

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

PRINTED: 07/20/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155496	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/01/2022
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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 333 W MISHAWAKA RD ELKHART, IN 46517
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00382924, and IN00382807.</p> <p>Complaint IN00382924 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00382807 - Substantiated. Federal/State deficiencies related to the allegations are cited at F698.</p> <p>Survey dates: June 28,29,30, 2022 and July 1, 2022</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Census Bed Type: SNF/NF: 80 Total: 80</p> <p>Census Payor Type: Medicare: 5 Medicaid: 71 Other: 4 Total: 80</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 7/7/22.</p>	F 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint (IN00382807, IN00382924) Survey on July 1, 2022. Please accept this plan of correction as the provider's credible allegation of compliance.	
F 0698 SS=D Bldg. 00	<p>483.25(l) Dialysis §483.25(l) Dialysis.</p> <p>The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of</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 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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	<p>practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on record review and interview, the facility failed to ensure that 1 of 4 residents reviewed for dialysis (Resident B), received dialysis services consistent with professional standards of practice. Specifically, the failure to ensure physician's orders were in place, failure to ensure ongoing communication and collaboration with the dialysis facility, and failure to document pre-dialysis and post-dialysis assessments. This deficient practice had the potential for Resident B to experience post dialysis and/or shunt complications, and weight fluctuations that would not be identified by facility staff in a timely manner.</p> <p>Finding includes:</p> <p>On 6/29/22 at 9:00 A.M., Resident B's clinical records were reviewed. Resident B's most recent comprehensive Minimum Data Set (MDS) for 5 day admission, dated 5/23/22, indicated the resident was admitted to the facility on 5/16/22 with diagnoses that included, but were not limited to: end stage kidney disease, heart failure, diabetes, and dependence on renal dialysis. Resident B had a Brief Interview for Mental Status (BIMS) score of 7, which indicated severe cognitive impairment.</p> <p>Resident B's care plans included, but were not limited to: "...[Resident B] is currently on dialysis therapy...Resident will be free of s/sx [signs and symptoms] of complications from hemodialysis, through review date..." initiated 5/18/22.</p> <p>Interventions for the care plan included, but were not limited to: "...Communicate with dialysis center regarding medications, vital signs, weights,</p>	F 0698	<p>F698 Dialysis</p> <p>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.</p> <p>The facility cordially requests paper compliance regarding alleged deficient practices.</p> <ol style="list-style-type: none"> 1. Resident B and no other resident's receiving dialysis services were harmed by the alleged deficient practice. The resident no longer resides at this facility 2. All current residents and new admissions receiving dialysis services have the potential to be affected by the alleged deficient practice. An audit of all residents currently receiving dialysis services has occurred to ensure the following is in place: physician order, ongoing communication and collaboration with the dialysis facility, and documentation of pre-dialysis and post-dialysis assessment. 	07/02/2022

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	<p>any restrictions, diet orders, nutritional/fluid needs, lab results, and who to notify with concerns. Coordinator [sig] residents care in collaboration with dialysis center...Evaluated resident following dialysis treatment. Report abnormal findings to medical provider, nephrologist/dialysis center, resident/resident representative...."</p> <p>Resident B's physician's orders included, but were not limited to: renal diet related to end stage renal disease. There were no physician's orders for the care of the resident related to dialysis, dialysis center communication, fistula care, or physical assessments related to dialysis.</p> <p>A Review of Resident B's Pre and Post Dialysis Evaluations, indicated a pre dialysis evaluation was completed on 5/23/22, 5/27/22, and 6/2/22. There were no documented Post Dialysis Evaluations in the resident's records.</p> <p>On 6/30/22 at 10:10 A.M., an interview with Unit Manager 1 indicated Resident B received dialysis at a local dialysis center every Monday, Wednesday and Friday from admission on 5/16/22 to discharge on 6/3/22, indicating dialysis dates of 5/18/22, 5/20/22, 5/23/22, 5/25/22, 5/27/22, 5/30/22, 6/01/22. Unit Manager 1 indicated pre and post dialysis assessments were not always completed, there was no communication book from the dialysis center to the facility, and there were no physician orders in place for the resident dialysis and associated care.</p> <p>On 6/30/22 at 10:10 A.M., an interview with Unit Manager 2 indicated there was not a physician's order or a communication book for Resident B's dialysis and care. Unit Manager 2 indicated the facility did not obtain weights on the resident, and</p>		<p>3. 3.The Licensed Nurses has been educated on the facility policy for "Hemodialysis Care and Monitoring", with an emphasis on having physicians orders in place, ongoing communication and collaboration with the dialysis facility, and completion of the pre and post dialysis assessments.</p> <p>4. 4.DON/Designee will audit new admission and current residents receiving dialysis 5x per week ongoing to ensure the following is in place: physician order, ongoing communication and collaboration with the dialysis facility, and documentation of pre-dialysis and post-dialysis assessment.</p> <p>5. 5. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p> <p>6. 6. Date of completion: 07/02/2022</p>	

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	<p>though did assess the resident for bruit and thrill (the listening and feeling for blood flow through the vessels at the fistula site), did not document the findings.</p> <p>On 6/30/22 at 1:10 P.M. an interview with the Crisis Nurse, indicated there was not a physician's order for dialysis in the resident's medical record, and there was no communication book between the dialysis center and the facility.</p> <p>On 7/01/22 at 11:00 A.M., the facility Crisis Nurse provided a policy entitled, "Hemodialysis Care and Monitoring," dated 11/1/13, and revised 3/23/18. The Crisis Nurse indicated this was the current facility policy for hemodialysis and hemodialysis care. The policy indicated, "...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional need and concerns of the residents...I. Responsibilities for the Provision of Dialysis Care and Services...ii. Provide a method for coordination and collaboration between the nursing home and the dialysis facility...II. Physician Orders...4. Medication management requires careful evaluation of vital signs...a. Blood pressure and fluid volume may fluctuate post dialysis and will be monitored prior to giving medications...III. General Vascular Access Devise...d. Care plans will be updated to reflect individual VAD [vascular access device] care and monitoring...IV. Signs and symptoms to monitor a. Residents may have specific signs/symptoms on non-dialysis days or on dialysis days...xiii. The nurse will assess signs/symptoms...VIII. Pre-Dialysis a. Evaluation completed within four (4) hours of transportation to dialysis to include but not limited to: i. Accurate weight ii Blood Pressure, Pulse, Respirations and Temperature...Post-Dialysis a. Nurse to review</p>			

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	<p>notes from dialysis center...b. Nurse to complete the post-dialysis evaluation upon return from dialysis center to include but not limited to: i thrill absence or presence ii. Bruit absence or presence...iii. Pulse in access limb...iv. Blood pressure, pulse, respiration and temperature upon return to facility..."</p> <p>3.1-37(a)</p> <p>This Federal tag relates to complaint IN00382807.</p>				