

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

PRINTED: 09/20/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155803		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/29/2023	
NAME OF PROVIDER OR SUPPLIER HAMILTON POINTE HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP COD 3800 ELI PLACE NEWBURGH, IN 47630			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00415372.</p> <p>Complaint IN00415372-Federal/state deficiencies related to the allegations are cited at F698.</p> <p>Survey dates: August 28, 29, 20203.</p> <p>Facility number: 012966 Provider number: 155803 AIM number: 201110390</p> <p>Census Bed Type: SNF: 22 SNF/NF: 77 Residential: 52 Total: 151</p> <p>Census Payor Type: Medicare: 12 Medicaid: 66 Other: 21 Total: 99</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 7, 2023.</p>			F 0000	<p>The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a a safe environment.</p> <p>The facility is requesting a desk review for compliance.</p>		
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 practice, the comprehensive person-centered</p>						

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

TITLE

(X6) DATE

Shawn Cates

Administrator

09/15/2023

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 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>care plan, and the residents' goals and preferences.</p> <p>Based on interview and record review, the facility failed to ensure the necessary care and services were provided for 2 of 2 residents reviewed for dialysis services. Post assessments were not done and medications were not given as ordered. (Resident B, Resident C)</p> <p>Findings include:</p> <p>1. On 8/28/23 at 8:59 a.m., Resident B indicated he received dialysis services three times a week.</p> <p>On 8/28/23 at 9:35 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus without complications, chronic kidney disease unspecified, end stage renal failure, dependence on renal dialysis. An admission MDS (Minimum Data Set) assessment, dated 7/21/23, indicated Resident B's cognition was intact, they were receiving dialysis services.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>I have end stage kidney disease requiring dialysis, date initiated 7/20/23.</p> <p>August 2023 physicians orders were reviewed and included, but were not limited to:</p> <p>Dialysis at (name of facility) Tue, Thurs, Sat at 11 am, order date 7/18/23.</p> <p>Pre and post nursing assessment for dialysis Q (every) T, TH, SA, two times a day every Tue, Thu, Sat, for pre and post dialysis assessment, order date 8/14/23.</p>			F 0698	<p>It is the policy of Hamilton Pointe Health and Rehab to ensure proper dialysis care is provided including assessments. Identified resident has a current pre and post dialysis assessment completed. Resident B was discharged on 8/30/23. A facility review of all dialysis residents was completed and no other concerns were noted. The facility's dialysis policy was reviewed, and no changes were recommended. Professional nursing staff were re-educated to the dialysis policy to include pre & post dialysis assessment. The Director of Nursing or Designee will review residents pre and post dialysis assessments 3 times per week for 6 weeks until compliance is maintained, then weekly for 5 months and compliance is maintained. Any identified non-compliance will result in 1:1 re-education. Results of audits will be reported to the facility monthly QAPI committee for review and revision as necessary. The physician of Resident C was notified, and the blood pressure parameters were clarified. Facility completed an audit of all residents with medications that included parameters with no additional findings. Professional staff were re-educated on medication</p>		09/11/2023

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	<p>Pre and post assessments were reviewed for July and August 2023. The post assessments for 8/12 and 8/26 were not found in the clinical record.</p> <p>On 8/29/23 at 10:38 a.m., RN 1 indicated Resident B had gone to dialysis on 8/12 and 8/26, it looked like post assessments had not been done because there was not paperwork to confirm it.</p> <p>On 8/29/23 at 2:43 p.m., LPN 1 indicated it is facility protocol for nursing to do pre and post dialysis assessments, including taking vital signs and observing the resident's dialysis site.</p> <p>2. On 8/28/23 at 1:27 p.m., Resident C's clinical record was reviewed. Diagnoses included but were not limited to, diabetes mellitus without complications, end stage renal disease, dependence on dialysis.</p> <p>An annual MDS (Minimum Data Set) assessment, dated 8/12/23, indicated Resident C's cognition was intact, they were receiving dialysis services.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>I have end stage kidney disease requiring dialysis and experience hypotension, itching, and nausea at times, date initiated 10/30/17. Interventions included, but were not limited to:</p> <p>I will receive Midodrine (antihypotensive drug) as ordered on dialysis days. Parameters in place for holding on non-dialysis days, date initiated 1/23/23.</p> <p>July 2023 physicians orders were reviewed and included, but were not limited to:</p>				<p>administration specifically related to medications with parameters. The Director of Nursing or Designee with audit 3 times weekly for 6 weeks until compliance is maintained, then weekly for 5 months and compliance is maintained. Results of audits will be reported to the facility QAPI committee for review and revision as necessary.</p>		

