

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155572	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2014
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NAME OF PROVIDER OR SUPPLIER APERION CARE DEMOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 10352 N 600 E COUNTY LINE RD DEMOTTE, IN 46310
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F000000	<p>This visit was for the Investigation of Complaint IN00160799.</p> <p>Complaint IN00160799-Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F280, and F325.</p> <p>Survey Dates: December 10 and 11, 2014</p> <p>Facility number: 000471 Provider number: 155572 AIM number: 100290390</p> <p>Survey team: Regina Sanders RN, TC</p> <p>Census bed type: SNF/NF: 58 Residential: 05 Total: 63</p> <p>Census payor type: Medicare: 11 Medicaid: 35 Other: 12 Total: 58</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC</p>	F000000		

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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F000157 SS=D	<p>16.2-3.1.</p> <p>Quality review completed on December 16, 2014, by Janelyn Kulik, RN.</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</p>				

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	<p>§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 notify a resident's Physician and family of a change in condition, related to a significant weight loss for 1 of 3 residents reviewed for weight loss in a total sample of 5. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 12/11/14 at 8:45 a.m. The resident's diagnoses included, but were not limited to, fractured right hip and hypertension. The resident was admitted into the facility from an acute care hospital on 06/27/14.</p> <p>The resident's weights were as follows: 06/28/14- 157 07/07/14- 148.6 (5.35% weight loss in nine days) 07/10/14- 138 (12.10 % weight loss in 12 days)</p> <p>A Nurses' Progress Note, dated 07/15/14 at 2:44 p.m., indicated the resident's</p>	F000157	<p>The facility requests paper compliance for this citation.</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulation and to continue to provide quality care.</p> <p>(1) Immediate actions taken for those residents identified:</p> <p>Resident #B no longer resides in this facility.</p> <p>(2) How the facility identified other residents:</p> <p>A 100% audit of Resident change of condition with weight loss was completed on 12/19/14 for missing documentation for physician and responsible party notification.</p>	01/05/2015			

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	<p>Physician and family were notified of a weight loss of 12.1% since 06/28/14 and the family was notified of a new order for a health shake at the supper meal.</p> <p>The Physician and family were not notified of the 5.35% weight loss on 07/07/14.</p> <p>During an interview on 12/11/14 at 9:45 a.m., with the RN Nursing Consultant, Dietary Manager, Director of Nursing, and Administrator present, the RN Nursing Consultant indicated the first time the Physician and family were notified about the significant weight loss was on 07/14/14. She indicated the Physician and the family should have been notified of the 5.35% weight loss on 07/07/14.</p> <p>A facility policy, dated 03/12, titled, "Weights", and received from the Director of Nursing as current, indicated, "...The physician will be notified of significant weight changes by nursing 6. The resident's family/responsible party will be notified of the change in condition by nursing..."</p> <p>This Federal Tag relates to complaint IN00160799.</p> <p>3.1-5(a)(2)</p>		<p>(3) Measures put into place / System Changes:</p> <p>The Dietary Manager, Director of Nursing, Assistant Director of Nursing, MDS Coordinator received education on policy & procedure regarding Dietary Recommendations / Notification on Significant Change in Condition from the Nursing Consultant on 12/12/14.</p> <p>Significant Changes in Weight Loss will be reviewed at least 3 days a week to ensure notifications were documented for the Physician and Responsible Party.</p> <p>The Director of Nursing or designee will be responsible for oversight of these audits.</p> <p>(4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance meeting monthly x3 months, and quarterly x1 for a total of 6</p>				

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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review and interview,</p>	F000280	<p>months.</p> <p>(5) Date of Compliance:</p> <p>January 5, 2015</p> <p>The facility requests paper compliance for this citation.</p>	01/05/2015			

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	<p>the facility failed to ensure a resident's care plan was revised and updated with a change in condition, related to a significant weight loss, for 1 of 5 residents reviewed for care plans, in a total sample of 5. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 12/11/14 at 8:45 a.m. The resident's diagnoses included, but were not limited to, fractured right hip and hypertension. The resident was admitted into the facility from an acute care hospital on 06/27/14.</p> <p>The 30 Day Minimum Data Set Assessment, dated 07/23/14, indicated the resident's weight was 139 pounds and the resident had a significant weight loss. (5% loss in 30 days and/or 10% loss in 180 days)</p> <p>The care plan, dated 07/08/14, indicated the resident was at risk for weight loss due to leaving 25% or more of food on the plate at some of the meals. The interventions indicated, "comply with likes and dislikes, Diet as ordered., Monitor weights, nitor (sic) intake, set up and assist as needed" All interventions were initiated on 07/08/14.</p>		<p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulation and to continue to provide quality care.</p> <p>(1) Immediate actions taken for those residents identified:</p> <p>Resident #B no longer resides in this facility.</p> <p>(2) How the facility identified other residents:</p> <p>A 100% audit of resident care plans for revision and updates on weight loss and supplements was completed for missing entries.</p> <p>(3) Measures put into place / System Changes:</p> <p>The Dietary Manager, Director of Nursing, Assistant Director of Nursing, MDS Coordinator received education on policy &</p>				

