

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

PRINTED: 06/16/2023

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 05/24/2023
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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 IN00408233, IN00408435, IN00408671, and IN00409274.</p> <p>Complaint IN00408233- Federal/state deficiencies related to the allegations are cited at F0698. Complaint IN00408435 - Federal/state deficiencies related to the allegations are cited at F0692. Complaint IN00408671- Federal/state deficiencies related to the allegations are cited at F0677. Complaint IN00409274 - No deficiencies cited.</p> <p>Survey dates: May 22, 23, and 24, 2023</p> <p>Facility number: 00172 Provider number: 155272 AIM number: 100267130</p> <p>Census Bed Type: SNF/NF: 124 Total: 124</p> <p>Census Payor Type: Medicare: 6 Medicaid: 98 Other: 20 Total: 124</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 26, 2023</p>	F 0000		
F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melanie Hooten	RN/DON	06/07/2023

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 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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	<p>carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview and record review, the facility failed to provide incontinent care timely for 1 of 3 residents reviewed for Activities of Daily Living (ADLS). (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 5/23/23 at 10:00 a.m. The diagnoses included but were not limited to: chronic kidney disease.</p> <p>The Annual Minimum Data Set (MDS) assessment dated 3/25/23 indicated Resident B was moderately cognitively impaired. He need extensive assistance by 1 staff person for toileting and personal hygiene.</p> <p>A care plan dated 12/27/22 indicated Resident B was at risk for incontinence. It indicated staff was to assist the resident with toileting.</p> <p>An bowel an bladder continence record from 5/9/23 through 5/21/23 indicated Resident B was continent at times and incontinent at times with bladder and bowel.</p> <p>During an anonymous interview, she indicated Resident B was observed multiple times soaked in urine with dried feces on his legs.</p> <p>An observation was made of Resident B on 5/24/23 at 12:30 p.m. The resident was observed in his bed. The room smelled of urine. The resident was clothed and lying on top of a sheet that was observed with a dark yellow dried ring on the sheet where the resident was lying. The resident</p>	F 0677	<p><b>F677-ADL Care Provided for Dependent Residents</b></p> <p><b>1) Resident B had his clothes changed and his bed sheets changed. Residents were not harmed by the deficient practice.</b></p> <p><b>2) All residents have the potential to be affected. Residents that had/have episodes of incontinence were audited to ensure their plan of care was accurate. Care plans were revised as needed accordingly.</b></p> <p><b>3) Nursing staff were educated on facility policies "Routine Resident Care" with an emphasis on incontinence care.</b></p> <p><b>4) Unit Manager or Designee will audit and observe 10 residents per week x 1 month, then 5 residents per week x 1 month, then 3 residents per week x 4 months to ensure residents are receiving incontinence care timely and bed lines are being changed.</b></p> <p><b>The results of the audit observations will be reported,</b></p>	06/10/2023

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F 0692 SS=D Bldg. 00	<p>at that time indicated he had not spilled his urinal that was sitting on the bed rail.</p> <p>An observation was made of Resident B with Certified Nursing Assistant (CNA) 5 on 5/24/23 at 12:33 p.m. Resident B was observed lying in bed on a sheet that had a dark yellow dried ring on it. CNA 5 indicated she was the CNA that was working with the resident that day. She had been working in the facility for about a month and Resident B was normally continent. He has had 1 incident of incontinence with her since she had worked in the facility. CNA 5 provided a check at that time on the resident. She indicated he was wet. After gathering supplies, CNA 5 was observed providing incontinent care. The resident was turned to his side exposing the sheet that had one dried dark yellow ring and a second ring that was wet where his bottom was lying on the sheet. The resident's pants was wet, and the brief he was wearing was saturated. CNA 5 indicated at that time, the resident was a "heavy wetter."</p> <p>This Federal tag relates to complaint IN00408671.</p> <p>3.1-38(2)(C)</p> <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 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</p>		<p><b>reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</b></p>	

