STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155298	A. BUILDING 00 B. WING	05/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PYRAMID POINT POST-ACUTE REHABILITATION CENTER	8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	This visit was for the Investigation of Complaint IN00230239. Complaint IN00230239 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F329. Survey dates: May 21 & 22, 2017 Facility number: 000195 Provider number: 155298 AIM number: 100267690 Census bed type: SNF/NF: 38 Total: 38 Census payor type: Medicare: 8 Medicaid: 30 Total: 38 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on May 24, 2017.	F 0000	Plan of Correction Submitted for Pyramid Point Post Acute Rehabilitation Center IDR Request submitted in addition to POC 06/06/2017 Craig A. Hestand Executive Director	
F 0157 SS=G Bldg. 00	483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	(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- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (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); (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 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			

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	(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). Based on record review and interview, the facility failed to ensure the physician was notified for potential change in treatment when a resident receiving anticoagulant therapy was initially observed with bruising for 1 of 4 resident's reviewed for physician notification of change condition. Resident B was observed with blotchy bruising on her right side between 6-6:30 a.m., and the bruising was not reported to the physician until 6 hours later when the resident was observed with a large hematoma to her right side (a solid swelling of clotted blood within the tissues). The resident was sent to the hospital and died the next day. (Resident B) Findings include: An investigation of an injury of unknown origin dated 4/23/17 was reviewed on 5/21/17 at 7 p.m., The investigation indicated: a. LPN 2 indicated she assisted an	F 0157	This plan of correction constitutes the facility's written 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 the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483. **Identifying Prefixes F-157 (G)** ***Immediate corrective action(s) for those Residents affected by the deficient practice;*** Resident B was transferred to the acute hospital on 4/23/17 and received sub-sequent medical care and treatment. ***Plan / Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken;*** Each week, the DON will review daily 24-hour communication and incident reports to establish and coordinate clinical compliance with timely physician notification and services to address any	06/09/2017

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	agency CNA 3 with toileting Resident B on 4/23/17 "around" 6 a.m. Resident B indicated she needed to go to the bathroom. The resident was transferred to the toilet. LPN 2 indicated while in the bathroom she observed "splotchy bruising to her right hip." The LPN described the area to be several smaller bruises near each other. b. During a telephone interview with the agency CNA 3 on 4/27/17 by the DON, the CNA indicated she did notice "bruising/discoloration"at the time she assisted LPN 2 with toileting the resident. She indicated the area was not raised and was not solid. During an interview with LPN 2 on 5/22/17 at 11 a.m., she indicated when she came into work on 4/23/17 around 6 a.m., she heard Resident B and she went to the room. The resident indicated she needed to use the bathroom. She indicated herself and CNA 3 took the resident to the bathroom. The resident indicated at that time it was too painful to use the bedpan. The LPN indicated the resident did have bruising on her right side like a series of small bruises. She indicated the resident was complaining of nausea and indicated she had vomiting during the night. The resident did not complain of pain. LPN 2 indicated she		urgent medical needs as indicated. Each week, the Medical Records Department will conduct a Change-of-condition audit to identify residents potentially affected by untimely physician response; Audit disparities will be referred back to the nursing department for prompt resolution of any concerns. ***Facility measures and systemic changes to ensure the deficient practice does not recur;*** Licensed staff will receive in-service training on or before 6/8/17 by the DON, or Designee on: 1. Promptly recognizing & timely managing change of condition; 2. Promptly notifying Physician of any changes in condition. 3. Recognizing potential signs of bleeding associated with anticoagulant therapy, including physician notification as indicated to address new or worsening bruising/bleeding. ***Facility plan to monitor corrective actions & sustain compliance; Integrate QA Process;*** The DON will be responsible for identifying and reporting patterns of non-compliance with providing	

