

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

PRINTED: 03/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155809		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/23/2023	
NAME OF PROVIDER OR SUPPLIER GREY STONE HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 10445 DUPONT OAKS BLVD FORT WAYNE, IN 46845			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for the Investigation of Complaints IN00401481, IN00401776, and IN00401915.</p> <p>Complaint IN00401481 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00401776 - Substantiated. Federal/state deficiencies related to the allegations are cited at F693.</p> <p>Complaint IN00401915 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 22 and 23, 2023</p> <p>Facility number: 012935 Provider number: 155809 AIM number: 201207690</p> <p>Census Bed Type: SNF/NF: 77 SNF: 12 Total: 89</p> <p>Census Payor Type: Medicare: 2 Medicaid: 64 Other: 23 Total: 89</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 27, 2023</p>			F 0000			
F 0693 SS=D	483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Eric Hunter

Administrator

03/10/2023

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 disclosable 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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Bldg. 00	<p>§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 facility must ensure that a resident-</p> <p>§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</p> <p>§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.</p> <p>Based on observation, interview and record review, the facility failed to implement interventions to prevent complications of enteral feedings for 1 of 2 residents reviewed with enteral nutrition (Resident L).</p> <p>Findings include:</p> <p>On 2/22/23 at 1:59 P.M., Resident L's record was reviewed. Diagnoses included diabetes, dysphagia, and severe protein-calorie malnutrition; nutritional deficiency requiring enteral tube feedings.</p> <p>A quarterly MDS (Minimum Data Set) assessment, dated 1/20/23, indicated the resident had moderately impaired cognition and required</p>			F 0693	<p>It is the policy and practice of Grey Stone Nursing and Rehabilitation to ensure that all resident who are 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.</p> <p>1) Two Grey Stone Health and Rehabilitation residents are currently fed by enteral means. One resident's skin irritation</p>		03/14/2023

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	<p>extensive assistance from 1-2 staff members for her activities of daily living. She had an enteral feeding tube and had no skin issues noted on the assessment.</p> <p>A care plan, initiated 6/20/22 and revised 8/25/22, indicated the resident had the potential for skin breakdown due to impaired mobility and MASD (Moisture Associated Dermatitis) around her J-tube (Jejunal enteral feeding tube) site. Interventions were to complete Braden scale/skin checks per protocol; diet as ordered; turn and reposition as indicated; use pressure relieving devices as indicated; and complete skin assessment per protocol.</p> <p>On 2/22/23 at 1:12 P.M., Resident L was observed lying in bed with the head of her bed elevated. A bag of enteral solution was hanging on a pole, attached to a pump, and tubing was going from the pump to underneath the resident's sheet/blanket. A family member was present. The family member, when interviewed, indicated much concern with the resident's skin where her jejunal tube was inserted into her abdomen. The family member uncovered the resident's abdomen and a jejunal tube (J-tube) was observed with a split gauze dressing, dated 2/22/23, around the insertion site. The dressing was saturated with dark yellow liquid and smelled of sour formula. The family member lifted up the saturated dressing. The skin around the insertion site was reddened with thick green yellow drainage attached to the skin and dressing. The family member indicated she found the resident with a saturated sponge around her J-tube insertion site daily and had shared her concerns with the staff.</p> <p>An NP (Nurse Practitioner) progress note, dated 1/13/23, indicated the resident had been seen for a</p>				<p>appearance fluctuates with level of drainage. Residents plan of care reviewed and treatment increased to every four hours to prevent irritation of surrounding skin by moisture from drainage at the tube insertion site. Currently resident has a small amount of MASD around the g tube site treatment in place.</p> <p>One resident does not require a change to their treatment plan at this time. Skin assessed and no impairment observed.</p> <p>2) Two Grey Stone Health and Rehabilitation residents have the potential to be affected by the alleged deficient practice. Supplemental documentation added to both resident's treatment orders which includes skin observations at tube insertion site for redness or edema and, if present, drainage quantity, odor and appearance.</p> <p>3) Grey Stone Health and Rehabilitation licensed nurses were re-educated on Enteral Feeding Tube Policy emphasizing cleaning the skin around the tube insertion site and the supplemental documentation added to both resident's treatment orders which includes skin observations at tube insertion site for redness or edema and, if present, drainage quantity, odor and appearance. The re-education</p>		

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	<p>routine visit. She had mild leaking around the J-tube site and mild redness to the immediate area. Interval history indicated the resident had a recent episode of sepsis related to abdominal wall cellulitis (infection of the skin). The assessment and plan was for nursing to apply a topical barrier cream to the abdomen to prevent further breakdown of the skin of the abdominal wall surrounding the J-tube. The resident had chronic leaking around the J-tube site. Nursing staff were to monitor for any further skin breakdown, evidence of infection at the tube site and ensure split gauze dressings were changed routinely to prevent skin breakdown.</p> <p>Weekly Skin Evaluations, dated 2/7/23 and 2/14/23, indicated the resident had MASD to her abdomen around her J-tube site. A Weekly Skin Evaluation, dated 2/21/23, indicated the resident had no skin issues.</p> <p>A TAR (Treatment Administration Record) dated February 2023, indicated the J-tube insertion site was to be cleaned and split gauze dressing applied one time per day. The TAR did not indicate cleansing of the J-tube insertion site and dressing change had been completed on 2/10, 2/13, or 2/21/23.</p> <p>On 2/23/23 at 2:09 P.M., Nurse 3 was interviewed. The nurse indicated Resident L's J-tube insertion site had always had leakage since admission to the facility. It had been replaced at the end of December 2022 and the leakage improved for a short period of time, however, after the tube was replaced the leakage gradually increased and occurred daily leaving the skin red and irritated.</p> <p>On 2/23/23 at 2:13 P.M., the NP was interviewed. During the interview, she indicated the resident</p>				<p>of all licensed nurses will be conducted by the facility Staff Development Coordinator and completed by 3/10/23</p> <p>4) DON, or designee, will audit enteral feeding dressing changes for completion and inclusion of cleaning and assessing the skin appearance around the tube insertion site and if drainage present the quantity, odor and appearance of said drainage when performing the dressing change. Audits will consist of reviewing two dressing change a week for four weeks; then two dressing change a month for 5 months. All audits will be reported to QAPI monthly. Any negative findings will add an additional month of auditing until 100% compliance achieved.</p> <p>5) Date of compliance: 3/14/23</p>		

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	<p>would always have some leakage around the J-tube insertion site according to physician and hospital documentation. She indicated staff had been instructed to monitor the insertion site for signs of infection and ordered the dressing to be changed every 4 hours and as needed to keep the skin as dry as possible.</p> <p>On 2/23/23 at 4:20 P.M., the Director of Nursing provided a current copy of the facility policy, titled "Enteral Feeding Tube Policy" which stated the following: "Site care: Enteral tube entrance sites will be monitored daily and observed for the following: Redness or edema, Drainage: quantity, odor, appearance...."</p> <p>This Federal tag relates to Complaint IN00401776.</p> <p>3.1-44(a)(2)</p>						