

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155625	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/16/2015
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NAME OF PROVIDER OR SUPPLIER ARBOR GROVE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 E CENTRAL AVE GREENSBURG, IN 47240
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00185669.</p> <p>Complaint IN00185669 - Substantiated. Federal/State deficiencies related to the allegations are cited at F367.</p> <p>Survey date: November 16, 2015</p> <p>Facility number: 000305 Provider number: 155625 AIM number: 100287200</p> <p>Census bed type: SNF/NF: 68 Total: 68</p> <p>Census payor type: Medicare: 5 Medicaid: 58 Other: 5 Total: 68</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on November 23, 2015.</p>	F 0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a desk review in lieu of a Post Survey Review on or after December 11, 2015</p>	

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 0367 SS=D Bldg. 00	<p>483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician. Based on interview and record review, the facility failed to provide a prescribed, controlled carbohydrate/high protein therapeutic diet for a resident with insulin-dependent diabetes receiving hemodialysis for 1 of 3 residents reviewed for therapeutic diets (Resident B).</p> <p>Findings include:</p> <p>Resident B's closed, clinical record was reviewed on 11/16/2015 at 10:20 a.m. Diagnoses included, but were not limited to, end-stage renal disease, insulin-dependent diabetes, protein-calorie malnutrition, and obstructive uropathy.</p> <p>Resident B's admission Minimum Data Set (MDS) assessment, dated 8/3/2015, indicated a Brief Interview for Mental Status (BIMS) score of 15; indicating he</p>	F 0367	<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 was not harmed by alleged deficient practice. · All nurses in-serviced on therapeutic diets by December 11, 2015. · Resident #B is no longer a resident at the facility. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <ul style="list-style-type: none"> · Residents who reside in the facility have the potential to be affected by the alleged deficient 	12/11/2015
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	<p>was cognitively intact. The MDS assessment indicated Resident B had an indwelling catheter, was administered insulin daily, received hemodialysis three times per week, and was not on a therapeutic diet.</p> <p>Diet Order & Communication form, dated 7/27/2015, indicated, "Communication: New Resident...Diet Order: Regular [unrestricted]." The option indicating "Controlled Carbohydrate" [diet in which carbohydrate intake is limited; can help stabilize blood glucose levels in people with diabetes] was not checked.</p> <p>A Care Plan for Resident B, dated 8/4/2015, indicated the resident was on a "regular diet".</p> <p>Resident B's, Registered Dietitian (RD) Progress Note, dated 8/4/2015, indicated, "...Mech [mechanical] Soft Diet with Honey Liquids.... Suggest due to Dx [diagnosis] ESRD [end-stage renal disease] add to diet orders no prune, OJ or Tomato juice, No baked potato, No dried or baked beans, No oranges. Resident has been experiencing high and</p>		<p>practice.</p> <ul style="list-style-type: none"> All nurses in-serviced on therapeutic diets by December 11, 2015 by the Director of Nursing and/or designee. 100% audit to review all current diet orders along with diagnoses to be completed by December 11, 2015 by Director of Nursing and/or designee. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> All nurses in-serviced on therapeutic diets by December 11, 2015 by the Director of Nursing and/or designee. Interdisciplinary team will utilize the Admission Review Tool comparing current diet orders with diagnoses during all new admission and readmission reviews to ensure appropriate diet is ordered. <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality</p>	

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	<p>low blood sugars. Physician notified..."</p> <p>The Progress Note did not indicate any additional diet orders (i.e. regular, controlled carbohydrates, etc.).</p> <p>Resident B's Physician's Orders, dated 7/28/2015, indicated, "...Diabetic orders: Accu check as needed for signs and symptoms of hypo/hyperglycemia...Resident is to self administer insulin via his insulin pump. Nurse to assure that this has been done."</p> <p>Resident B's Physician's Orders, dated 8/11/2015, indicated, "Start Date: 08/11/2015 - open ended. Diet: Regular...."</p> <p>Resident B's [Name] Dialysis Nutrition and Blood Test Results Report, dated 10/9/2015, indicated, " ...10/05/2015 Test/Item: ALBUMIN [protein made by the liver; a serum (blood) albumin test measures the amount of this protein in the clear liquid portion of the blood]. Your Value: 3.1 [grams per deciliter, or g/dl]. Your Goal: 4.0 g/dl or Higher. Past Values: 09/02/2015: 3.1 [g/dl]. 08/12/2015: 3.2 [g/dl]. Notes &</p>		<p>assurance program will be put into place?</p> <ul style="list-style-type: none"> · Admission Review Tool will be utilized for each new admission and readmission comparing current diet orders with diagnoses to ensure appropriate diet is ordered. · A Physician Services CQI tool will be utilized by Director of Nursing and/or designee weekly x 4 weeks, monthly x 2 months and quarterly X3 · Admission Review Tools and Physician Services CQI tools will be submitted to the CQI committee monthly with action plans developed and implemented as needed if threshold of 100% is not met 		

