

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

PRINTED: 06/17/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155658		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/03/2025	
NAME OF PROVIDER OR SUPPLIER WESLEY MANOR HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1555 N MAIN ST FRANKFORT, IN 46041			
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F 0000 Bldg. 00	<p>This was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. This visit also included the Investigation of Complaints IN00447235, IN00448355, and IN00448646.</p> <p>Complaint IN00447235-No deficiencies related to the allegations are cited. Complaint IN00448355-No deficiencies related to the allegations are cited. Complaint IN00448646-No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 27, 28, 29, 30, and June 2 and 3, 2025.</p> <p>Facility number: 001152 Provider number: 155658 AIM number: 200221050</p> <p>Census Bed Type: SNF/NF: 82 Residential: 79 Total: 161</p> <p>Census Payor Type: Medicare: 5 Medicaid: 68 Other: 9 Total: 82</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on June 9, 2025.</p>			F 0000	<p>Wesley Manor considers itself a partner with regulatory agencies and others who monitor the quality of care and services, and we welcome feedback received by these entities to continually improve the care and services that we provide. We submit this Plan of Correction in recognition of the importance of receiving this feedback to continually refine our practices.</p> <p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Wesley Manor desires this Plan of Correction to be considered our Allegation of Compliance. Compliance is effective on June 18, 2025.</p>		

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

TITLE

(X6) DATE

Gary BRENT Waymire

Executive Director/Administrator

06/12/2025

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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F 0628 SS=D Bldg. 00	<p>483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 48 Discharge Process</p> <p>Based on interview and record review, the facility failed to ensure there was documentation the bed hold policy was provided to a resident for 1 of 3 residents reviewed for discharge. (Resident 81) The deficient practice was corrected on 5/21/25, prior to the start of the survey, and was therefore past noncompliance.</p> <p>Findings include:</p> <p>The clinical record for Resident 81 was reviewed on 5/28/25 at 2:42 p.m. The diagnoses included, but were not limited to, weakness, Crohn's disease, and dementia.</p> <p>The electronic health record indicated Resident 81 was discharged from the facility to the hospital on 4/8/25.</p> <p>There was no documentation to indicate the bed hold policy had been given to the resident or the resident's representative at the time of the discharge.</p> <p>There was no documentation to indicate the bed hold policy had been emailed or sent by postal service to the resident's representative if needed.</p> <p>During an interview, on 6/2/25 at 11:47 a.m., the Executive Director indicated in May of 2025, the facility started emailing copies of the bed hold policy to the resident's representative when a resident was discharged. If the resident's representative did not have an email, a copy would be mailed to them through the postal service.</p>			F 0628	Past noncompliance: no plan of correction required		06/03/2025

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	<p>A current facility policy, titled "Discharge: Bed Hold," dated as last revised 12/12/19 and received from the Associate Executive Director on 5/29/25 at 11:42 a.m., indicated "...Residents or their designated representative shall be informed of this policy in writing at admission, at the time of transfer to a hospital (unless an emergency), or at the time of therapeutic leave which extends beyond twenty-four [(24)] hours. Written notification at the time of transfer shall include the Notice of Transfer and Discharge and a copy of this policy...In the event of an emergency hospitalization, the resident and a family member or legal representative shall be notified by written notice, within 24 hours, and asked to provide the facility with their decision regarding the resident's return. The staff member making the call or explaining the policy may accept verbal determination as to whether the resident desires bed hold or having their name placed on the reservation/waiting list and shall document this in the medical record...."</p> <p>A current facility policy, titled "Notice of Transfer or Discharge," dated as last revised on 5/21/25 and received from the Associate Executive Director on 6/2/25 at 2:58 p.m., indicated "...The Notice of Transfer or Discharge and Notice of Transfer or Discharge Request for Hearing will be utilized and will be provided in the transfer paperwork, [(where applicable)], given to the resident, resident representative, and a copy maintained in the clinical record ...When the Notice of Transfer or Discharge and Notice of Transfer or Discharge Request for Hearing form is provided within transfer paperwork, [(resident going to the hospital)], the resident or resident representative will be provided a copy of the notices via hand-delivery, email, or sent through the postal service...Nursing will contact the</p>						