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	<p>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.</p> <p>Based on interview and record review, the facility failed to ensure a resident who was NPO (nothing by mouth) did not receive a food tray, and to ensure a resident received puree texture diet as ordered by the physician, for 2 of 3 residents reviewed for nutrition (Resident E and G).</p> <p>Findings include:</p> <p>1. The clinical record for Resident E was reviewed on 5/22/23 at 12:10 p.m. The Resident's diagnosis included, but were not limited to, dysphagia (inability to swallow). He was admitted to the facility on 5/3/23.</p> <p>A physician's order, dated 5/3/23, indicated Resident E was to be NPO (have nothing by mouth). He was to receive Nepro (nutritional supplement) at 50 ml (milliliter) per hour by his gastric tube for nutrition.</p> <p>A care plan, initiated 5/4/23, indicated Resident E needed assistants with self-care. The goal was for him to not exhibit declines in his range of motion and for him to exhibit improved function by discharge. The interventions included, but were not limited to, he was dependent for eating using his G-tube (gastric tube).</p>	F 0692	<p><b>F692- Nutrition/Hydration Status Maintenance</b></p> <p><b>1) Resident E no longer resides in the facility. Resident G will be served diet as ordered. Residents were not harmed by the deficient practice.</b></p> <p><b>2) All residents with an alternate diet have the potential to be affected. Residents with alternate diets were audited to ensure their orders and care plans were accurate.</b></p> <p><b>3) Nursing staff were educated on facility policies "Physician Order" with an emphasis on diet orders.</b></p> <p><b>4) Unit Manager or Designee will audit 10 residents per week x 1 month, then 5 residents per week x 1 month, then 3 residents per week x 4 months to ensure residents are served their diets</b></p>	06/10/2023

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	<p>The clinical record Point of Care response record indicated that on 5/4/23, Resident E had eaten 75 to 100% of his breakfast meal and 75 to 100% of his lunch meal. His dinner meal for 5/4/23 had been documented as G-tube feeding.</p> <p>A Nurses Note, dated 5/5/23 at 11:55 a.m., indicated Resident E had been sent to an acute care hospital for altered mental status.</p> <p>The acute care hospital Provider Admission Note for Resident E, dated 5/5/23 at 4:29 p.m., read "... He is known to have dysphagia, GJ [gastric feeding] tube and is NPO...states they came to find him recently at... eating eggs, bacon and oatmeal.... Today, he presents to the ER [sic] lethargic, hypoxemic [low oxygen level] requiring humidified trach collar and with marginal BP [blood pressure] along with fever...Impression...1. Acute hypoxemic respiratory failure 2. Aspiration pneumonia..."</p> <p>During an interview on 5/23/23 at 9:36 a.m., FM (Family Member) 2 indicated she had come to visit Resident E on 5/4/23 and had been informed by the nurse on duty that Resident E had eaten his breakfast. Resident E was normally alert and had his G-tube feeding at bed side and was receiving his feeding when she arrived to visit. When FM 2 spoke with Resident E, he had told her that he ate eggs, bacon, oatmeal, toast, and orange juice for breakfast. She had questioned this because he was not to have anything by mouth. At lunch time on 5/4/23, the facility staff brought in a lunch tray with someone else's name on it and were preparing to give it to Resident E. The first name on the lunch tray had started with a "D". FM 2 told the staff that Resident E was unable to eat food and the tray was removed. On 5/5/23, FM 2</p>		<p><b>as ordered by physician.</b></p> <p><b>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.</b></p>	

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	<p>had come to visit Resident E and found him unresponsive with dried vomit on his mouth.</p> <p>During an interview on 5/23/23 at 9:36 a.m., FM 11 indicated she had visited Resident E at dinner time on 5/4/23. A facility staff member had brought in a dinner tray with someone else's name on it and prepared to serve it to Resident E. The first name of the dinner tray had started with a "D". FM 11 had told the staff member that Resident E could not have anything by mouth.</p> <p>On 5/24/23 at 2:30 p.m., the DNS (Director of Nursing Services) provided an Action Summary Report for 4/24/23 through 5/3/23, which indicated a resident whose first name started with a "D" had discharged from Resident E's room on 5/2/23.</p> <p>During an interview on 5/24/23 at 2:30 p.m., the DNS indicated that a dietary slip was sent to the dietary department to inform them of new admission. When a resident discharged or moved to a different room, the system automatically updated to inform the kitchen of the changes, as long as the census was updated timely.</p> <p>2. The clinical record for Resident G was reviewed on 5/23/23 at 10:00 a.m. The diagnoses included but were not limited to: dementia and dysphagia (difficulty in swallowing) following a stroke.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 2/8/23 indicated Resident G was moderately cognitively impaired.</p> <p>An Activities of Daily Living (ADL) care plan dated 5/23/22 indicated Resident G needed supervision and set up assistance with eating.</p> <p>A nutrition care plan date revision date of initiated</p>			

