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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 02/07/2024 |
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| NAME OF PROVIDER OR SUPPLIER CHATEAU REHABILITATION AND HEALTHCARE CENTER | STREET ADDRESS, CITY, STATE, ZIP COD 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815 |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00425109, IN00426219, IN00427099, IN00427101, IN00427115, IN00427321, IN00427393, IN00427528, IN00427529, and IN00427620.</p> <p>Complaint IN00425109 - No defeciencies related to the allegations are cited.</p> <p>Complaint IN00426219 - Federal/state deficiencies related to the allegations are cited at F580 and F622.</p> <p>Complaint IN00427099 - No defeciencies related to the allegations are cited.</p> <p>Complaint IN00427101 - No defeciencies related to the allegations are cited.</p> <p>Complaint IN00427115 - No defeciencies related to the allegations are cited.</p> <p>Complaint IN00427321 - Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Complaint IN00427393 - Federal/state deficiencies related to the allegations are cited at F698 .</p> <p>Complaint IN00427528 - No defeciencies related to the allegations are cited.</p> <p>Complaint IN00427529 - No defeciencies related to the allegations are cited.</p> <p>Complaint IN00427620 - No defeciencies related to the allegations are cited.</p> <p>Survey dates: February 1, 2, 5, 6, and 7, 2024</p> | F 0000 | <p>2-18-2024</p> <p>ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204</p> <p>Re: Complaint Survey Chateau Rehabilitation and Healthcare Center 6006 Brandy Chase Cove Fort Wayne, IN 46815-7601</p> <p>Dear Ms. Buroker:</p> <p>On February 1, 2, 5, 6 and 7 2024 a Complaint (IN00426219, IN00427321, IN00427393) Survey was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiencies. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance. This letter is our formal request for a desk review that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction.</p> | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Monique I Augustine | TITLE Executive Director | (X6) DATE 02/22/2024 |
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Any defenciency statement ending with an asterisk (*) denotes a defeciency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclod 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 0580 SS=D Bldg. 00 | <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Census Bed Type: SNF/NF: 78 Total: 78</p> <p>Census Payor Type: Medicare: 5 Medicaid: 55 Other: 18 Total: 78</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 9, 2024</p> <p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form</p> | | <p>Please feel free to call me with any further questions at 1 (260) -486-3001.</p> <p>Respectfully submitted,</p> <p>Monique L. Augustine</p> <p>Health Facility Administrator</p> | |

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| | <p>of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). Based on interview and record review, the facility failed to notify the Power of Attorney of a significant change in condition for 1 of 3 residents reviewed for notification (Resident C).</p> <p>Findings include: An Indiana report, dated 1/16/24, indicated</p> | F 0580 | F 580D Notify of Changes The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not | 02/23/2024 |
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| | <p>Resident C had been sent to the hospital on 8/15/23 for a life threatening condition. The resident's POA (Power of Attorney) indicated the hospital had received no clinical information from the facility regarding the resident including his advanced directives or POA. They alleged an ICU (Intensive Care Unit) nurse was finally able to contact them the morning after he was transferred to the hospital after reviewing the resident's previous hospitalizations and POA contact information.</p> <p>On 2/2/24 at 2:27 P.M., Resident C's record was reviewed. Diagnoses included demyelinating disease of the central nervous system and neuromuscular dysfunction of the bladder. His face sheet indicated he was responsible for himself and had a family contact phone number listed. The face sheet did not have a POA listed nor their contact information.</p> <p>A quarterly MDS (Minimum Data Set) assessment, dated 7/3/23, indicated the resident had no cognitive impairment. He had an indwelling catheter and was always incontinent of bladder.</p> <p>An NP (Nurse Practitioner) progress note, dated 8/14/23, indicated the NP had tried to contact the resident's POA regarding the resident and had left a message for the POA to return her call.</p> <p>A nurse progress note, dated 8/15/23 at 10:27 p.m., indicated the resident complained of discomfort and leakage of urine. Unsuccessful attempts were made to flush his indwelling catheter. The NP was notified and an order was received to change the resident's catheter. When the old catheter was removed, there were blood clots on the catheter.</p> | | <p>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.</p> <p>1) Immediate actions taken for those residents identified:</p> <ul style="list-style-type: none"> • Resident B no longer resides at the facility. Information was obtained from a closed record review. <p>2) How the facility identified other residents:</p> <ul style="list-style-type: none"> • An audit was conducted of discharged residents over the past 30 days to determine whether the facility informed the residents representative/POA of significant change in condition. <p>3) Measures put into place/ System changes</p> <ul style="list-style-type: none"> • Licensed Nursing staff educated on and Notification of Changes which included informing the resident, resident's physician, and resident representative of a significant change in the resident's condition as well as documentation of services provided in the clinical record. • 24-hour reports will be reviewed daily during morning/clinical meetings for identification of change of condition and required notifications and documentation has occurred. | |

