

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

PRINTED: 10/26/2023

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 10/10/2023	
NAME OF PROVIDER OR SUPPLIER SYMPHONY OF DYER				STREET ADDRESS, CITY, STATE, ZIP COD 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 IN00414266 and IN00417299.</p> <p>Complaint IN00414266 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417299 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: October 10 & 11, 2023</p> <p>Facility number: 013462 Provider number: 155840 AIM number: 201330210</p> <p>Census Bed Type: SNF/NF: 7 SNF: 75 Residential: 27 Total: 109</p> <p>Census Payor Type: Medicare: 18 Medicaid: 7 Other: 57 Total: 82</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 10/13/23.</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 0757 SS=D Bldg. 00	483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs						

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

TITLE

(X6) DATE

Megan Matula

Administrator

10/20/2023

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>§483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on record review and interview, the facility failed to ensure a resident was free from unnecessary medications, related to a medication administered when the blood pressure was out of the prescribed parameter, for 1 of 1 resident reviewed for unnecessary medications. (Resident F)</p> <p>Finding includes:</p> <p>Resident F's record was reviewed on 10/11/23 at 8:46 a.m. The diagnoses included, but were not limited to, diabetes mellitus and end stage renal disease with dialysis.</p> <p>A Physician's Order, dated 9/14/23, indicated Midodrine (treatment for low blood pressure) 10</p>			F 0757	<p>POC for F757 – Drug Regimen is Free from Unnecessary Drugs</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No harm came to resident F related to this alleged deficient practice. Resident F no longer resides in this facility.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the</p>		10/20/2023

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	<p>milligrams (mg), was to be administered every eight hours for hypotension. The Midodrine was not to be given if the systolic (upper number) blood pressure was greater than 120.</p> <p>The Medication Administration Record (MAR), dated 9/2023 indicated the following blood pressures and documentation the Midodrine had been administered at 6 a.m. each day:</p> <p>On 9/14/23 the blood pressure was 140/83. On 9/17/23 the blood pressure was 124/75. On 9/19/23 the blood pressure was 126/55. On 9/20/23 the blood pressure was 122/66. On 9/21/23 the blood pressure was 130/77. On 9/22/23 the blood pressure was 138/56. On 9/24/23 the blood pressure was 130/76. On 9/25/23 the blood pressure was 130/76. On 9/26/23 the blood pressure was 122/80. On 9/27/23 the blood pressure was 130/70. On 9/28/23 the blood pressure was 129/82. On 9/29/23 the blood pressure was 132/70. On 9/30/23 the blood pressure was 126/63.</p> <p>The MAR, dated 9/2023 indicated the following blood pressures and documentation the Midodrine had been administered at 2 p.m. each day:</p> <p>On 9/15/23 the blood pressure was 136/72. On 9/17/23 the blood pressure was 126/55. On 9/23/23 the blood pressure was 157/72. On 9/24/23 the blood pressure was 143/72. On 9/28/23 the blood pressure was 126/53.</p> <p>The MAR, dated 9/2023 indicated the following blood pressures and documentation the Midodrine had been administered at 10 p.m. each day:</p>				<p>potential to be affected by this alleged deficient practice. Full house audit was completed to ensure medications including blood pressure were administered appropriately per order parameters What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Nursing staff educated on ensuring that medications including blood pressure are administered appropriately as it relates to order parameters. 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? DON/Designee will monitor 5 medication administrations a day 5xs a week to ensure medications including blood pressure are being administered appropriately as it relates to parameters. DON/Designee will present summaries of the audit to the Quality Assurance Committee monthly for six months. Thereafter, if determined by Quality Assurance Committee that further monitoring is needed, audits will continue. Date of compliance: 10/20/2023</p>		

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	<p>On 9/14/23 the blood pressure was 128/64. On 9/15/23 the blood pressure was 124/66. On 9/16/23 the blood pressure was 136/84. On 9/19/23 the blood pressure was 122/66. On 9/20/23 the blood pressure was 130/77. On 9/21/23 the blood pressure was 141/74. On 9/22/23 the blood pressure was 131/87. On 9/23/23 the blood pressure was 157/69. On 9/24/23 the blood pressure was 130/76. On 9/25/23 the blood pressure was 128/76. On 9/26/23 the blood pressure was 132/66. On 9/27/23 the blood pressure was 122/70. On 9/28/23 the blood pressure was 122/72. On 9/29/23 the blood pressure was 125/72.</p> <p>The MAR, dated 10/2023 indicated the following blood pressures and documentation the Midodrine had been administered at 6 a.m. each day:</p> <p>On 10/3/23 the blood pressure was 132/74. On 10/5/23 the blood pressure was 130/77. On 10/9/23 the blood pressure was 128/76. On 10/10/23 the blood pressure was 133/86.</p> <p>The Midodrine was administered at 2 p.m. on 10/4/23 with a blood pressure of 158/68.</p> <p>The MAR, dated 10/2023 indicated the following blood pressures and documentation the Midodrine had been administered at 10 p.m. each day:</p> <p>On 10/2/23 the blood pressure was 122/73. On 10/4/23 the blood pressure was 139/76. On 10/8/23 the blood pressure was 157/77. On 10/9/23 the blood pressure was 126/70. On 10/10/23 the blood pressure was 127/66.</p> <p>The Director of Nursing (DON), indicated on</p>						

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	10/11/23 at 10:45 a.m., the Midodrine had been given incorrectly. A facility policy, dated 11/2021, titled, "Medication Administration", and received from the DON as current, indicated vital signs were to be taken as required prior to the administration of the medication. The medication was to be held as specified by the Health Care Provider. 3.1-48(a)(3)						