STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155478	A. BUILDING 00 B. WING	06/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
TIMBERS OF JASPER THE	2909 HOWARD DR JASPER, IN 47546

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00263485. Complaint IN00263485 - Substantiated. Federal/state deficiencies related to the allegations are cited at F693 . Survey dates: June 1 and 4, 2018 Facility number: 000314 Provider number: 155478 AIM number: 100274210 Census Bed Type: SNF/NF: 73 Total: 73 Census Payor Type: Medicare: 5 Medicaid: 51 Other: 11 Total: 73 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on June 11, 2018.	F 0000	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. 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 Complaint Survey Revisit on or after.	
F 0693 SS=G Bldg. 00	483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the			

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

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	facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. Based on observation, interview, and record review, the facility failed to ensure feeding tube placement was checked prior to flushing the tube, and failed to accurately monitor the feeding tube intake of residents, for 2 of 3 residents reviewed with feeding tubes, in a sample of 6. This resulted in one resident being hospitalized with a diagnoses including hypernatremia (elevated sodium level). Residents B and D Findings include: 1. On 6/1/18 at 9:40 A.M., during the initial tour, Medical Records Staff 1 indicated Resident B had a feeding tube. She indicated Resident B had a CVA (stroke), had a tracheostomy, did not communicate, and was "basically non-responsive." On 6/1/18 at 10:25 A.M., the clinical record of Resident B was reviewed.	F 0693	F tag: F693 It is the practice of this facility to ensure nurses are aware, competent in and utilize facility protocols regarding feeding tube nutrition and care. It is also the practice of this facility to record intake amounts for each resident. **- what corrective action(s) will be accomplished for those**	06/30/2018

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	An admission Minimum Data Set (MDS) assessment, dated 4/17/18, indicated Resident B had a short term and long term memory problem, received 51% or more total calories through his feeding tube, and 501 cc or more average fluid intake by the feeding tube. A Care Plan, dated 4/10/18, indicated, "Problem: Resident at risk for complications related to enteral feeding." The Approaches included: "Check placement and residuals...Tube feedings as ordered. Water flushes as ordered." An additional Care Plan, dated 4/10/18, indicated, "Problem: Resident is at risk for fluid imbalance due to: NPO [nothing by mouth] and requires feeding and hydration through g-tube [gastrostomy, or feeding tube]..." The Approaches included: "NPO - g-tube flushes as ordered. Record intake." An additional Care Plan, dated 4/10/18 and reviewed 4/25/18, indicated: "Problem: Resident is at risk for altered nutritional status due to new admission to facility; NPO requires g-tube feedings." The Approaches included: "Free water flushes as ordered. Jevity 1.5 @ 65 cc/hr. NPO." A Physician's order, dated 4/20/18, indicated, "Flush tube with 150 cc q [every] 4 hrs." A Registered Dietician's (RD) note, dated 4/25/18, included: "...Pressure area coccyx...Estimated fluid needs: 1772-2220...Received enteral nutrition for 100% of nutrition needs." A RD note, dated 5/16/18, indicated, "Enteral rate increased r/t [related to] wt [weight] fluctuation...Lasix therapy initiated on 4/18...Current enteral regime is providing free		**residents found to have be n affected by the deficient practice** -Resident B and D have their feeding tubes placement checked prior to flushing. The residents will have their feeding tube intake monitored and recorded daily, by shift and intakes are reviewed by the DNS or designee. - how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken - All residents with tube feedings have the potential to be affected. -All new resident's with tube feedings will have their fluid intakes recorded daily, by shift and intakes will be reviewed by the DNS or designee. All residents with tube feedings will have their fluid intakes recorded daily, by shift and intakes will be reviewed by the DNS or designee. All nurses will be in-serviced on the facility's enternal tube policy and will also	