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| | <p>The new catheter was inserted and urine returned. When the bulb of the catheter was inflated, the resident complained of pain so the catheter was removed.</p> <p>-At 10:48 p.m., the nurse called the NP and a family member.</p> <p>A physician order, dated 8/15/23 at unknown time, indicated it was okay to send the resident to the ER for evaluation and treatment.</p> <p>A nurse progress note, dated 8/16/23 at 5:32 a.m., indicated the hospital ER nurse called the facility to find out the resident's code status was and contact for the POA.</p> <p>A social services progress note, dated 8/16/23 at 5:04 p.m., indicated the resident had been transferred to the hospital, but the resident had been unable to sign the bed hold policy at the time. The note indicated the resident was responsible for himself and did not have a POA.</p> <p>The record contained no information regarding the resident's POA. The record indicated the resident was able to make daily decisions on his own but had a POA for when he was unable to do so.</p> <p>On 2/5/24 at 2:45 P.M., the Administrator indicated staff had searched the resident's records and found the resident's POA paperwork in the billing department. She indicated the resident's record should have listed the resident's POA and contact information. She indicated the POA should have been notified of his change in condition on 8/15/23.</p> <p>On 2/7/24 at 1:05 P.M., the Administrator provided a current copy of the facility policy titled</p> | | <p>4) How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> • Director of Nursing is the responsible party for this Plan of Correction with Executive Director oversight. • Information identified in the 24 hours report related to change of condition with residents will be audited 2 times weekly to determine appropriate notification of resident, resident's physician, and resident representative/POA of a significant change in the resident's condition as well as documentation of notification noted in the clinical record. . • Identified areas of concern will be immediately addressed. • The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. • The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicate <p>5) Date of compliance: 2-23-2024</p> | |

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| F 0622 SS=D Bldg. 00 | <p>"Notification of Resident's Change in Condition" which stated the following: "Policy: To ensure that the facility immediately informs the resident; consults with the resident's physician; and notify, consistent with his or her authority, the resident representative when there is a significant change in the resident's physical, mental, and/or psychosocial status...Unless otherwise instructed by the resident, a nurse will notify the resident's representative when...There is a significant change in the resident's physical, mental, or psychosocial status...It is necessary to transfer the resident to a hospital/treatment center...."</p> <p>The tag relates to Complaint IN00426219.</p> <p>3.1-(a)(2)</p> <p>483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless-</p> <p>(A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have</p> | | | |

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| | <p>paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at</p> | | | |

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| | <p>the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>Based on interview and record review, the facility failed to provide information to the hospital upon transfer for 1 of 3 residents reviewed. (Resident C).</p> <p>Findings include:</p> <p>An Indiana report, dated 1/16/24, indicated Resident C had been sent to the hospital on 8/15/23. The resident's POA (Power of Attorney) indicated the hospital had received no clinical information from the facility regarding the resident including his advanced directives or POA.</p> | F 0622 | <p>F622 Transfer and Discharge Requirements</p> <p>The facility requests paper compliance for this citation.</p> <p>This Plan of Correction is the center's credible allegation of compliance. 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</p> | 02/23/2024 |

