

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

PRINTED: 07/12/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/28/2022
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NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND STREET INDIANAPOLIS, IN 46250
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00381630, IN00382758, IN00382980, and IN00383100.</p> <p>Complaint IN00381630 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00382758 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00382980 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00383100 - Substantiated. Federal/state deficiencies related to the allegations are cited at F693.</p> <p>Survey dates: June 27 and 28, 2022</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Census Bed Type: SNF/NF: 131 Total: 131</p> <p>Census Payor Type: Medicare: 13 Medicaid: 96 Other: 22 Total: 131</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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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 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 0693 SS=D Bldg. 00	<p>Quality review completed on June 29, 2022</p> <p>483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.</p> <p>Based on observation, interview, and record review, the facility failed to ensure gastrostomy tube (g-tube) feeding supplies were labeled and dated for 1 of 3 residents reviewed for g-tubes. (Resident G)</p> <p>Findings include:</p> <p>The clinical record for Resident G was reviewed on 6/28/22 at 1:12 p.m. The diagnoses included, but was not limited to, subdural hemorrhage, malnutrition, and paralysis of vocal cords and</p>	F 0693	<p>F 693 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident G feeding was immediately discarded at the time of the incident. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All</p>	06/29/2022

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	<p>larynx.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 6/18/22, indicated Resident G was cognitively intact and required extensive assistance with one staff for eating.</p> <p>An observation conducted of Resident G's room, on 6/27/22 at 12:37 p.m., with a container of g-tube feeding hanging on an IV pole that appeared solidified. There was no date of the g-tube feeding. There was a bag containing a piston syringe and a bag of water for flushing purposes that contained no date.</p> <p>An interview conducted with the Director of Nursing (DON), on 6/27/22 at 12:40 p.m., indicated the container of g-tube feeding appeared solidified and it was not dated along with the bags that contained the piston syringe and water flush. She proceeded to throw the supplies away.</p> <p>An interview was conducted with Resident G on 6/28/22 at 11:38 a.m. When asked the question "did you receive your feedings through your feeding tube over the weekend?", Resident G moved her head to the left and right to indicate "no".</p> <p>An active physician order was noted for g-tube feeding at a rate of 50 milliliters per hour for 10 hours overnight from 8:00 p.m. to 6:00 a.m.</p> <p>The electronic medication administration record (EMAR) for June of 2022, had Resident G's g-tube feeding signed off, as administered, over the weekend on 6/25/22 and 6/26/22.</p> <p>A policy titled "Enteral General Nutritional Guidelines", revised 4/5/19, was provided by the</p>		<p>residents receiving enteral feedings have the potential to be affected. All residents receiving enteral feedings were audited to ensure feedings were labeled and dated. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Director of Nursing Services or designee will re-educate all licensed nurses on the following policy: Enteral Tube Feeding EquipmentHow the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the Director of Nursing Services or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: Observe residents receiving enteral feedings to ensure feeding supplies are labeled and dated. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>	

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	<p>DON on 6/28/22 at 2:30 p.m. The policy indicated the following, "...Policy...A physician/provider order is required to include solution, amount, frequency, and flushing procedures. The licensed competent nurse will provide enteral meals, provide oversight for the pump if used, and connect and/or disconnect G-tubes from pump, gravity feedings or bolus meals and supplements...Procedure...I. Unless otherwise indicated by the physician, the licensed nurse will be responsible for the...k. Change Syringes, tubing or bottles used for tube feeding daily...."</p> <p>A policy titled "Enteral Tube Feeding Equipment", revised 4/5/19, was provided by the DON on 6/28/22 at 2:12 p.m. The policy indicated the following, "...Policy...Equipment used in the delivery of that nutrition will be maintained in a sanitary condition for use and routinely replaced...Procedure...1. Label the irrigation syringe with resident name, date opened, specific use and nurse initials...2. Replace used irrigation syringes daily or sooner if soiled...."</p> <p>This Federal tag relates to Complaint IN00383100.</p> <p>3.1-44(a)(2)</p>			