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	water from formula alone; Free water flushes providing additional 900 cc for total yield 2267...Enteral regimen providing 100% of RDI's [Reference Daily Intake]...Will increase rate to 85 cc/hr." Nurses Notes, dated 5/20/18 at 8:45 P.M., indicated, "At 2018 [8:15 P.M.] family requested that res [resident] be assessed so res could go to hospital for eval [evaluation]...T [temperature] 101...Order to send to hospital...." A hospital History and Physical, dated 5/21/18, included: "...The patient presented to [name of hospital 1] last PM and was found to have evidence of left-sided pneumonia on CXR [chest x-ray]. Patient's lab work was significant for a sodium level of 180 [normal sodium 135-145]...Assessment/Plan: Severe hypernatremia: Patient with a reported sodium level of 180 at the outside hospital...this is likely represents a chronic hypernatremia, most likely secondary to lack of free water with PEG tube use...Will...check NA [sodium] level every 3 hours...." A hospital Discharge Summary, dated 5/25/18, included: "...He also had significant hypernatremia. He was treated with IV fluids and his sodium numbers improved with free water flushes through peg tube...." The resident was readmitted to the facility on 5/25/18. Physician orders included the following: Enteral Feeding: Flush G-tube with at least 30 ml of H2O before and after medication administration. Special instructions: Check residual with flush, report to MD if more than 100 ml residual. Flush tube with 250 ml H2O every 4 hours. Continuous Feeding Formula Jevity 1.5 @ 85 ml per hour."		successfully complete a return demonstration of the skill. - what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Fluid intakes will monitored and recorded daily by each shift and are being reviewed by the DNS or designee. Skills validation for tube feedings will be conducted for all nurses by the CEC. DNS or designee will conduct rounds daily to ensure the proper procedure for tube feeding is being followed per policy. how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; - To ensure compliance, the DNS/Designee is responsible for	

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	Documentation of an intake record, recording how much the resident received through his feeding tube in a 24 hour period, was not found in the clinical record. On 6/4/18 at 9:10 A.M., Resident B was observed lying in bed. His feeding tube was running at 85 cc/hr. CNA 1 and CNA 2 were providing care, and requested that LPN 1 come in and turn off the resident's feeding so that they could turn him. LPN 1 entered at that time, turned off the resident's feeding pump, and plugged the tube. On 6/4/18 at 10:00 A.M., LPN 1 indicated she was going to give Resident B his medications. The resident's feeding was off, and the feeding tube was plugged. LPN 1 unplugged the feeding tube, and inserted a syringe. She then poured approximately 30 cc of water into the syringe in the feeding tube. After the water flush, she put the plunger back in the syringe, and inserted air into the syringe while listening for the air on the resident's abdomen with her stethoscope. She did not check the residual. LPN 1 was questioned at that time if she usually instilled water in a resident's feeding tube prior to checking for correct placement with the stethoscope. LPN 1 indicated, "Yes, that's how I do it." 2. On 6/1/18 at 9:40 A.M., during the initial tour, Medical Records Staff 1 indicated Resident D had a feeding tube. Resident D was observed sitting up in a broda chair at that time. On 6/1/18 at 12:00 P.M., Resident D was observed sitting up in a broda chair. Her feeding was turned off, and the feeding tube was plugged. On 6/1/18 at 2:30 P.M., the clinical record of		the completion of the enternal nutrition QAPI tool weekly times 4 weeks, monthly for 6 months and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. Enternal Tube skills validation check will be completed on all shifts weekly for 4 weeks, and monthly for 6 months by DNS/Designee. Results of the skills validation will be reviewed by the QAPI committee overseen by the ED. If 100% compliance is not achieved an action plan will be developed to ensure compliance. **- by what date the systemic changes will be completed.** - 6/30/2018	