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| | <p>On 2/2/24 at 2:27 P.M., Resident C's record was reviewed. Diagnoses included demyelinating disease of the central nervous system and neuromuscular dysfunction of the bladder.</p> <p>A nurse progress note, dated 8/15/23 at 10:27 p.m., indicated the resident complained of discomfort and leakage of urine. Unsuccessful attempts were made to flush his indwelling catheter. The NP (Nurse Practitioner) was notified and ordered to change the resident's catheter. When the old catheter was removed, there were blood clots on the catheter. The new catheter was inserted and urine returned. When the bulb of the catheter was inflated, the resident complained of pain so the catheter was removed.</p> <p>A review of progress notes, dated between 8/15/24 through 8/16/23 at 5:32 a.m., did not indicate bedhold or transfer paperwork had been given to the family. The record contained no information sent to the receiving hospital regarding need for emergency treatment, the resident's legal representative, advanced directive information, mental and functional status, recent vital signs, diagnoses, medications and when last given, drug allergies, and most recent labs and other diagnostic tests.</p> <p>On 2/5/24 at 1:17 P.M., the Administrator was interviewed. She indicated the facility usually used a transfer form to communicate information to the hospital or other provider residents are transferred to. She was unable to locate a transfer form for Resident C.</p> <p>On 2/5/24 at 1:48 P.M., the Administrator provided a current copy of the facility policy titled "Transfer and Discharge Requirements" which stated: "Documentation: When the facility</p> | | <p>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.</p> <p>1) Immediate actions taken for those residents identified:</p> <ul style="list-style-type: none"> • Residents C no longer resides in the facility. Information was taken from closed record review. • Education on transfer discharge requirements was completed with licensed nursing staff which included the documentation and paperwork requirements of what information to send with residents when transfer to hospital/ER occurs. <p>2) How the facility identified other residents:</p> <ul style="list-style-type: none"> • A review of all Transfer/Discharge paperwork that has been issued within the last 30 days will be completed to determine that all the required paperwork was given and completed to its entirety. • Any irregularities noted will be addressed immediately. <p>3) Measures put into place/System changes:</p> <ul style="list-style-type: none"> • The Executive Director, Nursing Administrative Staff, and Social Services Department reviewed F622 in detail, as to the importance of presenting the required Transfer/Discharge paperwork, completing correctly, and retaining a copy for the clinical record. | |

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| F 0686 SS=D Bldg. 00 | <p>transfers or discharges a resident under any of the circumstances, the facility will ensure the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving institution or provider...3. Information provided to the receiving provider must include a minimum of the following:</p> <p>a. Contact information of the practitioner responsible for the care of the resident. b. Resident representative information including contact information. c. Advance Directive information. d. All special instructions or precautions for ongoing care, as appropriate. e. Comprehensive care plan goals. f. All other necessary information, including a copy of the resident's discharge summary and any other documentation, as applicable, to ensure a safe and effective transition of care."</p> <p>The tag relates to Complaint IN00426219.</p> <p>3.1-12 (a)(3)</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of</p> | | <ul style="list-style-type: none"> • Residents who were transferred or discharged will be reviewed for completion and validation of documentation at routine departmental head meetings. • DNS/ADON, Medical records and Social Services Director will audit each transfer/discharge for accuracy. • Identified areas will be immediately addressed with 1-1education. <p>4) How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> • The monitoring for compliance will be a joint effort between the Executive Director/DNS/ADON, Medical records and Social Services. • Audit will be completed of 2 discharge transfers weekly per Social Services • The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliances achieved for 3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. <p>5) Date of Compliance: 2-23-24</p> | |

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| NAME OF PROVIDER OR SUPPLIER CHATEAU REHABILITATION AND HEALTHCARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815 |
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| | <p>a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on interview and record review, the facility failed to ensure physician orders were followed for pressure ulcer care for 1 of 3 residents reviewed (Resident E).</p> <p>Findings include:</p> <p>On 2/2/24 at 10:52 A.M., Resident E's family member was interviewed. She indicated the resident was recently deceased and had previously resided at the facility in June and July of 2023. While at the facility, she alleged the resident got pressure ulcers. She indicated the resident was moved from the facility due to lack of care for the ulcers.</p> <p>On 2/2/24 at 11:24 A.M., Resident E's record was reviewed. Diagnoses included diabetes and peripheral vascular disease. He admitted to the facility following hospitalization. Hospital records indicated the resident was observed with a reddened coccyx and red areas to his right hip and no open areas.</p> <p>A nurse note, dated 6/20/23 at 2:47 p.m., indicated the resident was admitted to the facility. He was alert, oriented and able to verbalize his needs and wants clearly. He was continent of bowel and</p> | F 0686 | <p>F686 D Treatments/Svcs to Prevent/Heal Pressure Ulcer</p> <p>Facility respectfully requests desk review for this citation.</p> <p>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.</p> <p>1) Immediate actions taken for those residents identified:</p> <ul style="list-style-type: none"> Resident E no longer resides within the facility. Information taken from closed record review. <p>2) How the facility identified other residents:</p> <ul style="list-style-type: none"> Any resident residing in the facility had the potential to be affected. | 02/23/2024 |

