

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

PRINTED: 08/25/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155334		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/29/2022	
NAME OF PROVIDER OR SUPPLIER  WILDWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 7301 E 16TH ST INDIANAPOLIS, IN 46219			
(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 Complaint IN00385134 and IN00385441.</p> <p>Complaint IN00385134 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00385441 - Substantiated. Federal/state deficiencies related to the allegations are cited at F692</p> <p>Survey dates: July 28 and 29, 2022</p> <p>Facility number: 000227 Provider number: 155334 AIM number: 100267520</p> <p>Census Bed Type: SNF/NF: 149 Total: 149</p> <p>Census Payor Type: Medicare: 9 Medicaid: 100 Other: 40 Total: 149</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 3, 2022.</p>			F 0000	<p>On July 28, 2022 a complaint Surveyor from ISDH completed a Complaint Survey at Wildwood Healthcare. Enclosed please find the stated list of deficiencies with the facility's plan of correction for these alleged deficiencies. Please consider this letter and plan of correction to be the facility's credible allegation of compliance. This letter is our request for a desk review/ paper compliance to verify the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the plan of correction as August 18, 2022</p> <p>Respectfully Ethan Peak, Executive Director</p>		
F 0692 SS=D Bldg. 00	<p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic</p>						

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

TITLE

(X6) DATE

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>jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on interview, and record review, the facility failed to provide nutritional care and services to a resident to maintain acceptable parameters of nutritional status for a resident with a PEG-J (percutaneous endoscopic gastrojejunostomy, a tube placed through the skin of the abdomen into the stomach into the small intestine, used for feeding and gastric emptying) tube for 1 of 3 residents reviewed for therapeutic diets. (Resident D)</p> <p>Finding include:</p> <p>The clinical record for Resident D was reviewed on 7/28/22 at 10:36 a.m. Resident D's diagnoses included, but not limited to, spina bifida, paraplegia, gastrostomy status, and diabetes type II. Resident D was admitted to the facility on 5/17/22 with sacral, abdominal, and left buttock wounds.</p> <p>A local hospital's discharge summary dated</p>			F 0692	<p>1) 1. Resident D no longer resides at the facility.</p> <p>2) 2. All residents with peg tubes have the potential to be affected by the deficient practice. An audit will be completed on all residents with peg tubes to ensure resident is receiving the ordered amount of feeding and flushes and it is documented appropriately on medical record and that weights are being obtained per physician order and documented appropriately. Any deficiencies will be reported to the physician and family.</p> <p>3) 3. Licensed nursing staff will be educated on facilities policy "resident height and weight" with an emphasis on ensuring accurate weights are obtained and documented per physician orders</p>		08/18/2022

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	<p>5/17/22 indicated, Resident D underwent an upper esophagogastroduodenoscopy (GI) that demonstrated delayed gastric emptying and esophageal dysmotility as well as a known colocutaneous fistula colocutaneous fistula (an abnormal connection between the intestinal tract or stomach and the skin where contents of the stomach or intestines leak through the skin). Instructions for discharge included, but not limited to, call if there was persistent nausea and vomiting not relieved with anti-nausea medications and the gastric tube may be opened if experiencing nausea and/or vomiting for symptom relief</p> <p>A physician's order dated 5/18/22 indicated, to administer Glucerna 1.5 at a rate of 60 ml/hr (milliliters per hour) over 16 hours and off for 8 hours/day. The enteral feedings began at 7 p.m. and ended at 11 a.m. The total amount of enteral nutrition Resident D was to receive in a 24 hour period was 960 ml's</p> <p>A physician's order dated 5/18/22 indicated, to record formula intake each shift with 24/hr total.</p> <p>A physician's order dated 5/18/22 indicated, to administer a 4 mg (milligram) ondansetron tablet every 4 hours as needed for nausea.</p> <p>A physician's order dated 5/18/22 indicated, weekly weights for 4 weeks every day shift on Wednesdays.</p> <p>A physician's progress note dated 5/18/22 indicated, Resident D was admitted to the facility following a recent hospitalization secondary to intractable (hard to control) nausea and vomiting. He was diagnosed with delayed gastric emptying and esophageal dysmotility (a swallowing issue)</p>				<p>and on administering and documenting enteral feeding per physician orders.</p> <p>4) 4. Director of nursing or designee will review all residents with peg tubes medical record for accurate documentation of prescribed enteral feeding and accurate weight documentation per physician order 5 days per week x 30 days, then 3 times per week x 30 days, then 10 times per month x 4 months.</p>		

