

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

PRINTED: 08/26/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155572		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/29/2024	
NAME OF PROVIDER OR SUPPLIER APERION CARE DEMOTTE				STREET ADDRESS, CITY, STATE, ZIP COD 10352 N 600 E COUNTY LINE RD DEMOTTE, IN 46310			
(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	<p>This visit was for the Investigation of Complaint IN00439650.</p> <p>Complaint IN00439650 - Federal/state deficiencies related to the allegations are cited at F678.</p> <p>Survey date: July 29, 2024</p> <p>Facility number: 000471 Provider number: 155572 AIM number: 100290390</p> <p>Census Bed Type: SNF/NF: 77 SNF: 6 Residential: 4 Total: 87</p> <p>Census Payor Type: Medicare: 8 Medicaid: 49 Other: 26 Total: 83</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 8/1/24.</p>			F 0000	<p>The facility requests paper compliance for this citation. <i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		
F 0678 SS=D Bldg. 00	483.24(a)(3) Cardio-Pulmonary Resuscitation (CPR) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives.						

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

TITLE

(X6) DATE

Deana Jordan Collins

Regional Nurse Consultant

08/22/2024

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>Based on record review and interview, the facility failed to ensure cardiopulmonary resuscitation (CPR) (full code) was initiated as requested by the resident's Responsible Party/Health Care Representative, for a resident (Resident B) who was admitted into the facility on hospice, for 1 of 3 deceased residents who were reviewed for cardiopulmonary resuscitation status.</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 7/29/24 at 9:42 a.m. The diagnoses included, but were not limited to diabetes mellitus, dysphagia, urinary retention, prostate cancer, severe vascular dementia, acute and subacute stroke, coronary artery disease, and quadriplegia. A family member was listed as his Health Care Representative (HCR).</p> <p>A Hospital Physician's Note, dated 5/19/24 and signed by Hospital Physician 1, indicated the resident was to be discharged from the hospital on 5/20/24 with an order for hospice care.</p> <p>A Post Scope of Treatment form, dated 5/20/24 and signed by the HCR, indicated a request for CPR to be initiated if there was no pulse and the resident was not breathing. Comfort measures (allow natural death) was indicated for medical interventions if the there was a pulse and there was breathing or if there was a pulse and was not breathing. The resident was to be transferred to the hospital only if comfort needs were unable to be met.</p> <p>The Nursing Admission Assessment, dated 5/21/24 at 2 a.m., indicated the resident was admitted into the facility for hospice care.</p>			F 0678	<p>The facility requests paper compliance for this citation.</p> <p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B expired on 7/2/24.</p> <p>II. 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 who are a full code have the potential to be affected by the alleged deficient practice. A full house audit was completed to ensure all residents code status's were correct.</p> <p>III. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; DON/designee to educate all staff on performing CPR on hospice residents who are a Full Code. Agency nurses will be educated, prior to working their shift, on performing CPR on hospice residents who are a full code.</p> <p>IV. 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; DON/designee to audit all new admissions to ensure their code status is accurate and verified. Audits will be completed on all new admission 5x week x 3</p>		08/14/2024

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	<p>A Physician's Order, dated 5/21/24, indicated a full code status.</p> <p>A Care Plan, dated 5/21/24, indicated a full code was to be initiated if needed. The interventions included, medications would be administered as ordered, the family would be encouraged to discuss concerns, the choices of the HCR would be honored, and CPR would be performed if the resident stopped breathing.</p> <p>A Care Plan, dated 5/21/24, indicated a terminal condition and hospice services were provided. The interventions included, visits with Clergy and Social Service would be provided as needed, hospice would be consulted about care issues and would visit per scheduled days for provided services, and pain management would be provided.</p> <p>The Admission Minimum Data Set assessment, dated 5/28/24, indicated a short and long term memory problems, impairment to one side of the upper extremities and both sides of the lower extremities. He was dependent of all activities of daily living, required a feeding tube for all dietary nutrition and fluids, had one stage three (full thickness skin loss or necrosis) pressure ulcer and one stage four (full thickness skin loss or necrosis to the bone, muscle, or supporting structures) that were present on admission. The resident received hospice care.</p> <p>A Multidisciplinary Care Conference Progress Note, dated 5/24/24 at 12:06 p.m., indicated the Assistant Director of Nursing (ADON), the Hospice Executive Director, the Hospice Marketer, the Business Office Manager, and the Social Service Director met with the HCR. The CPR status was discussed and the HCR indicated she</p>				<p>months.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until an average of 90% compliance or greater is achieved x4 consecutive weeks. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>Date of compliance: 8/14/24</p>		

