STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155232	A. BUILDING 00 B. WING	09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
TWIN CITY HEALTH CARE	627 E NORTH H STREET GAS CITY, IN 46933

(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
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: September 25, 26, 27, 28, and 29, 2022. Facility number: 000137 Provider number: 155232 AIM number: 100266140 Census Bed Type: SNF/NF: 41 Total: 41 Census Payor Type: Medicare: 4 Medicaid: 33 Other: 4 Total: 41 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 10/3/22.	F 0000		
F 0657 SS=D Bldg. 00	483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	(C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. Based on observation, record review and interview, the facility failed to revise a resident's care plan after a significant change in status with the placement of a new gastrostomy tube (g-tube) for 1 of 8 residents' care plans reviewed. (Resident 20) Finding includes: On 9/27/22 at 1:58 p.m., Resident 20 was in bed with her eyes closed. The head of the bed was elevated. A pump was hooked to the resident's feeding tube infusing Vital AF (liquid therapeutic nutrition) at 54 milliliters (mL) per hour. The resident's clinical record was reviewed on 9/27/22 at 2:29 p.m. Diagnoses included, but were not limited to, dysphagia, gastroesophageal reflux disease, profound intellectual disability and cerebral palsy.	F 0657	1. Resident #20 was not affected by this alleged deficient practice, however all residents have the potential to be affected. 2. The Care Plan and assignment sheet for Resident #20 was reviewed and updated upon notification. All resident care plans and assignment sheets will be reviewed to ensure accuracy. 3. The Facility's Policy regarding Care Plan Development and Review has been reviewed with no required changes needed at this time. The Nursing Department has been re-educated in regards to ensuring care plans are reviewed and revised after a significant change.	10/14/2022

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	Current physician's orders included, but were not limited to, Vital AF 1.2 Cal liquid, give at 54 mL per hour continuously, may crush and mix meds (medications) and administer per g-tube if pharmaceutically acceptable, head of bed elevated 45 degrees while feeding is infusing, flush g-tube with 30 mL of water before and after medication administration, flush g-tube with 220 mL water every 4 hours, diet: NPO (nothing by mouth) and Speech therapy to evaluate and treat for possible pleasure foods (9/22/22). A significant change Minimum Data Set (MDS) assessment, completed on 9/5/22, indicated the resident had a feeding tube. An eating care plan, initiated 5/3/22 with last revision date of 9/9/22, indicated the resident required staff assistance with meal consumption. The goal indicated the resident would receive necessary assistance, cueing, and supervision necessary to consume 75-100% of meals through next review. The interventions included, but were not limited to, the staff would set up meals, assist resident, and encourage resident at each meal and staff would ensure resident was seated in environment which would provide staff assistance and encourage meal consumption. The resident's clinical record lacked a care plan for a feeding tube. A Nurse's Note, dated 8/10/22 at 12 a.m., indicated the resident was NPO after midnight due to g-tube placement scheduled in the morning A Nurse's Note, dated 8/10/22 at 1:45 p.m., indicated the resident returned to the facility with a g-tube .		4. The DON or designee will be responsible for completing the monitoring tool to ensure that care plans and assignment sheets are being reviewed and updated accordingly. The monitoring tool will be completed on scheduled work days as follows: Review five care plans daily for four weeks, weekly for four weeks, and then monthly thereafter. Should a concern be found, immediate corrective action will occur. The results of these reviews and any corrective actions will be discussed during the monthly QA meetings on an ongoing basis for a minimum of six months and the frequency of the audits will be increased or decreased according to the findings.	

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	A Nurse's Note, dated 8/11/22 at 12:30 a.m., indicated the resident was sent to the hospital for signs and symptoms of severe abdominal pain. A Nurse's Note, dated 8/27/22 at 10:00 p.m., indicated the resident returned to the facility from the hospital with a g-tube. A Nurse's Note, dated 9/7/22 at 10:45 p.m., indicated the resident received all medications and feeding per g-tube. During an interview, on 9/28/22 at 11:56 a.m., the Director of Nursing (DON) indicated the resident's care plan for the feeding tube had been in the MDS nurse's office. A feeding tube care plan was provided with an initial date of 9/2/22 and revision date of 9/9/22. She indicated the resident's eating care plan which indicated the resident required staff assistance for meal consumption was discontinued today. She indicated it should have been discontinued when resident came back from the hospital on 8/27/22. She indicated Speech Therapy was currently evaluating the resident to see if the resident could safely consume pleasure foods. During an interview, on 9/29/22 at 1:24 p.m., Certified Nurse Aide (CNA) 2 indicated she used a CNA sheet to know what care a resident required. During an interview, on 9/29/22 at 1:25 p.m., CNA 3 indicated she used a CNA sheet for reference on what care or interventions a resident needed. She pulled the CNA sheet out of her pocket. Review of a facility record, titled "Certified Nursing Assistant Assignment Sheet", dated 9/26/22 and provided by the Assistant Director of Nursing on 9/29/22 at 1:30 p.m., indicated the			

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	resident received thickened liquids and lacked diet instructions. During an interview, on 9/29/22 at 3:35 p.m. the DON indicated the staff should not be feeding the resident by mouth since return from the hospital on 8/27/22. She would expect the resident to have the speech therapy evaluation and recommendation prior to giving the resident anything by mouth. A current policy, titled "Care Plan Development and Review" and provided by the Administrator on 9/29/22 at 3:38 p.m., indicated " ...The comprehensive care plan shall be reviewed and revised by the interdisciplinary team after each assessment, including both comprehensive and quarterly review assessments ..." 3.1-35(d)(2)(B)			