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	completed a change in condition assessment for the nurse on duty related to the resident's nausea and vomiting and put a call into the physician related to the nausea and vomiting. During the interview, LPN 2 indicated she was not the Resident's primary nurse and was not aware the resident was on anticoagulation therapy. She indicated she did not report the bruising to the nurse in charge of the resident or notify the physician of the bruising. She indicated, had she been aware the resident was on anticoagulation therapy, she would have notified the physician and the nurse in charge. She indicated bruising was a concern when a resident was on a "blood thinner." The record for resident B was reviewed on 5/21/17 at 6:30 p.m. Current diagnoses included, but were not limited to, Atrial fibrillation and pneumonia. Physician orders dated 4/21/17 indicated orders for: Enoxaparin (lovenox: anticoagulant) 80 mg (milligrams/0.8 ml (milliliter), inject 80 mg subcutaneous every 12 hours until INR (international normalized ratio: test used to monitor individuals on anticoagulation therapy) is greater than 2 for prevention of blood clots.		proper care, assessment, and timely management of changes in condition to the QA committee each month for the next 3 months for trend identification, action planning, and additional monitoring needs as indicated. The Medical Records Supervisor will be responsible for identifying patterns of non-compliance with prompt physician notification, and reporting issues to the QA committee each month for the next 3 months for trend identification, action planning, and additional monitoring needs as indicated. Pyramid Point Post Acute Rehabilitation would like to submit a formal request for an IDR of F-157 (G), as we believe there is incomplete and inaccurate information in the 2567 which would demonstrate these tags should not have been cited. I would like to formally ask for a face-to-face meeting to review and discuss F-157.	

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	Coumadin (anticoagulant) 2 mg Monday through Friday and 3 mg on Saturday and Sunday for Atrial Fibrillation. Monitor for signs and symptoms of bleeding every shift for anticoagulant use. Nursing documentation indicated: 4/23/17 6:34 a.m., resident with change in condition nausea and vomiting and the physician was notified. See SBAR (situation, background, assessment, recommendation form). The "einteract Change in Condition Evaluation" form completed by LPN 2 on 4/23/17 at 6:34 a.m., indicated the resident was having nausea and vomiting. Section . "...B. Background (General information)" indicated "...4. Is the resident on warfarin/coumadin?...." This question was not answered as yes or no. "...4c. Resident is on other anticoagulant....?" This question was not answered as yes or no. "...Section C Background (Evaluation)...Skin Evaluation...16. Describe skin changes...15. [check mark] No changes observed...24. Other relevant information Resident had emesis x [times] 1. md [physician] on called [sic] and waiting return call. Day nurse notified. No new orders at this time...." The change in condition form did not indicate the right side bruising that was		***Completion Date(s): 06/09/2017***	

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	observed during the care observation by this nurse and the form was not accurately completed for a thorough evaluation of the resident and communication to the physician and other nursing staff. 4/23/17 at 1:22 p.m., resident had new bruising to hip area with no known etiology. Resident also presented with hypotension. On call physician was notified with new orders to send to the ER. Daughter was made aware. An SBAR 911 Transfer form dated 4/23/17 at 12:50 p.m., completed by LPN 1 indicated the resident was being transferred to the hospital for hypotension and new bruising. The resident was on coumadin. The resident's blood pressure was 72/52, had decreased consciousness, nausea, and vomiting. Section A "Assessment or Appearance What do you think is going on with the resident? ...Possible internal bleed...." The bruising was first observed on 4/23/17 between 6 and 6:30 a.m., and was not reported immediately to the nurse in charge of the resident and was not communicated to the physician for potential alteration in treatment when he was notified of nausea and vomiting that a.m.			

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	A (Name of Hospital) Emergency Room (ER) noted dated 4/23/17 at 1:25 p.m., indicated the resident presented with low blood pressure of 90/45 and a right flank (side) hematoma. An ER note dated 4/23/17 at 2:20 p.m., indicated a CT (computerized tomography) scan showed a large muscular and subcutaneous hematoma on the resident's right flank. There was a "huge right flank and right abdominal hematoma with tenderness to palpation...." An ER note date 4/23/17 at 2:24 p.m., indicated the resident had a right flank hematoma with the upper part of the hematoma in the intramuscular area and the lower part into the subcutaneous tissues. The hematoma extended from the right lower ribs through the groin area on the right. There was no enteroperitoneal or intra-abdominal hemorrhage. The resident was admitted to the hospital for acute blood loss with right flank hematoma and was given intravenous fluids to increase the blood pressure and her anticoagulation therapy (medications used to thin the blood) was stopped. The resident was given Vitamin K 10 milligrams (assist to help blood clot) and			

