

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

PRINTED: 12/27/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15E681		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/09/2022	
NAME OF PROVIDER OR SUPPLIER HILDEGARD HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 802 E 10TH ST FERDINAND, IN 47532			
(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 a Recertification and State Licensure Survey.</p> <p>Survey dates: December 7, 8, 9, 2022</p> <p>Facility number: 004429 Provider number: 15E681 AIM number: 200502430</p> <p>Census Bed Type: NF: 16 Total: 16</p> <p>Census Payor Type: Medicaid: 13 Other: 3 Total: 16</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 13 2022.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 12/30/2022 to the state findings of the Recertification and State Licensure Survey conducted on December 9, 2022.</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 care plan, and the residents' goals and preferences.</p> <p>Based on observation, interview, and record review, the facility failed to ensure necessary care and complete assessments were provided for 1 of 1 residents reviewed for dialysis. The medical record lacked an order for dialysis, a specific care</p>			F 0698	<p>F - 698 <i>The corrective action taken for those residents found to have been affected by the deficient</i></p>		12/30/2022

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

TITLE

(X6) DATE

Michael Van Hoy

Administrator

12/21/2022

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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	<p>plan, and pre dialysis weights were not completed. The facility also lacked a current dialysis contract and specific policy for dialysis care and treatment at the time of survey. (Resident 2)</p> <p>Findings include:</p> <p>During an interview on 12/7/22 at 2:15 P.M., Resident 2 indicated she has dialysis on Tuesdays, Thursdays, and Saturdays. At that time, a fistula (connection surgically made that's used for dialysis access) was observed in her left arm.</p> <p>On 12/8/22 at 10:08 A.M., Resident 2's clinical record was reviewed. Resident was admitted on June 22, 2022. Diagnoses included, but were not limited to, hypertensive heart and chronic kidney disease without heart failure, stage 5 chronic kidney disease, dependence on renal dialysis, and diabetes mellitus type II with other circulatory complications.</p> <p>The most recent quarterly MDS (Minimum Data Set) Assessment, dated 11/29/22, indicated that the resident was cognitively intact and on dialysis.</p> <p>A current list of physician's orders lacked an order for the resident to receive dialysis, but included the following order: Complete resident's dialysis communication/referral prior and following resident's dialysis appointments on Tuesday, Thursday and Saturday mornings.</p> <p>Current care plans lacked a care plan for monitoring the resident prior to and after dialysis, but included the following care plan: The resident has renal insufficiency related to</p>				<p><i>practice is that the resident identified as resident # 2 now has an order to receive dialysis services. Resident # 2 is now receiving the care and services including pre and post dialysis weights in accordance with acceptable standards of nursing practices in the care of the resident receiving dialysis services. The care plan of resident # 2 has also been reviewed and revised to ensure that all necessary care and services for the resident receiving dialysis are in place. The facility has also secured a contract with a vendor who provides dialysis services for those residents in need of dialysis. The facility has also reviewed and updated the appropriate nursing policies for the care of the resident receiving dialysis services.</i></p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that a house wide audit has been conducted related to dialysis services. There are no additional residents who currently require dialysis services.</i></p> <p><i>The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for all nursing staff on the updated policies and procedures related to the care of</i></p>		

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	<p>chronic kidney disease stage 5, revised 7/5/22. It's interventions included, but were not limited to, the following: Weigh resident prior to dialysis treatments on Tues, Thurs and Sat morning. Weigh at the same time under the same conditions on the standing scale prior to breakfast, revised 7/5/22.</p> <p>Resident 2's weights were reviewed from 9/1/22 to 12/8/22, and lacked a pre dialysis weight on the following days: Saturday 9/10/22 Tuesday 9/20/22 Saturday 9/24/22 Tuesday 10/18/22 Saturday 10/22/22 Thursday 11/3/22 Tuesday 11/15/22 Saturday 11/19/22 Tuesday 11/29/22</p> <p>On 12/7/22 at 10:10 A.M., during the entrance conference, a current dialysis contract was requested but not provided.</p> <p>During an interview on 12/8/22 at 4:00 P.M., the Administrator indicated that he did not have a current contract for dialysis and the (dialysis company) was not able to provide one. He further indicated that Hildegard Health Center had undergone management changes on 10/4/22 and they may have had a contract with (old management company) and (dialysis company) but it couldn't be found and would not be current since termination of their services on 10/4/22.</p> <p>During an interview on 12/9/22 at 11:53 A.M., the DON (Director of Nursing) indicated that Resident 2 should have weights and other vitals checked prior to each dialysis treatment. She further</p>				<p>the resident receiving dialysis. All nurses received specific instructions on the care of a fistula/graft utilized for receiving dialysis. The nurses were also instructed on their responsibilities related to assessment of the resident receiving dialysis pre and post dialysis to ensure their knowledge of the specialized services to be provided and the required documentation in the clinical record.</p> <p><i>The corrective action taken to monitor to ensure the deficient practice will not recur is that a Quality Assurance tool has been developed and implemented to monitor the care of the resident receiving dialysis to ensure that the appropriate physician's orders are in place as well as the on-going assessment and monitoring of the dialysis resident. This tool will be completed by the Director of Nursing and/or their designee weekly for four weeks, then monthly for three months and the quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meetings to determine if any additional action is warranted.</i></p>		

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	<p>indicated that weights and vitals should be checked again, nursing staff should check Resident 2's fistula site often for bleeding along with her blood sugar if needed, give medications, take the resident to the dining room to eat, and then to her room to sit and rest upon return from dialysis treatment. The DON indicated there should be a physician's order for dialysis and a care plan to complete these tasks.</p> <p>On 12/9/22 at 1:30 P.M., the Administrator provided a signed dialysis contract between Hildegard Health Center and (dialysis company), effective 12/9/22.</p> <p>On 12/9/22 at 3:15 P.M., a current End-Stage Renal Disease policy was provided by the DON and indicated "The resident's comprehensive care plan will reflect the resident's needs related to ESRD (end-stage renal disease)dialysis care"</p> <p>On 12/9/22 at 3:15 P.M., a current dialysis policy was requested, but not provided. The DON indicated that it is their policy to have a current dialysis contract, physician order and care plan related to dialysis care, and a dialysis policy for staff to follow.</p> <p>3.1-37(a)</p>						