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	<p>The resident's weights were as follows: 06/28/14- 157 07/07/14- 148.6 (5.35% weight loss in nine days) 07/10/14- 138 (12.10 % weight loss in 12 days) 07/18/14- 139 07/23/14- 137.4 (12.48% weight loss in 25 days) 07/28/14- 136 (13.40% weight loss in 30 days) 08/01/14- 140</p> <p>A Physician's Order, dated 07/14/14, indicated a health shake was to be provided at each evening meal.</p> <p>A Physician's Order, dated 07/15/14, indicated a health shake was to be provided twice a day. (This was 13 days after the Registered Dietician recommended this and the resident continued to loose weight from 157 to 138 pounds)</p> <p>A Physician's Order, dated 07/16/14, indicated to provide health shakes at all meals.</p> <p>A Physician's Order, dated 07/14/14, indicated an order for Two Cal/High Cal 60 cc (cubic centimeters) twice a day for the resident's pressure ulcer.</p>		<p>procedure regarding updating care plans with weight loss, Dietary Recommendations / Notification on Significant Change in Condition from the Nursing Consultant on 12/12/14.</p> <p>Care Plans for significant changes in weight and recommended supplements will be reviewed at least 3 days a week to ensure care plans reflect current interventions.</p> <p>The Director of Nursing or designee will be responsible for oversight of these audits.</p> <p>(4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance meeting monthly x3 months, and quarterly x1 for a total of 6 months.</p> <p>(5) Date of Compliance:</p> <p>January 5, 2015</p>				

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F000325 SS=G	<p>The care plan had not been revised and updated with the significant weight loss and the interventions ordered for the weight loss.</p> <p>During an interview on 12/11/14 at 9:45 a.m., with the RN Nursing Consultant, Dietary Manager, Director of Nursing, and Administrator present, the Dietary Manager indicated the nutritional care plan had not been updated with the significant weight loss.</p> <p>This Federal Tag relates to complaint IN00160799.</p> <p>3.1-35(d)(2)(B)</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</p>				

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	<p>nutritional status, such as body weight and 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 record review and interview, the facility failed to ensure a registered dietician's recommendations were followed in a timely manner for a resident with a significant weight loss, which resulted in continued weight loss, for 1 of 3 residents reviewed for weight loss in a total sample of 5. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 12/11/14 at 8:45 a.m. The resident's diagnoses included, but were not limited to, fractured right hip and hypertension. The resident was admitted into the facility from an acute care hospital on 06/27/14.</p> <p>The Admission Minimum Data Set Assessment (MDS), dated 07/04/14, indicated the resident required supervision for meals, had a weight of 157 with no significant weight loss (5% in 30 days or 10% in 180 days) in the past 30 or 90 days.</p> <p>The care plan, dated 07/08/14, indicated</p>	F000325	<p>The facility requests paper compliance for this citation.</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulation and to continue to provide quality care.</p> <p>(1) Immediate actions taken for those residents identified:</p> <p>Resident #B no longer resides in this facility.</p> <p>(2) How the facility identified other residents:</p> <p>A 100% audit of Dietary Recommendations for last 30 days was completed on 12/19/14 to ensure a timely response and the interventions in place.</p> <p>(3) Measures put into place / System Changes:</p>	01/05/2015			

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	<p>the resident was at risk for weight loss due to leaving 25% or more of food on the plate at some of the meals. The interventions included, diet as ordered, monitor weights, monitor intake.</p> <p>The resident's weights were as follows: 06/28/14- 157 07/07/14- 148.6 (5.35% weight loss in nine days) 07/10/14- 138 (12.10 % weight loss in 12 days) 07/18/14- 139 07/23/14- 137.4 (12.48% weight loss in 25 days) 07/28/14- 136 (13.40% weight loss in 30 days) 08/01/14- 140</p> <p>A Dietary-Nutritional Risk Assessment, completed by the Registered Dietician, dated 07/02/14 at 11:07, indicated, "...Admission nutrition score of 6 indicates malnourished due to decreased meal intake recently...Weight 157# (pounds) 6/28/14. Weights in 2013 were 150-160#'s...Recently he ate less than 50% of two meals on 7/1/14...Resident with inadequate intake r/t (related to) recent surgery as evidenced by meal intake < (less than) 50% recently. Suggest health shakes BID (twice a day).</p> <p>There was a lack of documentation to</p>		<p>The Dietary Manager, Director of Nursing, Assistant Director of Nursing, MDS Coordinator received education on policy & procedure regarding Dietary Recommendations / Notification on Significant Change in Condition from the Nursing Consultant on 12/12/14.</p> <p>Dietary recommendations will be reviewed at least 3 days a week with a 5 day turn-around from start to completion to ensure notifications were documented for the Physician and Responsible Party and interventions in place.</p> <p>The Director of Nursing, Assistant Director of Nursing, Wound Nurse, Dietary Manager, and Dietician will meet weekly to review the previous weeks' recommendations and the current weeks recommendations for those residents who trigger as nutritionally at risk.</p> <p>The Director of Nursing or designee will be responsible for oversight of these audits.</p>		