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	Kcentra (medication given to reverse the affects of Coumadin (anticoagulant) in the ER. The hospital records for 4/24/17 at 8:36 a.m., indicated the resident became unresponsive with low blood pressure. A code blue was called and the resident died at 9:08 a.m. An October 2015 policy titled "Covenant Care Operating Standard Managing Change of Condition...." was provided by the ED on 5/22/17 at 4:15 p.m., and deemed as current. The policy indicated: "Objective: To appropriately assess, document, and communicate change of condition (COC) to the primary care provider. To provide treatment and services to address changes in accordance with patient needs...If the change in condition does not require an immediate 911 transfer the following steps may be followed: 1. Select and completed the einteract Change in Change in Condition Evaluation. 2. Notify the physician and responsible party of assessment findings...completed einteract Change in Condition Evaluation may be printed and faxed...texted...to the physician...4. Document assessment findings and communications...6. Report change of condition to the DON, ED and other members of the IDT [interdisciplinary			

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	team] per facility practices...." A September 2010 policy titled "Anticoagulant Therapy" was received from the Executive Director (ED) on May 22, 2017 at 4:05 p.m., and deemed as current. The policy indicated: "...Purpose To monitor anticoagulant therapy so that therapeutic drug parameters are maintained...6. Recognize and report abnormal conditions associated with anticoagulant therapy...Communicate with physician when...adverse drug effects are identified...." 3.1-5(a)(2) 3.1-5(a)(3)			
F 0329 SS=G Bldg. 00	483.45(d) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS (d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or			

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	(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. Based on record review and interview, the facility failed to ensure a resident receiving anticoagulant therapy was monitored when bruising was initially observed and the physician was notified for potential change in treatment for 1 of 2 resident's reviewed for anticoagulation therapy. Resident B was observed with blotchy bruising on her right side between 6-6:30 a.m., and the bruising was not reported to charge nurse on physician until 6 hours later when the resident was observed with a large hematoma to her right side (a solid swelling of clotted blood within the tissues). The resident was sent to the hospital and died the next day. (Resident B) Findings include: An investigation of an injury of unknown origin dated 4/23/17 was reviewed on 5/21/17 at 7 p.m., The investigation indicated: a. LPN 1 indicated she visualized the right side and hip of Resident B on	F 0329	This plan of correction constitutes the facility's written 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 the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483. **Identifying Prefix Tag F-329 (G):** ***Immediate corrective action(s) for those Residents affected by the deficient practice;*** Resident B was transferred to the acute hospital on 4/23/17 and received sub-sequent medical care and treatment. ***Plan / Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken;*** An audit will be conducted with all residents receiving anticoagulant therapy to evaluate and facilitate compliance with implementing adequate monitoring.	06/09/2017

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	4/22/17 and there was no redness or bruising or blood filled mass. LPN 1 indicated she found the "bruising/blood filled mass" when she went into room on 4/23/17 (around noon) to get admission papers signed and the resident stated she felt funny. The LPN attempted to get a blood pressure and was unsuccessful. Another nurse arrived and they provided incontinent care and observed the noted area. LPN 1 then initiated transfer the to hospital. b. LPN 2 indicated she assisted an agency CNA 3 with toileting Resident B on 4/23/17 "around" 6 a.m. Resident B indicated she needed to go to the bathroom. The resident was transferred to the toilet. LPN 2 indicated while in the bathroom she observed "splotchy bruising to her right hip." The LPN described the area to be several smaller bruises near each other. c. During a telephone interview with the agency CNA 3 on 4/27/17 by the DON, the CNA indicated she did notice "bruising/discoloration"at the time she assisted LPN 2 with toileting the resident. She indicated the area was not raised and was not solid. During an interview with LPN 2 on 5/22/17 at 11 a.m., she indicated when		***Facility measures and systemic changes to ensure the deficient practice does not recur;*** The DON, or designee will in-service on or before 6/8/17 Licenses Nurses on the importance of monitoring abnormal bleeding or bruising associated with anticoagulant therapy; and, prompt physician notification of new or worsening changes of condition. ***Facility plan to monitor corrective actions & sustain compliance; Integrate QA Process;*** The DON, or designee will review new anticoagulant orders each week to evaluate compliance with initiating adequate monitoring plans (MD orders, Care Plan, and MAR) as indicated. Each week, the Medical Records Department will conduct a Change-of-condition audit to identify residents potentially affected by untimely physician notification; Audit disparities will be referred back to the nursing department for prompt resolution of any concerns.	