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| | <p>bladder. He required total assist with transfers, using the hoier lift and assistance from 2 staff members. He had a cyst on his right inner ankle and redness to his right great toe.</p> <p>A Skin and Wound note by the Wound NP (Nurse Practitioner), dated 6/22/23 at 11:48 a.m., indicated the resident was being seen as a new admission to the facility. He had a scab on his right great toe. He had no history of chronic wounds, no history of pressure ulcers, no rashes, or dry skin. There were no other skin issues observed at the time.</p> <p>On 6/22/23 at 8:59 p.m., the resident was observed with an open area on his left buttock. The area measured 2 cm (centimeters) by 2 cm. The area was cleaned and Mepilex (protective bandage) applied. The resident was added to the NP list for visitation during her next visit.</p> <p>A physician order, dated 6/23/23, was for staff to apply BNZ (Bacitracin, Nystatin and Zinc) compound to the resident's buttocks topically every shift for excoriation.</p> <p>A Skin and Wound note by the Wound NP, dated 6/28/23 at 9:44 a.m., indicated the resident had a new wound to his left buttock. The wound measured 4 cm by 4 cm with a depth of 0.1 cm and was due to MASD (Moisture Associated Skin Dermatitis). Staff were to continue cleansing the area with soap and water, apply BNZ cream 3 times per day, and leave the area open to air.</p> <p>A Skin and Wound note by the Wound NP, dated 7/5/23 at 7:35 a.m., indicated the resident had a new wound to his right buttock caused by MASD. The area measured 5 cm by 5 cm by 0.1 cm. The wound on his left buttock measured 1 cm</p> | | <ul style="list-style-type: none"> • Facility skin/wound audit was conducted by Director of Nursing to review current skin issues and identify any unidentified skin conditions as well as determine treatment orders were initiated timely. • New admissions or readmission will be thoroughly assessed with treatment orders initiated timely. • Admission/readmission audits will be initiated within 24 hours to ensure orders reflect treatments. • Any new identified issues were immediately reported to the physician for review. <p>3) Measures put into place/ System changes:</p> <ul style="list-style-type: none"> • In-servicing provided by Director of Nursing/ ADON/designee to Licensed Nursing staff on completion of Admission assessments, Notification of Changes, and following Physician Orders. • Order listing report will be taken to daily clinical meetings for review to determine treatment orders were taken off correctly and implemented. • Nurse Practitioner/Wound care physician will review current resident skin issues and treatments weekly during routine facility visits and or as needed for any change of condition. • Admission audits will be conducted during routine morning/clinical meetings to | |

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| | <p>by 2.2 cm by 0.1 cm. Staff were to continue applying BNZ cream 3 times per day to the left buttock.</p> <p>A nurse note, dated 7/7/23 at 4:29 p.m., indicated the wound NP had been notified of the resident's wounds enlarging with whitened edges and darkened center. The resident was non-compliant with sleeping in bed and preferred his wheelchair or recliner chair. New orders were given for a low air loss mattress to be obtained and resident educated about safety. Orders were given to change the wound treatment: wash right and left buttocks with soap and water and apply a petroleum based barrier ointment every shift and as needed.</p> <p>Nurse notes on 7/7 and 7/8/23 indicated the resident had slept in his bed with the low air loss mattress.</p> <p>A Skin and Wound note by the Wound NP, dated 7/12/23 at 8:09 a.m., indicated healing of the resident's left buttock wound had stalled, measured 4 cm by 4 cm and had scant sanguineous (clear liquid) drainage. The right buttock wound, now classified as a pressure ulcer, measured 8.5 cm by 5.5 cm by 0.1 cm. and was 25-49% slough (pus) and 25-49% eschar (dead skin tissue). The periwound was excoriated and there was a moderate amount of green and serosanguineous (blood cells and liquid) drainage present without odor. Orders were given to cleanse the right buttock wound with acetic acid 1%, apply medical grade honey and cover with a bordered foam dressing daily.</p> <p>Review of orders and TAR (Treatment Administration Record) dated July 2023 didn't indicate wound orders had changed. There was</p> | | <p>ensure skin concerns have an appropriate treatment order.</p> <ul style="list-style-type: none"> • Orders are reviewed and revised as needed. • Identified concerns will be addressed with 1-1 re-education. • 24-hour report will be reviewed daily during morning/clinical meeting for identification of change of condition and physician notification documentation. <p>4) How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> • The responsible party for this plan of correct will include the Executive Director and Director of Nursing/ADON/designee. • Audits will be conducted 2 times weekly on 5 residents to determine treatments completed and documented and any identified issues are addressed immediately. • Nurse Practitioner will round weekly and review with the Director of Nursing /ADON / wound nurse, concerns for immediate attention and or treatment changes. • Residents identified to have pressure/ non-pressure related areas will be thoroughly assessed have areas measured per facility policy weekly to ensure treatments and physician orders are current and care plan is updated and interventions are in place. • Results of these audits will be | |

