, then quarterly x1 or until compliance is 100% for 3 consecutive months.</p> <p>5) Date of compliance: 7/13/13</p>				

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	<p>Nutrition/Dietary Progress Notes were completed by the Dietary Manager on 5/3/13, 5/13/13, and 5/16/13. There was no documentation in the above Progress Notes related to the Registered Dietitian's 4/29/13 recommendations to increase the water flushes.</p> <p>Review of the 5/2013 laboratory tests indicated a renal function panel was completed on 5/28/13. The results were as follows: BUN: 106 (Critical level) Normal level (8-28) Creatinine: 1.88 (High level) Normal level (0.40-1.60) Potassium: 5.7 (High level) Normal level (3.7-5.1) Sodium: 159 (Critical level) Normal level (136-147)</p> <p>The 5/2013 Nursing Progress Notes were reviewed. There was an entry made on 5/28/13 at 8:45 p.m. The entry indicated the Physician was notified of the above laboratory test results. Orders were obtained from the Physician to send the resident to the hospital Emergency Room for evaluation and treatment</p> <p>A hospital Discharge Summary note for the resident's 5/28/13</p>			

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	<p>hospitalization was reviewed. The Discharge Summary note was completed by the resident's Physician. The note indicated the resident's admitting diagnoses included, but were not limited to, dehydration, urinary tract infection, and hypernatremia (high sodium level). The resident's treatment course included hydration and antibiotics. The note also indicated the following laboratory tests were as follows: 5/28/13 at 10:24 p.m. BUN: 112 Creatanine: 2.1 Sodium: 165 Urine culture: greater then 100,000 cfu/ml Proteus Mirabilis (a infection)</p> <p>A Nephrology Consult Note was completed in the hospital on 5/29/13. The note indicated the Nephrologist indicated the reasons for the consultation were acute renal failure, hypernatremia, dehydration, and urinary tract infection</p> <p>When interviewed on 6/13/13 at 11:45 a.m., the Nurse Consultant indicated the Registered Dietitian's recommendations to increase the water flushes were not addressed prior to the resident being admitted to the hospital with critical laboratory</p>						

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	<p>levels and a diagnosis of dehydration on 5/28/13. The Nurse Consultant also indicated there were no Dietary assessments or evaluations completed in the resident's record since she was readmitted to the facility on 6/3/13. The Nurse Consultant indicated the facility policy indicated Dietary is make an admission note in the residents record within 48 hours of admission. The Nurse Consultant indicated the NAR (Nutrition at Risk) team met on 6/7/13 and the resident's name was on the list but there was no documentation of any nutritional assessment.</p> <p>When interviewed on 6/13/13 at 11:50 a.m., the Dietary Manager indicated the Registered Dietitian was in the facility on Monday 6/10/13. The Dietary Manager indicated the resident was not seen by the Registered Dietitian on 6/10/13. The Dietary Manager indicated the resident was recently readmitted from the hospital on 6/3/13 with a diagnosis of dehydration and should have been assessed by the Registered Dietitian.</p> <p>The facility policy titled "Nutritional Assessment of Residents" was reviewed on 6/13/13 at 11:25 a.m.</p>			

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	<p>The policy had a revised date of 6/12. The Nurse Consultant provided the policy and identified the policy as current. The policy indicated a Dietary Admission note was to be entered into the resident's record with 48 hours of admission (or 72 hours in weekend admission).</p> <p>This federal tag related to Complaint IN00130573.</p> <p>3.1-46(b)</p>			