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	<p>and required tube feedings.</p> <p>A nurses note dated 5/19/22 indicated, the G-tube feeding was stopped at that time due to Resident D having emesis, discomfort, and diarrhea. This note was the only nursing note related to the enteral feeding being stopped related to nausea and/or vomiting.</p> <p>A physician's progress note dated 5/30/22 indicated, "Pt [sic, patient] on consistent carbohydrate diet...Pt was on tube feeds but was having problems tolerating. Diet upgraded and ECF [sic, extended care facility] dietician to follow." Resident D's tube feedings stopped on 5/24/22.</p> <p>A weight change note dated 5/31/22 at 3:39 p.m. indicated, weights were reviewed and Resident D reported he usually eats 1-2 meals in a day and eat about 50% of those meals. He indicated, he was not able to eat most of the meal related to nausea and vomiting. Resident D was on a consistent carbohydrate diet with double protein portions to promote wound healing. A recommendation of Ensure clear ( a dietary supplement) four times daily for nutritional needs and wound healing was ordered. Continued monitoring of intakes and weights were to be continued and consultation with Registered Dietician was a needed.</p> <p>A nurses note dated 6/2/22 at 11:27 a.m. indicated, the IDT (interdisciplinary team) met and indicated, Resident D was to receive Ensure Clear supplements four times a day, weights and percent consumed were to be tracked and trended.</p> <p>A weight change note dated 6/6/22 indicated, Resident D's Ensure Clear order was modified from 4 times a day to with meals (3 times daily).</p>						

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	<p>A wound evaluation completed on 6/16/22 indicated, Resident D acquired a new wound on his right lower leg since the previous evaluation completed on 6/9/22. The right lower leg wound evaluation indicated, it was a stage II pressure wound measuring 3.11 cm (centimeters) in length and 2.46 cm in width.</p> <p>A wound evaluation completed on 6/30/22 indicated, Resident D acquired 2 new wounds since the previous evaluation. A right ankle wound was classified as a stage I pressure ulcer measuring 1.28 cm in length and 1.29 cm in width. A left lower leg wound was classified as a Stage 3 pressure ulcer measuring 2.51 cm in length, 3.41 cm in width, and 0.10 cm in depth. The abdominal wound was unable to be visualized related to a wound manager in place, but was noted to have heavy green drainage.</p> <p>A surgical physician's note dated 6/30/22 at 1:40 p.m. indicated, to restart the J tube feeding of Glucerna 1.5 at 30 ml/hr from 7 p.m. to 11 a.m. Increase the feedings by 10 ml/hr until goal of 60 ml/hr is reached. "We expect patient will continue to have daily emesis that is not bilious-that is ok. Don't stop tube feeding unless he truly has tube feeding emesis".</p> <p>A Nutrition assessment completed on 7/5/22 indicated, "New wounds and TF[sic, tube feeding] review: Res[sic, resident] resumed TF[sic] to meet nutritional needs as he has new wounds. Resident on CCD[sic, carbohydrate consistent diet] with dble[sic, double] protein portions and noted intakes fair to good at meals. Supplemented w/ [sic, with] Ensure Clear BID[sic, twice daily] and enteral feeding: Glucerna 1.5 60 ml/hr up at 7pm and down at 11am, TV[sic, total volume] 480 ml.</p>						

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	<p>Flush 120 ml q[sic, every] 4hrs, TV[sic] 480 ml. Encourage protein intake at meals and acceptance of supplements to approach nutritional needs. No noted chewing/swallowing issues." Per Resident D's order, the Glucerna was to run for a total of 16 hours/day thus, 60 ml/hr x 16 hours = 960 ml not the 480 ml the nutritional assessment note indicated.</p> <p>An IDT follow up note dated, 7/5/22 at 1:28 p.m. indicated, "Type of incident: new pressure ulcers; What was happening at the time:: wound rounds; Root cause of incident:: impaired mobility, impaired nutrition, overall decline"</p> <p>An interview with Resident D's family member was conducted on 7/28/22 at 2:56 p.m. They indicated, Resident D lost weight while in the care of the facility because Resident D "was to be on tube feedings, but instead, the doctor there discontinued his tube feedings because of the nausea and vomiting and just had him get all his nutrition from what he was able to eat and he doesn't eat that much. The doctor there never consulted any of this other physicians before discontinuing the feedings".</p> <p>An interview with Resident D's primary care physician at the facility was conducted on 7/29/22 at 12:15 p.m. She indicated, Resident D had refused his tube feedings related to nausea and/or vomiting and that was why it was decided to stop the tube feedings. She indicated, the resident was unable to consume enough with just oral feedings nor was she sure how much nutrition he received by the tube feedings since he complained of nausea/vomiting and often refused the feedings however, she was unaware the resident was not receiving the anti-nausea/vomiting medication as often as needed.</p>						