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	she came into work on 4/23/17 around 6 a.m., she heard Resident B and she went to the room. The resident indicated she needed to use the bathroom. She indicated herself and CNA 3 took the resident to the bathroom. The resident indicated at that time it was too painful to use the bedpan. The LPN indicated the resident did have bruising on her right side like a series of small bruises. She indicated the resident was complaining of nausea and indicated she had vomiting during the night. The resident did not complain of pain. LPN 2 indicated she completed a change in condition assessment for the nurse on duty related to the resident's nausea and vomiting and put a call into the physician related to the nausea and vomiting. During the interview, LPN 2 indicated she was not the Resident's primary nurse and was not aware the resident was on anticoagulation therapy. She indicated she did not report the bruising to the nurse in charge of the resident or notify the physician of the bruising. She indicated, had she been aware the resident was on anticoagulation therapy, she would have notified the physician and the nurse in charge. She indicated bruising was a concern when a resident was on a "blood thinner." During an interview on 5/22/17 at 10:30 a.m., LPN 1 indicated she had completed		Trends identified with new order reviews and COC audits will be referred to the Monthly Quality Assurance Committee for problem-analysis, action planning, and additional monitoring needs as indicated. Pyramid Point Post Acute Rehabilitation would like to submit a formal request for an IDR of F-329 (G), as we believe there is incomplete and inaccurate information in the 2567 which would demonstrate these tags should not have been cited. I would like to formally ask for a face-to-face meeting to review and discuss F-329. ***Completion Date(s): 06/09/2017***	

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	the resident's initial admission on 4/21/17 in the evening and there was no skin concerns except a bruise on the resident's shoulder and the resident was very alert and oriented. She indicated she was in the facility on 4/22/17, Saturday for another admission. She indicated the resident's daughter was visiting and the resident did complain of some pain at that time to her right hip. LPN 1 indicated she looked at the area and there was no bruising. LPN 1 indicated the daughter was rubbing the residents hips at that time and the resident declined pain medication. On 4/23/17, Sunday, around noon LPN 1 indicated she was the manager on duty and was in the facility. She indicated she went to the resident's room to have her sign some admission paper work. The resident was not interested in breakfast and indicated she had been incontinent of stool. The LPN with the assist of another nurse moved the resident over to her side to provide care and observed the large bruise and blood filled mass.. She then called the doctor and the daughter. LPN 1 indicated she felt the resident was bleeding. A (Name of Hospital) Emergency Room (ER) noted, dated 4/23/17 at 1:25 p.m., indicated the resident presented with low blood pressure of 90/45 and a right flank (side) hematoma.			

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	155298	A. BUILDING 00 B. WING	05/22/2017

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An ER note dated, 4/23/17 at 2:20 p.m., indicated a CT (computerized tomography) scan showed a large muscular and subcutaneous hematoma on the resident's right flank. There was a "huge right flank and right abdominal hematoma with tenderness to palpation...."

An ER note, dated 4/23/17 at 2:24 p.m., indicated the resident had a right flank hematoma with the upper part of the hematoma in the intramuscular area and the lower part into the subcutaneous tissues. The hematoma extended from the right lower ribs through the groin area on the right. There was no enteroperitoneal or intra-abdominal hemorrhage.

The resident was admitted to the hospital for acute blood loss with right flank hematoma and was given intravenous fluids to increase the blood pressure and her anticoagulation therapy (medications used to thin the blood) was stopped. The resident was given Vitamin K 10 milligrams (assist to help blood clot) and Kcentra (medication given to reverse the affects of Coumadin (anticoagulant) in the ER.