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| F 0698 SS=D Bldg. 00 | <p>no documentation on the TAR to indicate wound treatment to the right buttock had been completed as ordered on 7/12/23 by the Wound NP.</p> <p>A nurse note, dated 7/16/23 at 7:23 p.m., indicated the wound on the resident's right buttock had worsened. The NP was notified and orders given to clean the wound with wound cleanser, apply calcium alginate and a dry dressing. The resident was advised he should have home care nursing for wound management if he planned to discharge to home the following day.</p> <p>The resident discharged home on 7/17/23.</p> <p>On 2/7/24 at 12:30 P.M., the Administrator and Regional Director of Clinical Services were interviewed. Both indicated nurses were expected to follow physician orders for wound care.</p> <p>A current undated procedure was provided by the Administrator on 2/7/24 at 1:05 P.M. and stated the following: "Procedure: Wound Documentation...5...The Licensed Nurse will notify the Medical Provider for orders, notify the resident/resident representative, and implement applicable new care plan interventions...."</p> <p>This tag relates to Complaint IN00427321.</p> <p>3.1-40</p> <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</p> | | <p>reviewed during scheduled routine stand-up meetings and in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months.</p> <ul style="list-style-type: none"> The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. <p>5) Date of compliance: 2-23-24</p> | |

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| | <p>preferences.</p> <p>Based on interview and record review, the facility failed to ensure dialysis related medications were given as ordered for 3 of 3 residents reviewed (Resident F, Resident K, and Resident L).</p> <p>Findings include:</p> <p>On 2/5/24, "Dialysis" was retrieved from the website "kidney.org" (National Kidney Foundation). the website indicated dialysis is a type of treatment to help the body remove extra fluid and waste products from the blood when the kidneys are not able to do so. Dialysis helps to keep safe levels of electrolytes and minerals in the blood such as potassium, sodium, calcium, and bicarbonate and helps to regulate blood pressure. Dialysis is an effective treatment for clearing waste products and extra fluid from the blood however, it doesn't fully replace the kidney's functions. Certain steps could help increase effectiveness of dialysis treatments including completing treatments as scheduled and taking medications and supplements as ordered.</p> <p>1. An Indiana report, dated 1/30/24, indicated Resident F had been a resident at the facility in 2023. A family member alleged the resident, who was dependent on dialysis due to kidney failure, was not provided a dialysis related medication as ordered.</p> <p>On 2/5/24 at 10:52 A.M., Resident F's record was reviewed. Diagnoses included diabetes, heart failure, and end stage kidney disease with dependence on dialysis.</p> <p>A physician order, dated 8/4/23. was for the resident to receive in-house dialysis with Dialyze Direct Monday through Friday every day shift.</p> | F 0698 | <p>F-698D Dialysis</p> <p>The facility respectfully requests a desk review for this citation.</p> <p>Preparation, submission, and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p> <p>1. Immediate actions taken for those residents identified:</p> <ul style="list-style-type: none"> • Resident F no longer resides at this facility. Information taken from closed record review. • Resident K medications were reviewed, communication with Pharmacy occurred and Lokelma is now available in EDK. Nursing staff educated on availability. • Resident L medications were reviewed; labs were drawn, and Calcium Acetate was discontinued. <p>2. How the facility identified other residents:</p> <ul style="list-style-type: none"> • Any residents receiving dialysis medications have the potential to be affected by practice. • An audit was conducted on | 02/23/2024 |