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	<p>Comments: Albumin is a type of protein in your blood. It can be low if you are not eating enough protein.... Other reasons for low albumin include infection, wounds..., and a catheter...Protein supplements may be recommended by your dietitian....</p> <p>Test/Item: HGB [hemoglobin] A1c [shows blood sugar control over past one to three months; the goal for people with diabetes is less than 7%. The higher the value, the higher the risks for developing complications related to diabetes]. Your Value: 6.6 [%]. Your Goal: ["Diet"]. Past Values: 08/17/2015: 5.7 [%]."</p> <p>Resident B's Diabetic Administration History, dated 8/1/2015 through 11/3/2015, indicated the resident experienced the following abnormal, high blood glucose levels:</p> <p>200 mg/dl - 300 mg/dl [milligrams per deciliter] : 82 occurrences 300 mg/dl - 400 mg/dl: 31 occurrences 400 mg/dl - above: 1 occurrence</p> <p>Resident B's Progress Notes indicated he experienced symptomatic hypoglycemia</p>			

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	<p>[blood glucose levels ranging from 31 mg/dl - 44mg/dl with associated sweating, nausea, and/or vomiting] five times between 8/2/2015 and 10/17/2015.</p> <p>Resident B's Progress Notes, dated 8/28/2015 at 8:40 p.m., indicated, "Nurse from [dialysis] called stated...that res [resident] protein was low and would like resident to have protein supplements. Nurse will fax order."</p> <p>Resident B's wife and Power of Attorney (POA) was interviewed on 11/16/2015 at 10:42 a.m. She indicated Resident B had type 1 (insulin-dependent) diabetes since age two and he had always been on a diabetic and renal diet. She indicated Resident B was often served items like cheesy potatoes while at the facility, and his blood work was "crazy" [abnormal as a result of his diet]. Resident B's wife indicated she relayed her concerns to the facility and indicated, "They said they would try to do better."</p> <p>The RD was interviewed on 11/16/2015 at 4:37 p.m. She indicated she was not aware of any recommendations that</p>			

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	<p>Resident B increase his protein intake or take a protien supplement medication. She indicated, "Dialysis likes it [albumin] four [g/dl]. I shoot for 3.6 [g/dl]...I would be happy if it was around 3.6 [g/dl]." The RD indicated Resident B was not on a Controlled Carbohydrate diet and indicated, "He had more low blood sugars than high...I was more worried about dialysis and his kidneys."</p> <p>On 11/16/2015 at 3:40 p.m., the Director of Nursing Services (DNS) indicated the Controlled Carbohydrate diet viewed on the Diet Order and Communication form was prescribed for diabetic residents, but would only be used in residents with consistently [abnormal] high blood sugars, and Resident B had consistently [abnormal] low blood sugars. The DNS indicated residents who wished to receive diets different than those recommended/prescribed were required to sign a waiver. There was no evidence Resident B signed a waiver related to a therapeutic diet.</p> <p>On 11/16/2015 at 4:42 p.m., the DNS indicated she could not locate a fax or</p>			

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	<p>order related to the recommendation for protein supplements as indicated in the 8/28/2015 Progress Notes (above).</p> <p>Resident B's Physician was interviewed on 11/16/2015 at 5:07 p.m. He indicated he did not think the resident wanted a diabetic [controlled carbohydrate] diet and wanted to manage his sugars on his own. The physician indicated Resident B, "probably should have been on [increased protein/supplement]" and Resident B's albumin "should be around four [g/dl]."</p> <p>The current Carbohydrate Controlled Diet Policy and Procedure was provided by the Executive Director via fax on 11/18/2015 at 4:49 p.m. The policy indicated, "Use: A carbohydrate controlled diet is appropriate for people with all types of diabetes...Diet Principles: ...Meal planning based on carbohydrate intake will vary, depending on type of diabetes, diabetes medications used...Carbohydrate counting for basal/bolus insulin therapy...would be used for people using an insulin pump or taking multiple daily injections of insulin...."</p> <p>This Federal tag relates to complaint</p>			

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

PRINTED: 12/07/2015
FORM APPROVED
OMB NO. 0938-0391

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	IN00185669. 3.1-21(b)				