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F 0698 SS=D Bldg. 00	<p>6/6/22 indicated "Resident with potential for altered nutrition status/nutrition related problems d/t [due to] Disease process; COPD [Chronic Obstructive Pulmonary Disease], dysphagia,...Interventions:...Provide diet as ordered..."</p> <p>A physician order dated 8/17/22 indicated Resident G was to receive puree texture and nectar consistency liquids.</p> <p>An observation was made of Resident G on 5/23/23 at 2:49 p.m. The resident was observed in the doorway of his room eating popcorn from a plastic sandwich bag. Certified Nursing Assistant (CNA) 9 approached and greeted the resident while eating his popcorn. She indicated that was Resident G. At 2:53 p.m., License Practical Nurse (LPN) 10 had greeted Resident G while he was eating his popcorn.</p> <p>An interview was conducted with LPN 10 on 5/23/23 at 2:54 p.m. She indicated after reviewing Resident G's clinical record, he was on a puree diet. He should not be eating popcorn. He was noncompliant with his diet and had probably taken the bag of popcorn from someone.</p> <p>During an interview on 5/24/23 at 2:50 p.m., the DNS indicated that residents should be served their diets as ordered by the physician.</p> <p>This Federal tag relates to Complaint IN00408435.</p> <p>3.1-46</p> <p>483.25(l) Dialysis §483.25(l) Dialysis. The facility must ensure that residents who</p>			

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	<p>require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on interview and record review, the facility failed to ensure residents receiving dialysis services had physician's orders to provide the dialysis services, received the dialysis services timely, conducted resident assessments prior to and after receiving dialysis services, and provided monitoring and assessing a resident's dialysis site for 2 of 3 residents reviewed for dialysis. (Resident C and F)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 5/22/23 at 1:30 p.m. The diagnosis included but was not limited to: end stage renal disease. She was admitted to the facility on 4/30/23.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 5/7/23 indicated Resident C was cognitively intact.</p> <p>The hospital discharge paperwork indicated Resident C received dialysis services on Tuesdays, Thursdays, and Saturdays and has a dialysis catheter in right chest.</p> <p>A dialysis care plan for Resident C dated 5/2/23 indicated " ...Communicate with dialysis center regarding medications, vital signs, weights, any restrictions, diet orders, nutritional/fluid needs, lab results, and who to notify with concerns. Coordinator residents care in collaboration with dialysis center ...Evaluate resident following dialysis treatment. Report abnormal findings to medical provider, nephrologist/dialysis center,</p>	F 0698	<p><b>F698- Dialysis</b></p> <p><b>1) Resident C's orders have been updated. Residents were not harmed by the deficient practice.</b></p> <p><b>2) All residents receiving dialysis have the potential to be affected.</b></p> <p><b>3) Nursing staff was educated on the facility policy "Hemodialysis care and monitoring".</b></p> <p><b>4) Director of Nursing or Designee will audit 10 residents per week x 1 month, then 5 residents per week x 1 month, then 3 residents per week x 4 months to ensure residents receiving dialysis services have physician's order to provide the dialysis services, received the dialysis services timely, conducted resident assessments prior to and after receiving dialysis services, and provided monitoring and assessment of a resident's dialysis site.</b></p> <p><b>The results of the audit observations will be reported, reviewed and trended for</b></p>	06/10/2023