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| | <p>Nursing staff were to obtain vital signs prior to and after dialysis treatments on scheduled dialysis days, one time a day every Monday, Tuesday, Wednesday, Thursday, and Friday.</p> <p>A nurse progress note, dated 8/18/23 at 8:00 a.m., indicated the resident had an appointment on 8/17/23 and chose not to go to dialysis.</p> <p>-At 5:26 p.m., RN 5 (Registered Nurse) from Dialyze Direct spoke with the facility medical NP (Nurse Practitioner) regarding the resident missing dialysis on this day. The nephrologist (kidney doctor) was going to review the resident's chart and determine if any treatments would be needed.</p> <p>-At 5:50 p.m., Dialyze Direct contacted the facility with a new order from the nephrologist to start the resident on Lokelma (potassium binder) 10 mg (milligrams) by mouth 2 times per day on Saturday (8/19/23) and Sunday (8/20/23) due to resident missing dialysis on Friday.</p> <p>"Lokelma" was retrieved from PDR.net on 2/5/24 at 11:00 A.M. The website indicated the following: "Lokelma is a potassium binder, lowers the high levels of potassium in the body and helps to keep it at a normal level-3.6 -5.2 mmol/L. It's used to treat high blood potassium in patients receiving dialysis. In patients with high blood potassium levels, use of Lokelma caused reduction in blood potassium within an hour of administration".</p> <p>The MAR dated August 2023, indicated Lokelma was not administered as ordered on 8/20/23 at 8:00 p.m. because it was "on order" however, per nurse initials, the medication had been given 2 times on 8/19 and 1 time on 8/20/23. There was no documentation to indicate the doctor or NP had been notified the medication hadn't been available on 8/20/23 at 8 p.m.</p> | | <p>those residents currently receiving dialysis medications to ensure availability. Any issues identified were immediately addressed.</p> <ul style="list-style-type: none"> • Those dialysis residents that receive Lokelma and Calcium Acetate were identified. Medications are now available in EDK. • Licensed nurses were educated on communication and documentation with dialysis centers. <p>3. Measures put into place/ System changes:</p> <ul style="list-style-type: none"> • Nursing staff are educated in communication and documentation with dialysis centers. • Medication administration to Dialysis residents will be reviewed daily during clinical meetings. • Lack of medication availability will be immediately reported to the Director of Nursing and the Executive Director for resolution. • EDK availability of dialysis medications, Lokelma, Calcium Acetate, Mitrodrine and Selevamer. • Notifications will be reported to the Executive Director, DON/designee and physician of any resident that does not receive scheduled dialysis medications with explanation of reasons. • Documentation will reflect notification in the clinical record. | |

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| | <p>A nurse progress note, dated 8/21/23 at 6:33 a.m., indicated the resident had been snoring loudly, was difficult to arouse, but opened his eyes briefly and returned to sleep.</p> <p>-At 9:48 a.m., staff reported the resident was not responding. Initially, he was observed to be breathing with his chest rising up and down however, after calling 911, the resident had no pulse and CPR was started. The resident was transferred to the hospital where he later passed away.</p> <p>On 2/7/24 at 9:59 A.M., RN 5 from Dialyze Direct was interviewed. She indicated she reviewed the resident's record on 8/18/23 and saw he had not had dialysis on 8/17 and 8/18/23 due to appointments. Typically, a plan of treatment was made if a resident wasn't able to have dialysis as ordered and she hadn't seen one in his record. She contacted the facility's medical NP and nephrologist to see if or what treatment was needed. The nephrologist ordered the potassium binder medication to remove excess potassium that could build up in the resident's blood due to the missed dialysis treatments. She indicated staff at Dialyze Direct communicate with the facility staff through a communication book. Nurses communicated when a medication provided by the facility but administered by Dialyze Direct staff was not available however, didn't communicate about dialysis related medications, such as Lokelma, administered by the facility. She indicated they have educated the staff on the importance of dialysis related medications and supplements and perform routine monitoring of resident electrolytes such as potassium, in addition to sodium, phosphorus, and calcium.</p> <p>2. On 2/5/24 at 11:29 A.M., Resident K's record was reviewed. Diagnoses included diabetes,</p> | | <p>4. How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> • The responsible party for this plan of correction is the Director of Nursing /designee with Executive Director oversight will audit 2 times weekly those residents receiving dialysis medications to determine administration as ordered and availability. • Identified issues will be immediately addressed with re-education as required. • Audits will continue 2 times weekly for 6 months and or until 100% compliance is achieved for 3 consecutive months, at which time QA committee may make recommendations to revise the plan of correction. • Review of audit concerns during scheduled morning meetings and per IDT monthly during QA meeting. <p>5. Date of Compliance 2-23-24</p> | |

