

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

PRINTED: 04/21/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155840		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/14/2023	
NAME OF PROVIDER OR SUPPLIER  SYMPHONY OF DYER				STREET ADDRESS, CITY, STATE, ZIP CODE 1532 CALUMET AVENUE DYER, IN 46311			
(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 IN00401636 and IN00403720.</p> <p>Complaint IN00401636 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00403720 - Federal/State deficiencies related to the allegations are cited at F808.</p> <p>Survey date: 3/14/23</p> <p>Facility number: 013462 Provider number: 155840 AIM number: 201330210</p> <p>Census Bed Type: SNF/NF: 6 SNF: 67 Residential: 27 Total: 100</p> <p>Census Payor Type: Medicare: 30 Medicaid: 6 Other: 37 Total: 73</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 3/20/23.</p>			F 0000	<p>Symphony of Dyer Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>This facility respectfully requests a desk review for the given citations in this survey. Please see all attached documentation for your consideration.</p>		
F 0808 SS=D Bldg. 00	<p>483.60(e)(1)(2) Therapeutic Diet Prescribed by Physician §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.</p>						

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

TITLE

(X6) DATE

Megan Matula

Administrator

03/31/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.</p> <p>Based on record review and interview the facility failed to have a Physician's Order in place for a resident's therapeutic diet for 1 of 3 residents reviewed for diet. (Resident C)</p> <p>Finding includes:</p> <p>The closed record for Resident C was reviewed on 3/14/23 at 11:28 a.m. Diagnoses included, but were not limited to, dysphagia of the oral phase (difficulty swallowing food or liquid), emphysema, and hypertension. The resident was admitted to the facility from the hospital on 12/6/22.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 12/13/22, indicated the resident was cognitively intact, had no coughing or choking during meals, and no pain or difficulty swallowing.</p> <p>A Registered Dietician Progress Note, dated 12/1/22 and included in the Resident's admission paperwork from the hospital, indicated the resident was on a cardiac soft bite sized diet.</p> <p>The Diet Order Communication Form, completed upon admission, indicated the resident was to receive a mechanical soft consistency diet with thin liquids.</p> <p>A Speech Therapy Evaluation, dated 12/8/22, indicated a mechanical soft texture diet with thin liquids was recommended due to the resident's lack of bottom teeth. The resident did not require</p>			F 0808	<p><b>F808 Therapeutic Diet Prescribed by Physician</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>No harm came to Resident C due to lack of Physicians order pertaining to diet.</li> <li>Resident C received the correct diet upon admission until discharge.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <ul style="list-style-type: none"> <li>All residents have the potential to be affected by this alleged deficient practice.</li> <li>House audit was completed to ensure all residents had a diet order upon admission and the diet orders contained accurate diet consistency.</li> </ul>		03/17/2023

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	<p>supervision or assistance with eating and no further follow up with speech therapy was required.</p> <p>A Physician's Order, dated 12/15/22, indicated a general diet, regular thin consistency. There was lack of any Physician's Order for the resident's diet from admission on 12/6/22 until 12/15/22.</p> <p>Interview with the Director of Nursing (DON) on 3/14/23 at 3:08 p.m., indicated there was no Physician's Order for the resident's diet until 12/15/22. He had pulled the diet slip from the dietary department, and the resident had received a mechanical soft diet, not a regular diet. He was unsure why the diet order was put in as regular, as it should have been mechanical soft. After a diet order was received, floor staff would have to fill out a diet order form and give it to dietary so they would know to change the diet. When the regular diet order was put in on 12/15/22, staff had not completed a diet order form, so the resident's diet had stayed as mechanical soft.</p> <p>Interview with LPN 1 on 3/14/23 at 3:20 p.m., indicated she had been auditing the resident's chart on 12/15/22 and noticed there was no diet order in the system. She had entered the Physician's Order for the resident's diet and marked regular by mistake. The resident was receiving a mechanical soft diet and the order should have been for that diet.</p> <p>This Federal tag relates to Complaints IN00403720.</p> <p>1.3-21(b)</p>				<p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>Nursing staff were educated on ensuring all new admissions have accurate diet order in place.</li> </ul> <p><b>How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <ul style="list-style-type: none"> <li>DON/designee will audit 10 charts weekly to ensure the consistency of diet is accurate with an active order in place.</li> <li>The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audit will continue.</li> </ul> <p><b>Date of compliance: 3/17/2023</b></p>		

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