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	<p>resident/resident representative..."</p> <p>The Dialysis Schedule was provided by the Executive Director on 5/22/23 at 11:43 a.m. It indicated Resident C was to have dialysis services Tuesdays, Thursdays and Saturdays.</p> <p>The hemodialysis treatment records for May 2023 were provided by the DNS (Director of Nursing Services) on 5/23/23 at 4:03 p.m. It indicated Resident C had received dialysis services on Wednesday, May 3, 2023.</p> <p>The resident's clinical record did not include physician orders for dialysis services, physician orders to assess/monitor the resident's dialysis site nor before or after evaluations on dialysis days.</p> <p>An interview was conducted with Resident C on 5/22/23 at 11:56 a.m. She indicated she had missed dialysis when she was first admitted to the facility.</p> <p>An interview was conducted with License Practical Nurse (LPN) 4 on 5/23/23 at 11:23 a.m. She indicated the residents' receiving dialysis should have physician orders to receive those services, pre and post assessments conducted by nursing staff and monitoring of the residents' dialysis site. The assessment/evaluation form should be completed prior to taking the resident to dialysis using the resident's electronic medial record. Then the assessment/evaluation form would be printed, and provided to the dialysis center on arrival. After dialysis, the nursing staff are provided the assessment/evaluation form back. The nursing staff at that time, conduct a post assessment/evaluation after the resident returns from dialysis. The resident's site should be monitored and assessed as ordered, and the</p>		<p><b>compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</b></p>	

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	<p>documentation would be located in the resident's Medication/Treatment Record (MAR/TAR). She was unable to find pre and post assessment/evaluations, physician orders to receive dialysis services that include care orders for Resident C.</p> <p>An interview was conducted with DNS on 5/24/23 at 4:00 p.m. She indicated she had spoken to the dialysis center, and Resident C had missed receiving dialysis on Tuesday, May 2nd. The dialysis center's nursing staff was unaware Resident C was in the facility to receive services on that Tuesday.</p> <p>2. The clinical record for Resident F was reviewed on 5/23/23 at 9:30 a.m. The Resident's diagnosis included, but was not limited to, end stage renal disease. He was admitted to the facility on 5/12/23.</p> <p>A physician's order, dated 5/13/23, indicated he was to receive dialysis on Tuesday, Thursday, and Saturday of each week.</p> <p>On 5/23/23 at 3:30 p.m., the DNS (Director of Nursing Services) provided the Hemodialysis Treatment Information for Resident F, which indicated he had received dialysis on the following days: 5/13, 5/16, 5/19, and 5/23/23.</p> <p>The clinical record did not contain pre or post dialysis assessments.</p> <p>A "Hemodialysis Care and Monitoring" policy was provided by the DNS on 5/23/23 at 11:54 a.m. It indicated "...Policy: It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. Safety is a primary concern for our residents, staff and visitors...Procedure: I. Responsibilities for the</p>			

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	<p>Provision of Dialysis Care and Services...b. In the event the facility offers dialysis services, the facility will i. Provide resident center care to meet the resident's needs for dialysis. ii. Provide a method for coordination and collaboration between the nursing home and the dialysis facility will be established...VII. Pre-Dialysis a. Evaluation completed within four (4) hours of transportation to dialysis to include but not limited to: i. Accurate weight ii. Blood Pressure, Pulse, Respirations and Temperature. b. Medications administered or medication(s) withheld prior to dialysis. c. Provide meal or snack prior to leaving facility for dialysis unless otherwise ordered. d. Send copy of nursing evaluation with resident to dialysis center i. Include MAR ii. Emergency contact and facility contact information. IX. Post-Dialysis a. Nurse to review notes from dialysis center i. Review resident tolerance to treatment ii. Review medications that may have been given during dialysis iii. Review if blood transfusion was given. 1. Check labs for hemoglobin/hematocrit values iv. Post dialysis notes will be uploaded into EHR [electronic health record] or placed on hard medical record. b. Nurse to complete the post-dialysis evaluation upon return from dialysis center to include but not limited to: i. Thrill absence or presence. ii. Bruit absence or presence. iii. Pulse in access limb...iv. Blood pressure, pulse, respirations and temperature upon return to facility. v. Visual inspection of site for bleeding, swelling, or other abnormalities. vi. Any abnormal or unusual occurrence resident reports while at dialysis center...."</p> <p>This Federal tag relates to complaint IN00408233.</p> <p>3.1-37(a)</p>			