The hospital records for 4/24/17 at 8:36

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	a.m., indicated the resident became unresponsive with low blood pressure. A code blue was called and the resident died at 9:08 a.m. The record for resident B was reviewed on 5/21/17 at 6:30 p.m. Current diagnoses included, but were not limited to, Atrial fibrillation and pneumonia. An Admission Assessment, dated 4/21/17, indicated the only skin concern was a bruise on the left shoulder 5 centimeters (cm) by 4.5 cm. Physician orders, dated 4/21/17, indicated orders for: Enoxaparin (lovenox: anticoagulant) 80 mg (milligrams/0.8 ml (milliliter), inject 80 mg subcutaneous every 12 hours until INR (international normalized ratio: test used to monitor individuals on anticoagulation therapy) is greater than 2 for prevention of blood clots. Coumadin (anticoagulant) 2 mg Monday through Friday and 3 mg on Saturday and Sunday for Atrial Fibrillation. Monitor for signs and symptoms of bleeding every shift for anticoagulant use. The Medication Administration record			

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	indicated the Enoxaparin 80 mg was given by subcutaneous injection at 9 a.m., on 4/23/17. Nursing documentation indicated: 4/23/17 6:34 a.m., resident with change in condition nausea and vomiting and the physician was notified. See SBAR (situation, background, assessment, recommendation form). The einteract Change in Condition Evaluation form completed by LPN 2 on 4/23/17 at 6:34 a.m., indicated the resident was having nausea and vomiting. Section . "...B. Background (General information)" indicated "...4. Is the resident on warfarin/coumadin?...." This question was not answered as yes or no. "...4c. Resident is on other anticoagulant....?" This question was not answered as yes or no. "...Section C Background (Evaluation)...Skin Evaluation...16. Describe skin changes...15. [check mark] No changes observed...24. Other relevant information Resident had emesis x [times] 1. md [physician] on called [sic] and waiting return call. Day nurse notified. No new orders at this time...." The change in condition form did not indicate the right side bruising that was observed during the care observation by this nurse and the form was not accurately completed for a thorough			

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	evaluation of the resident and communication to the physician and other nursing staff. 4/23/17 at 8 a.m., emesis on 2 and 3 shift, none on day shift, no new orders. Nurse Practitioner will see on 4/24/17. 4/23/17 at 1:22 p.m., resident had new bruising to hip area with no known etiology. Resident also presented with hypotension. On call physician was notified with new orders to send to the ER. Daughter was made aware. An SBAR 911 Transfer form dated 4/23/17 at 12:50 p.m., completed by LPN 1 indicated the resident was being transferred to the hospital for hypotension and new bruising. The resident was on coumadin. The resident's blood pressure was 72/52, had decreased consciousness, nausea, and vomiting. Section A "Assessment or Appearance What do you think is going on with the resident? ...Possible internal bleed...." The bruising was first observed on 4/23/17 between 6 and 6:30 a.m., and was not reported immediately to the nurse in charge of the resident and was not communicated to the physician for potential alteration in treatment when he was notified of nausea and vomiting that a.m.			

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	A September 2010 policy titled "Anticoagulant Therapy" was received from the Executive Director (ED) on May 22, 2017 at 4:05 p.m., and deemed as current. The policy indicated: "...Purpose To monitor anticoagulant therapy so that therapeutic drug parameters are maintained...5. Monitor for signs and symptoms of adverse drug effects, including, but not limited to,...excessive bruising, petechiae...6. Recognize and report abnormal conditions associated with anticoagulant therapy...Communicate with physician when...adverse drug effects are identified...." An October 2015 policy titled "Covenant Care Operating Standard Managing Change of Condition...." was provided by the ED on 5/22/17 at 4:15 p.m., and deemed as current. The policy indicated: "Objective: To appropriately assess, document, and communicate change of condition (COC) to the primary care provider. To provide treatment and services to address changes in accordance with patient needs...If the change in condition does not require an immediate 911 transfer the following steps may be followed: 1. Select and completed the einteract Change in Change in Condition Evaluation. 2. Notify the physician and			

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	responsible party of assessment findings...completed einteract Change in Condition Evaluation may be printed and faxed...texted...to the physician...4. Document assessment findings and communications...6. Report change of condition to the DON, ED and other members of the IDT [interdisciplinary team] per facility practices...." 3.1-48(a)(3)			