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	<p>would not change the resident's CPR status.</p> <p>A Nurse Practitioner's (NP) Progress Note, dated 5/22/24 at 1:12 p.m., indicated there were multiple medical problems and the resident received hospice services. The resident was non-verbal, had a feeding tube present and patent, had a urinary catheter that was patent, and appeared comfortable. His oxygen saturation was 98% and he appeared weak and frail.</p> <p>A Hospice Nurse Progress Note, dated 7/2/24, indicated the visit began at 11:22 a.m. and was documented at 3:40 p.m. The Note indicated a temperature of 98.2. The pulse was at 88 beats per minute, weak, thready, and irregular. The respirations were at 22 per minute, labored and shallow. the blood pressure was 104/58. The resident was unable to understand and participate in care. He was lethargic and unable to speak. He was dependent for all activities of daily living. The resident was administered oxygen.</p> <p>A Nurse's Progress Note, dated 7/2/24 at 12:34 a.m., written by Agency RN 2, indicated the Hospice Nurse just visited the resident. The resident was showing signs and symptoms of actively dying. The Hospice Nurse notified the HCR and had requested the medications and tube feeding be discontinued. The HCR refused to discontinue the medications and tube feeding and had not wanted anything changed until she arrived at the facility and saw the resident herself. Agency RN 2 then indicated she notified the HCR and requested her to visit the resident before he expired. The HCR indicated she would be at the facility at 3 p.m.</p> <p>A Nurse's Progress Note, dated 7/2/24 at 1:55 p.m., written by Agency RN 2, indicated the resident</p>						

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	<p>had expired. The HCR was notified.</p> <p>A Nurse's Progress Note, dated 7/2/24 at 2:15 p.m., written by Agency RN 2, indicated Hospice, the Director of Nursing and the Physician were notified of the resident's death.</p> <p>During an interview on 7/29/24 at 11:20 a.m., the Director of Nursing (DON) indicated CPR had not been initiated and the resident had not been transferred to the hospital when he had signs of actively dying.</p> <p>During an interview on 7/29/24 at 11:30 a.m., Hospice Nurse 3, indicated she had visited the resident on 7/2/24 and completed an assessment and wound care. He was showing signs of actively dying and had rapid respirations. She notified the HCR and explained his status to her. The HCR was asked if she understood what was happening and the HCR stated, "he's dying". Hospice Nurse 3 informed the HCR he would be seen daily by hospice. She had not discussed the resident being a full code or if she wanted the resident transferred to the hospital.</p> <p>During an interview on 7/29/24 at 12:50 p.m., the Hospice Executive Director indicated they had a meeting with the HCR and discussed the CPR status. The HCR wanted CPR and then indicated "when the Good Lord takes him, he takes him." The HCR was informed his health was declining. He was bed bound and could not speak.</p> <p>During an interview on 7/29/24 at 1:10 p.m., Physician 2 indicated she and other physicians had spoken with the HCR multiple times when the resident was in the hospital. They explained to the HCR that the resident had no quality of life and they recommended hospice services. Physician 2</p>						

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	<p>indicated the resident was very sick and CPR would not have made a difference in the outcome.</p> <p>During an interview on 7/29/24 at 2:45 p.m., Agency RN 2 indicated not too long after the hospice nurse left the facility, a CNA had requested she assess the the resident. Agency RN 2 indicated when she entered the room, the resident had already expired. No CPR had been initiated. She indicated she overheard the hospice nurse talking to the HCR and she had informed the HCR the resident was actively dying. Agency RN 2 indicated she had notified the HCR and asked her what she wanted done and was informed by the HCR she would be there at 3 p.m.</p> <p>No policy was provided prior to survey exit.</p> <p>This citation relates to Complaint IN00439650.</p>						