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	<p>An interview with the contracted, Registered Dietician was conducted on 7/29/22 at 2:27 p.m. She indicated, the weights recorded in Resident D's chart did not seem correct and had asked for the resident to be re-weighed to obtain more accurate weights in order to assist in the monitoring for nutritional status. She indicated, because Resident D was also on oral feedings, his tube feedings were not calculated for 100% of his nutritional needs. She stated, Resident D had consumed about 50% of the meals he ate and had refused or stopped the tube feedings. She indicated, she stopped working for the facility in mid-June.</p> <p>Resident D's albumin level dated 6/2/22 indicated, his albumin level was 3.5 g/dL (grams per deciliter), which was within the normal limits of 3.5 -5.0 g/dL.</p> <p>Resident D's complete metabolic profile dated 6/6/22 indicated, his protein level was 5.7, which was below the normal limits of 6 - 8.3; and his albumin level was 3.1 g/dL, which was below the normal limits.</p> <p>According to National Library of Medicine at Medlineplus.gov, accessed on 8/1/22, low Albumin levels may indicate, but not limited to, infection, inflammation due to sepsis, kidney disease, or poor nutrition.</p> <p>Resident D's weights were as follows: 5/17/22 at 11:09 p.m.; 156.2 lbs (pounds) by wheelchair 5/18/22 at 2:02 p.m.; 159.6 lbs (pounds) by mechanical lift 5/25/22 at 10:29 a.m.; 151 lbs by mechanical lift 6/1/22 at 11:50 a.m.; 132 lbs by standing</p>						

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	<p>6/1/22 at 12:55 p.m.; 135 lbs by hoyer 6/10/22 at 12:36 p.m.; 145 lbs 6/22/22 at 8:36 a.m.; 211 lbs by standing 6/29/22 at 11:50 a.m.; 210.3 lbs by hoyer 7/6/22 at 9:05 a.m.; 210.0 lbs by wheelchair</p> <p>Resident D's formula intakes for May 2022 were as follows: 5/18/22 - no recordings for days or evenings; 300 ml on night shift 5/19/22 - "N/A" on days; 300 ml on evenings; and 300 ml on nights 5/20/22 - "N/A" on days; 300 ml on evenings; and 300 ml on nights 5/21/22 - "N/A" on days; 0 ml on evenings; and 0 ml on nights 5/22/22 - 960 ml on days; 0 ml on evenings; and 560 ml on nights 5/23/22 - "N/A" on days; "N/A" on evenings; and 560 ml on nights 5/24/22 - "N/A" on days; no recordings for evenings or nights</p> <p>Resident D's formula intakes for July 2022 were as follows: 7/1/22 - 120 ml on days; 240 ml on evenings; 240 ml on nights 7/2/22 - 160 ml on days; 120 ml on evenings; 120 ml on nights 7/3/22 - 240 ml on days; 120 ml on evenings; 120 ml on nights 7/4/22 - 240 ml on days; 240 ml on evenings; 120 ml on nights 7/5/22 - 250 ml on days; 120 ml on evenings; 240 ml on nights 7/6/22 - 250 ml on days; 120 ml on evenings; "N/A" on nights 7/7/22 - 120 ml on days; 120 ml on evenings; 120 ml on nights 7/8/22 - "N/A" on days; 120 ml on evenings; 240</p>						



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	<p>ml on nights 7/9/22 - 120 ml on days; 480 ml on evenings; 120 ml on nights 7/10/22 - "N/A" on days; 120 ml on evenings; 120 ml on nights 7/11/22 - 0 ml on days; 120 ml on evenings; 120 ml on nights 7/12/22 - "X" on days; 120 ml on evenings; 240 ml on nights 7/13/22- 120 ml on days</p> <p>Based on Resident D's tube feeding order, he should have received 240 ml's on day shift, 240 ml's on evenings, and 480 ml's on nights.</p> <p>Resident D's May and July MAR (medication administration report) was reviewed on 7/29/22 at 11:50 a.m. It indicated, Resident D received ondansetron (an anti-nausea/vomiting medication) on the following dates:</p> <ul style="list-style-type: none"> <li>- 5/21/22 at 4:26 a.m.</li> <li>- 5/31/22 at 7:53 a.m.</li> <li>- 7/8/22 at 1:27 p.m.</li> </ul> <p>Resident D's care plan dated 5/18/22 indicated, Resident D required tube feeding and interventions included, but not limited to, provide tube feeding per medical provider orders, monitor intake of enteral tube feedings, and notify medical provider and resident representative of unplanned weight changes.</p> <p>A Resident Height and Weight policy was received on 7/29/22 at 9:32 a.m. from DON (Director of Nursing). The policy indicated, "Weights will be obtained with changes in condition or as ordered by the physician or practitioner...Procedure for obtaining weight...4. Accurate weight...b. Obtain weight using similar clothing and the same scale if possible...Weekly</p>						

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	<p>weights: a. Recommend that resident with tube feedings be weighed weekly, unless otherwise indicated in care plan or by physician order 9. Reweigh parameters: a. A plus/minus of 5 pounds of weight in one week will result in: i. Reweigh within 24 hours 1. Validation with nurse for accurate weight 2. Notify IDT team/doctor/family, if indicated..."</p> <p>This Federal tag related to complaint IN00385441.</p> <p>3.1-46(a)</p>						