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F 0698 SS=D Bldg. 00	<p>resident and/or legal representative and discuss the proposed transfer and document all such communication in the resident's clinical record...."</p> <p>The deficient practice was corrected by 5/21/25 after the facility implemented a systemic plan which included education, audits and updates to the facility policy and procedures.</p> <p>3.1-12(a)(6)(A)(ii) 3.1-12(a)(6)(A)(iii) 3.1-12(25)(A) 3.1-12(25)(B) 3.1-12(a)(26)</p> <p>483.25(l) Dialysis</p> <p>Based on interview and record review, the facility failed to ensure the physician's orders for peritoneal dialysis were followed for 1 of 1 resident reviewed for dialysis. (Resident 50)</p> <p>Findings include:</p> <p>The clinical record for Resident 50 was reviewed on 5/29/25 at 10:17 a.m. The diagnoses included, but were not limited to, congestive heart failure, kidney failure, kidney disease, chronic obstructive pulmonary disease, type 2 diabetes mellitus, end stage renal disease, and dependence on renal dialysis.</p> <p>A physician's order, dated 12/10/24, indicated to take the resident's vital signs before and after dialysis and to use the morning weight and the systolic blood pressure to determine the dose for dialysis.</p> <p>A physician's order, dated 12/10/24, indicated the</p>		F 0698	<p>It is the policy of Wesley Manor to 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><u>How will corrective action be accomplished for those residents found to have been affected by the alleged deficient practice?</u></p> <p>Wesley Manor's policy regarding Dialysis was revised on June 11, 2025, adding to the procedure item 2. – "The facility will assess weight and vital signs per dialysis center recommendations and PRN," (Attachment – 698-A).</p> <p><u>How will the facility identify other residents having the potential to be affected by the same alleged</u></p>		06/18/2025	

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	<p>resident needed weighed every morning and when the resident's weight was greater than 216 pounds to call the dialysis clinic for further instructions. If the systolic blood pressure was less than 110, use one green (2.5% dextrose) and one yellow (1.5% dextrose) bag regardless of the weight. If the systolic blood pressure was less than 110, to use two yellow bags regardless of the weight two times a day for peritoneal dialysis.</p> <p>The physician's order which indicated the use of the different bags of solutions based on the same low systolic blood pressure result was not clarified by the facility.</p> <p>The dialysis treatment logs indicated the following:</p> <p>a. On 2/1/25, the systolic blood pressure was 100 and two green bags were given. The bags given were based on the resident's morning weight and the order for the low systolic blood pressure was not followed.</p> <p>b. On 2/6/25, the systolic blood pressure was 102 and the bag concentration used was not recorded. The bags given were based on the resident's morning weight and the order for the low systolic blood pressure was not followed.</p> <p>c. On 3/2/25, the systolic blood pressure was 107 and two green bags were given. The bags given were based on the resident's morning weight and the order for the low systolic blood pressure was not followed.</p> <p>d. On 3/3/25, the systolic blood pressure was 107 and the bag concentration used was not recorded. The bags given were based on the resident's morning weight and the order for the low systolic blood pressure was not followed.</p> <p>e. On 3/7/25, the systolic blood pressure was 88 and 1 green bag, and 1 red bag (4.25% dextrose) were given. The bags given were based on the</p>				<p><u>deficient practice?</u> Currently Resident #50 is the only resident to receive dialysis services. No other residents are affected by the alleged deficient practice. <u>What measures will be put into place or systematic changes made to ensure that the alleged deficient practice will not recur?</u> A clarifying order was obtained from the Dialysis Center on May 30, 2025, (Attachment – 698-B). An updated order was obtained from the Dialysis Center on June 11, 2025, (Attachment – 698-C). One-to-one in-services with licensed Nurses began on June 11, 2025, and continue through June 17, 2025, assuring all Nurses are re-educated. The in-service includes the following: Memo from the Director of Nursing outlining specific protocols to follow regarding resident #50. Updated Dialysis Policy and Procedure. Communication Log to be used between Wesley Manor and the Dialysis Center. Most recent dialysis order for resident #50. Baxter Claria (Cycler) Instructions. Intraperitoneal Medication. (all included as Attachment – 698-D). The Wesley Manor “New Admission or Re-Admission”</p>		