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	Resident D was reviewed. Diagnoses included, but were not limited to, dysphagia (difficulty swallowing). A Care Plan, dated 5/3/18, indicated: "Problem: Resident at risk for complications related to enteral feeding." The Approaches included: "Check placement and residuals. Tube feedings as ordered. Water flushes as ordered." An additional Care Plan, dated 5/3/18, indicated, "Resident is at risk for altered nutritional status due to ...NPO [nothing by mouth]; dependent on g-tube for nutrition/hydration." The Approaches included: "Diabetasource via g-tube feeding; nothing by mouth." An admission Minimum Data Set (MDS) assessment, dated 5/10/18, indicated Resident D had a memory impairment, received 51% or more total calories through her feeding tube, and 501 cc or more average fluid intake by the feeding tube. Physician orders on the current June 2018 order sheet, included: "Flush G-tube with at least 30 ml of H2O before and after medication administration. Flush tube with 150 ml H2O every 6 hours. Continuous Feeding Formula Glucerna 1.2 @ 70 cc/hr." Documentation of an intake record detailing how much fluid the resident actually received daily was not found in the clinical record. On 6/1/18 at 3:00 P.M., Resident D was observed lying in bed. Her feeding was infusing at 70 cc/hr via a feeding pump. On 6/4/18 at 9:30 A.M., LPN 1 indicated she was going to administer medications to Resident D.			

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	LPN 1 stopped the g-tube feeding, and plugged the feeding tube. She inserted a syringe, and instilled approximately 30 cc water into the tube. She then placed the plunger in the syringe, and instilled air into the feeding tube while listening for placement on the resident's abdomen with her stethoscope. She then administered the medications. On 6/4/18 at 10:15 A.M., the Director of Nursing (DON) provided the current facility policy, "Enteral Tube - Medication Administration," dated 1/2010 and reviewed 1/2018. The policy included: "...Check enteral tube for patency & gastric content...Remove plunger from syringe and attach barrel to feeding tube. Flush tubing with 30 cc water...." On 6/4/18 at 3:45 P.M., the DON provided the current facility policy, "Enteral Therapy," revised 1/2016. The policy included: "It is the policy of this facility that the licensed nurse, in cooperation with other healthcare team members, must carefully monitor the resident's response to the enteral feeding and feeding techniques to ensure the attainment of therapeutic goals...Placement of the enteral therapy tube (Gastric tube, PEG tube...) is to be assessed by the licensed nurse no less than once every shift and before any substance is administered through the tube...." On 6/4/18 at 2:10 P.M., during an interview with the DON, she indicated that there was no specific place to document a resident's intake from a feeding tube. She indicated the dietician makes recommendations of how much fluid and formula the resident requires, and the nurses sign off on the treatment record if they are administering the flushes or fluids. The DON indicated the resident's treatment record, if initialed, was to			

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	serve as a record of the resident's intake. She indicated if the resident would not receive something it would be documented. On 6/4/18 at 2:55 P.M., the Registered Dietician was interviewed. She indicated she had been at the facility since April 2018. She indicated she participated in the facility's NAR (Nutrition at Risk) meetings, and wounds were also discussed, so she takes that into consideration when recommending formula and water flushes. She indicated the team discusses wound drainage amounts, most current weights, and calorie intake. When questioned regarding how she knew how much fluid the resident was actually receiving daily, she indicated, "I've been told that signing off on the emar [electronic medicine administration record] shows that it was addressed. If there was some variable, it would be charted. We don't put it in our system." The RD indicated, "In the future, we are getting new pumps that will automatically provide flushes, and give accurate intakes." The RD indicated she had informed the staff they need to let her know if a resident's pump is turned off for a length of time. On 6/4/18 at 3:45 P.M., the DON provided the current facility policy, "Food and Fluid Intake Record," revised 2/2015. The policy included: "Upon completion of the meal a member of nursing staff...will document the percentage of food and amount of fluid consumption...Also document the amount of fluids in ml's [milliliters] the resident consumed during the meal...Each shift will document the amount of additional fluids other than at mealtime in the EMR [Electronic Medical Record] under the 'fluids' tab or on the MAR [Medication Administration Record]." The DON indicated at that time that there was no			

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	accurate way of measuring the intake for those residents receiving g-tube feedings. She indicated the policy does not really address where to record the intake. The DON indicated she was unsure if the feeding pumps could be "cleared" at the end of the shift, or the day, to record the actual amount infused. This Federal tag is related to Complaint IN00263485. 3.1-44(a)(2)			