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	<p>Hemodialysis three time weekly at (name of dialysis facility) ...one time a day every Mon, Wed, Fri, for dialysis *complete and send pre assessment with resident to appointment.</p> <p>Midodrine HCl oral tablet 10 mg (Midodrine HCl) give 1 tablet by mouth three times a day for hypotension DO NOT HOLD this medication on dialysis days. Hold if systolic >170 or diastolic >80 on non dialysis days, order date 2/7/23.</p> <p>The July 2023 EMAR (Electronic Medication Administration Record) was reviewed, the following orders were written on the EMAR:</p> <p>Midodrine HCl oral tablet 10 mg (Midodrine HCl) give 1 tablet by mouth three times a day every Mon, Wed, Fri, for hypotension DO NOT HOLD this medication on dialysis days. Hold if systolic >170 or diastolic >80 on non dialysis days, start date 7/3/23.</p> <p>Midodrine HCl oral tablet 10 mg (Midodrine HCl) give 1 tablet by mouth three times a day every Tue, Thu, Sat, Sun, for hypotension DO NOT HOLD this medication on dialysis days. Hold if systolic >170 or diastolic >80 on non dialysis days, start date 7/4/23.</p> <p>The medication was not given as ordered on the following dates in July:</p> <p>Tue 7/11 evening dose- Medication was held- BP 122/70 code 13 = blood pressure out of parameter.</p> <p>Mon 7/17 1300 dose - (1:00 p.m.) Medication was held- BP 140/83 code 13= blood pressure out of parameter.</p>						

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	<p>Wed 7/19 1300 dose - Medication was held- BP 158/85 code 13= blood pressure out of parameter.</p> <p>Fri 7/28 1300 dose- Medication was held- no BP documented, code 13 = blood pressure out of parameter.</p> <p>Mon 7/31 1300 dose- Medication was held-BP 165/85 code 13= blood pressure out of parameter.</p> <p>August 2023 physicians orders were reviewed and included, but were not limited to:</p> <p>Hemodialysis three time weekly at (name of dialysis facility) ...one time a day every Mon, Wed, Fri, for dialysis *complete and send pre assessment with resident to appointment.</p> <p>Midodrine HCl oral tablet 10 mg (Midodrine HCl) give 1 tablet by mouth three times a day every Mon, Wed, Fri, for hypotension DO NOT HOLD this medication on dialysis days. Hold if systolic >170 or diastolic >80 on non dialysis days, order date 7/3/23.</p> <p>Midodrine HCl oral tablet 10 mg (Midodrine HCl) give 1 tablet by mouth three times a day every Tue, Thu, Sat, Sun for hypotension DO NOT HOLD this medication on dialysis days. Hold if systolic >170 or diastolic >80 on non dialysis days, order date 7/3/23.</p> <p>The August 2023 EMAR (Electronic Medication Administration Record) was reviewed, the following orders were written on the EMAR:</p> <p>Midodrine HCl oral tablet 10 mg (Midodrine HCl) give 1 tablet by mouth three times a day every Mon, Wed, Fri, for hypotension DO NOT HOLD this medication on dialysis days. Hold if systolic</p>						

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	<p>>170 or diastolic >80 on non dialysis days, start date 7/3/23.</p> <p>Midodrine HCl oral tablet 10 mg (Midodrine HCl) give 1 tablet by mouth three times a day every Tue, Thu, Sat, Sun, for hypotension DO NOT HOLD this medication on dialysis days. Hold if systolic >170 or diastolic >80 on non dialysis days, start date 7/4/23.</p> <p>The medication was not given as ordered on the following dates in August:</p> <p>Tue 8/8 evening dose -Medication was given BP 131/97.</p> <p>Thu 8/10 morning dose- Medication was held- BP 160/80 code 5= Hold/see nurses notes (no nursing note in record).</p> <p>Wed 8/16 1300 dose - Medication was held- No BP documented code 5= Hold/see nurses notes (no nursing note in record).</p> <p>Fri 8/18 1300 dose- Medication was held- BP 188/105 code 13= blood pressure out of parameter.</p> <p>Tue 8/22 evening dose-Medication was held-BP 141/69 code 13= blood pressure out of parameter.</p> <p>Wed 8/23 1300 dose -Medication held- BP 151/78 code 13= blood pressure out of parameter.</p> <p>Fri 8/25 1300 dose - Medication was held-BP 184/99 code 13= blood pressure out of parameter.</p> <p>Sat 8/26 evening dose- Medication was given- BP 132/98.</p> <p>Mon 8/28 1300 dose- Medication was held-BP</p>						

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	<p>160/96 code 13=blood pressure out of parameter.</p> <p>On 8/29/23 at 11:58 a.m., RN 1 indicated Resident C's medication was not always being given per physician orders for blood pressure parameters, it appeared to happen more frequently when the regular nurse was not on the hall.</p> <p>On 8/29/23 at 2:43 p.m., LPN 1 indicated if a resident has blood pressure parameters before giving medication it should be on their orders, if there is no order and blood pressure is low, notify the physician.</p> <p>On 8/29/23 at 2:51 p.m., the Assistant Director of Nursing provided the current policy on dialysis with a revision date of 4/22. The policy included, but was not limited to: 1. A TLC-post dialysis form will be completed after dialysis and compared to the pre-assessment. Any abnormal assessment findings will be reported to the physician or NP.</p> <p>On 8/29/23 at 2:51 p.m., the Assistant Director of Nursing provided the current policy on following medication-physician orders/parameters with a revised date of 3/20. The policy included, but was not limited to: D. 4) check for vital signs, other tests to be done during/prior to medication administration as prescribed by resident's clinician. E. 3) Due to the complexity and length/amount of instructions, some medications may be labeled "us as directed". Refer to the MAR for instruction details. K. obtain and record any vital signs or other monitoring parameters ordered or deemed necessary prior to medication administration.</p> <p>This Federal tag relates to Complaints IN00415372.</p>						

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