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	<p>resident's morning weight and the order for the low systolic blood pressure was not followed.</p> <p>f. On 3/28/25, the resident's weight was 219.4 pounds. There was no indication the nurse called the dialysis clinic for a treatment order. The blood pressure documented was greater than the 110 in the physician's order.</p> <p>g. On 4/13/25, the resident's weight was 218 pounds. There was no indication the nurse called the dialysis clinic for a treatment order. The blood pressure documented was greater than the 110 in the physician's order.</p> <p>h. On 4/15/25, the systolic blood pressure was 108 and one green bag, and one red bag was given. The bags given were based on the resident's morning weight and the order for the low systolic blood pressure was not followed.</p> <p>i. On 4/22/25, the systolic blood pressure was 105 and two green bags were given. The bags given were based on the resident's morning weight and the order for the low systolic blood pressure was not followed.</p> <p>j. On 5/7/25, the systolic blood pressure was 103 and one green bag, and one red bag were given. The bags given were based on the resident's morning weight and the order for the low systolic blood pressure was not followed.</p> <p>k. On 5/25/25, the systolic blood pressure was 108 and two green bags were given. The bags given were based on the resident's morning weight and the order for the low systolic blood pressure was not followed.</p> <p>A current care plan, dated 5/20/24, indicated the resident needed peritoneal dialysis related to renal failure with an approach to administer dialysis solution as ordered.</p> <p>During an interview, on 5/29/25 at 2:35 p.m., the physician indicated she would follow up with the</p>		<p>checklist was also revised as of June 4, 2025, to include item #39, "Dialysis orders from Dialysis Center", and #40, "Reconcile ALL Dialysis Medication orders with 2nd signature on admission orders to verify", (Attachment 698 – E). <u>How will the facility monitor its corrective actions to ensure that the alleged deficient practice will not recur?</u></p> <p>The Director of Nursing, or designee will conduct audits of the clinical documentation regarding resident #50's dialysis services at least twice weekly for two months, once weekly for two months and then two times monthly thereafter, (Attachment – 698-F)</p> <p>The IDT will review weekly during the QAPI Subcommittee Meeting (MEGA Meeting) held each Thursday the results of the audits for the next three months and report to the QAPI Committee for the next two Quarters. Depending on the progress, or lack thereof, the QAPI Committee will determine the reporting frequency on a go forward basis.</p>				

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R 0000 Bldg. 00	<p>dialysis provider to clarify the dialysis order for low systolic blood pressure. The resident had frequent lab work completed, and the orders had changed related to the labs. The current order was confusing, and the nurse would not know what concentration of bag to use.</p> <p>During an interview, on 6/2/25 at 2:21 p.m., the Director of Nursing (DON) indicated she could not find any documentation of the nurses calling the dialysis clinic for weights greater than 216 pounds on the discussed dates and they should have called to obtain guidance on the concentrations to use.</p> <p>During an interview, on 6/2/25 at 3:09 p.m., RN 2 indicated she would use the morning weight and the systolic blood pressure to determine which concentration of bags to use for the evening dialysis. The order was based on the weight unless the systolic blood pressure was less than 110 and then she would give 2 yellow bags no matter what the weight was. If his weight was greater than 216 pounds, then she would call the dialysis clinic for an order on which bags to use.</p> <p>A current facility policy, dated 11/13/22 and received from the Associate Executive Director on 6/2/25 at 2:58 p.m., indicated "...The facility will maintain communication with the dialysis center per provider order and as needed...."</p> <p>3.1-37(a)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. This visit also included</p>			R 0000	Wesley Manor considers itself a partner with regulatory agencies and others who monitor the quality		

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