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	<p>indicate the Registered Dietician's recommendation was followed up. There were no Physician's orders for the health shakes twice a day. The dietary intake records did not indicate the resident received the health shakes as recommended.</p> <p>A Dietary-Nutritional at Risk note, written by the Dietary Manager, dated 07/09/14 at 12:54 p.m., indicated, "...Weekly weight 148...triggered a loss of 5.4% since 6/28/14...Supplements: (left blank)...Recommendation: continue nutritional at risk."</p> <p>There continued to be no follow up on the Registered Dietician's recommendation from 07/02/14 and the resident continued to loose weight (07/10/14-138 pounds).</p> <p>A Weight Change Note, written by the Dietary Manager, dated 07/10/14 at 3:36 p.m., indicated, "...138...-5.0% change...Will continue with weekly weights his weight is at low end of BMI (Body Mass Index) will recommend a health shake at supper meal to better meet nutritional needs." There continued to be no follow up on the Registered Dietician's recommendation from 07/02/14 and the resident continued to loose weight (07/10/14-138 pounds).</p>		<p>(4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance meeting monthly x3 months, and quarterly x1 for a total of 6 months.</p> <p>(5) Date of Compliance:</p> <p>January 5, 2015</p>		

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	<p>A Physician's Order, dated 07/14/14, indicated a health shake was to be provided at each evening meal.</p> <p>A Physician's Order, dated 07/15/14, indicated a health shake was to be provided twice a day. (This was 13 days after the Registered Dietician recommended this and the resident continued to loose weight from 157 to 138 pounds)</p> <p>A Physician's Order, dated 07/16/14, indicated to provide health shakes at all meals.</p> <p>A Physician's Order, dated 07/14/14, indicated an order for Two Cal/High Cal 60 cc (cubic centimeters) twice a day for the resident's pressure ulcer.</p> <p>The Dietary Intake Record, dated 07/14, indicated the resident received the first health shake on 07/15/14 at 5 p.m. and consumed 100%. The record indicated the health shake was offered on 07/16/14 at 5 p.m., and the resident did not consume any of the shake. The record indicated the health shake was then given to the resident with each meal, starting on 07/17/14 and the resident consumed 25-100% of the health shake.</p>			

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	<p>The Registered Dietician's Note, dated 07/15/14 at 9:45 a.m., indicated, "...Weight down to 148.6# 7/7/14 and 138# 7/10/14. Loss of 19# in 12 days...No reports of edema found that could affect weights...Current weight represents 8.8% loss...Healthshakes and two cal (calorie)/Hi Cal ordered...Resident with inadequate intake r/t appetite...Recommend CMP (electrolyte panel) labs, continue supplements, continue weekly weights."</p> <p>A Physician's Order, dated 07/31/14, indicated to obtain a CMP one time only. This was 16 days after the Registered Dietician recommendation was made.</p> <p>The CMP was completed on 08/01/14. The resident's protein was low at 6.1 (normal 6.4-8.3) and the albumin was low at 3.1 (normal 3.4-5.2).</p> <p>The Registered Dietician's note, dated 08/28/14 at 11:29 a.m., indicated, "...receives Healthshakes with meals, often takes 100% of these. He also receives Two Cal/Hi Cal, increased to TID (three times a day) as recommended, he takes 60 cc of that as ordered. He eats 51-100% of Regular diet and takes 50-100% of super cereal at breakfast. Weight 138# this week, he has maintained in 4# range for the past 7</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>weeks...Supplements should promote repletion of alb (albumin)..."</p> <p>During an interview on 12/11/14 at 9:45 a.m., with the RN Nursing Consultant, Dietary Manager, Director of Nursing, and Administrator present, the RN Nursing Consultant indicated there had been no follow up or supplements provided prior to 07/14/14. She indicated the CMP recommendation had not been completed until 07/31/14. The Dietary Manager indicated when the Registered Dietician makes recommendations, she (Dietary Manager) passes the information on to nursing and to the Assistant Director of Nursing and Director of Nursing and then she checks to make sure the recommendations are followed up. The Director of Nursing indicated the Physician should be notified with in 24 hours. The RN Nursing Consultant then indicated the facility usually has five days for follow up on recommendations.</p> <p>A facility policy, dated 03/12, titled, "Weights", and received from the Director of Nursing as current, indicated, "...The physician will be notified of significant weight changes by nursing...Dietary recommendations will be acted upon in a timely manner..."</p> <p>This Federal Tag relates to complaint</p>			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155572	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/11/2014
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	IN00160799. 3.1-46(a)(1)				