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| | <p>chronic kidney disease with dependence on dialysis, low blood pressure due to dialysis, and high blood pressure.</p> <p>A physician order, dated 10/11/23, indicated the resident was to receive in-house dialysis with Dialyze Direct Monday through Friday every day shift. Nursing staff were to obtain vital signs prior to and after dialysis treatments on scheduled dialysis days, one time a day every Monday, Tuesday, Wednesday, Thursday, and Friday.</p> <p>A physician order, dated 12/9/22, was for Lokelma packet 10 grams-give 1 packet by mouth 1 time per day on Monday, Tuesday, Wednesday, Thursday, and Friday and Lokelma packet 10 grams-1 packet 2 times per day on Saturday and Sundays.</p> <p>A MAR administration note dated 1/19/24, indicated the resident refused dialysis due to having nausea.</p> <p>A MAR dated January 2024, indicated the Lokelma was not administered on Saturday, 1/20/24 at 8:00 p.m. or on 1/22, 1/24, or 1/25/24 due to the medication being unavailable and reordered.</p> <p>There was no documentation to indicate the physician or NP had been notified of the missed doses and there was no treatment plan documented for the resident's missed dialysis treatment on 1/19/24.</p> <p>3. On 2/5/24 at 12:10 P.M., Resident L's record was reviewed. Diagnoses included diabetes and chronic kidney disease with dependence on dialysis.</p> | | | |

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| | <p>A physician order, dated 10/11/23 was for Dialyze Direct in-house dialysis Monday through Friday.</p> <p>A physician order, dated 11/15/23, was for Calcium Acetate tablet 667 mg-give 1 tablet by mouth with meals for supplement (removes excess phosphorus from the blood).</p> <p>"High Phosphorus (Hyperphosphatemia)" was retrieved from the website kidneyfund.org on 2/5/24. The website indicated phosphorus is a mineral in the blood removed by the kidneys or during dialysis when the kidneys are unable. High blood phosphorus doesn't cause symptoms but extra phosphorus in the blood removes calcium (another mineral) from the bones which can lead to low calcium which causes symptoms of muscle cramps, bone and joint pain, weak bones, and itchy skin or rash. Treatment for high phosphorus includes going to all scheduled dialysis treatments, limiting food and drinks high in phosphorus, and taking prescribed phosphate binder supplements as ordered.</p> <p>The MAR and administration notes dated January 2024, indicated Calcium Acetate was not administered as ordered on 1/22, 1/26, 1/29, 1/30, or 1/31/24 due to "waiting on pharmacy".</p> <p>A nurse progress note, dated 1/31/24 at 2:51 p.m., indicated the pharmacy was notified of the need for Calcium Acetate medication. Per pharmacy, they needed a new prescription written.</p> <p>The MAR and administration notes dated February 2024, indicated Calcium Acetate was not administered as ordered on 2/1, 2/2, 2/3, 2/4, 2/5, 2/6, and 2/7/24.</p> <p>On 2/7/24 at 9:45 A.M., LPN 2 was interviewed.</p> | | | |

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

PRINTED: 02/23/2024
FORM APPROVED
OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 02/07/2024 |
|--|---|--|---|

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| NAME OF PROVIDER OR SUPPLIER CHATEAU REHABILITATION AND HEALTHCARE CENTER | STREET ADDRESS, CITY, STATE, ZIP COD 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815 |
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|--------------------|--|---------------|---|----------------------|
| | <p>She indicated when a medication was not found in the medication cart, she would look in the nurses medication room. When not found the staff would check the EDK (Emergency Drug Kit) and when not available, would contact the pharmacy for a drop shipment. She indicated medications were to be administered as ordered by the physician or NP.</p> <p>A nurse progress note, dated 2/7/24 at 10:33 a.m., indicated the nephrologist, dialysis staff, and medical NP were notified of the resident not having his Calcium Acetate as ordered. The pharmacy was notified and indicated they would have the medication at the facility available for the supper dose.</p> <p>On 2/7/24 at 1:05 P.M., the Administrator provided a current copy of the facility policy titled "Dialysis Education related to Communication and Documentation" which stated: "The facility will ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person centered care plan, and the resident's goal and preferences".</p> <p>This tag related to Complaint IN00427393.</p> <p>3.1-37(a)</p> | | | |