

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

PRINTED: 04/02/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155298		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/07/2018	
NAME OF PROVIDER OR SUPPLIER  PYRAMID POINT POST-ACUTE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00255654 and IN00255465.</p> <p>Complaint IN00255654 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00255465 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677, F687 and F921.</p> <p>Survey date: March 6 and 7, 2018.</p> <p>Facility number: 000195 Provider number: 155298 AIM number: 100267690</p> <p>Census Bed Type: SNF/NF: 37</p> <p>Census Payor Type: Medicare: 5 Medicaid: 32 Total: 37</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on March 9, 2018.</p>			F 0000	<p>The 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 in the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the health and safety code section 1280 and 42 CFR 483.</p>		
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 carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral</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 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>hygiene;</p> <p>Based on interview and record review the facility failed to provide timely incontinence care for 1 of 3 residents reviewed for incontinence care (Resident E) and failed to ensure showers were given for 2 of 2 residents reviewed for showers (Resident B and C).</p> <p>Finding includes:</p> <p>1. During a confidential interview, on 03/06/18 at 12:30 p.m., Resident E indicated there were not enough aids in the evening to answer call lights. Resident indicated on the evening of February 27, 2018, he/she turned his/her call light on for help with an incontinent episode and waited for over 45 minutes to be assisted. Staff G apologized to resident E for the wait and indicated that he/her and Staff F were the only aids on duty for the facility that evening.</p> <p>During a confidential interview, on 03/06/18 at 12:35 p.m., Staff G indicated on the evening of February 27, 2018, he/she and Staff F were the only CNAs on duty to care for 37 residents and were unable to assist Resident E when he/she put his/her light on. He/She indicated Resident E had waited for an hour to have his/her soiled brief removed and be assisted to bed.</p> <p>During an interview, on 03/07/18 at 3:50 p.m., the Staffing Coordinator indicated the facility scheduled four CNAs on day shift, three CNAs on evening shift and two CNAs on night shift, with two nurses on each shift. If an employee calls off they reach out to other staff or call an agency to fill in and maintain staffing levels. The evening of February 27, 2018, the facility contacted an agency for a replacement CNA but they never</p>			F 0677	<p>F677; 1. Based on interview and record review the facility failed to provide timely incontinence care for 1 of 3 residents reviewed for incontinence care (Resident E) and failed to ensure showers were given for 2 of 2 residents reviewed for showers (Resident B and C).</p> <p>2. Care plan reviewed for target resident and like residents with Incontinence. In-service staff on Call-light and Incontinence Policy and Procedure.</p> <p>3. Water Issue Fix on 2/21/2018: Shower preference Reviewed and Update with target residents. An audit to monitor showers given on days requested will be performed by Director of Nurses and/or designee no less than 3 times a week for 4 weeks and then until 100% compliant</p> <p>4. Audit will be performed by Director of Nurses and/or designee will be reviewed by QAPI committee for compliance and for any recommendations as needed.</p>		03/28/2018

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	<p>showed up. The Staffing Coordinator and Activities assistance stayed over there shift to help evening shift until 6:00 p.m., leaving 2 CNAs and 2 nurses from 6:00 p.m. to 10 p.m.</p> <p>During a confidential interview on 03/07/2018 at 4:38 p.m., Staff F indicated he/she and Staff G were the only CNAs working the evening shift of February 27, 2018. They were unable to answer call lights in a timely manner and many residents had to wait 20 minutes or more for assistance.</p> <p>The record for Resident E was reviewed on 03/07/18 at 1:25 p.m. Diagnoses included, but were not limited to paraplegia, chronic kidney disease and type 2 Diabetes.</p> <p>A review of the nursing daily schedule for February 27, 2018, indicated one CNA scheduled to work on the evening shift called in leaving Staff F and Staff G as the only CNAs working that evening.</p> <p>2. The record for resident B was reviewed on 03/07/18 at 12:35 p.m. Diagnoses included, but were not limited to congestive heart failure, hypertension and osteoporosis.</p> <p>A documentation report for February 2018, provided by the ED on 03/07/18 at 1:34 p.m., indicated Resident B preferred showers and was to receive a shower every Tuesday and Friday. Resident B received a shower two of eight scheduled shower days in February, (2/6 and 2/13) a partial bed bath two days (2/20 and 2/23) and no bathing assistance on four days (2/2, 2/9, 2/16 and 2/27).</p> <p>3. The record for resident C was reviewed on 03/07/18 at 12:45 p.m. Diagnoses included, but</p>						

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F 0687 SS=D Bldg. 00	<p>were not limited to atrial fibrillation, hypertension and anxiety disorder.</p> <p>A documentation report for February 2018, provided by the ED on 03/07/18 at 1:34 p.m., indicated Resident C preferred showers and was to receive a shower every Monday, Wednesday and Friday. Resident B received a shower four of twelve scheduled shower days in February, (2/12, 2/14, 2/21 and 2/28) a partial bed bath one day (2/4), refusal on one day (2/16), a bed bath on one day (2/23) and no bathing assistance on five days (2/2, 2/5, 2/9, 2/19 and 2/26).</p> <p>This Federal tag relates to complaint IN00255654 and IN00255465.</p> <p>3.1-38(a)(3)</p> <p>483.25(b)(2)(i)(ii) Foot Care §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. Based on interview and record review the facility failed to provide preventative foot care for 1 of 2 residents reviewed for foot care.</p> <p>Finding includes:</p>			F 0687	<p>F687:1. It is the policy of Pyramid Point to provide podiatry care for our residents. Podiatry was here on September 29, 2017. Scheduled in December but</p>		03/28/2018

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	<p>During a confidential interview, on 03/06/18 at 4:05 p.m., Resident D indicated she/he had not received foot care from the podiatrist and was unable to get help from staff to cut his/her toenails and attempted to clip them him/her self which resulted in an injury to his/her toe.</p> <p>During an interview on 03/07/18 at 3:30 p.m., interim DON (Director of Nursing) indicated she was not sure what the facility policy was regarding staff cutting toenails, and the SSD (Social Services Director) coordinated podiatry visits.</p> <p>During an interview on 03/07/18 at 3:38 p.m., the SSD indicated Resident D was last seen by podiatry on 6/28/17 and was on the list to be seen on March 14, 2018. He was unaware of the facility policy regarding staff cutting resident's toenails, and was not informed that Resident D had injured his/her toe while clipping his/her nails.</p> <p>The record for resident D was reviewed on 03/07/18 at 1:10 p.m. Diagnoses included, but were not limited to heart failure, GERD and dysphagia.</p> <p>A progress note dated 2/21/18 indicated Resident D poked a small hole into his/her right index toe while trying to cut his/her toenails with a sharp scissors.</p> <p>A progress note dated 2/24/18 indicated Resident D still needed to be seen by the podiatrist.</p> <p>This Federal tag relates to complaint IN00255465.</p> <p>3.1-13(2)(c)</p>				<p>unable to be here due to weather and did not reschedule.</p> <p>2. All residents requiring services could be affected and all were seen on March 14, 2018.</p> <p>3. Services will be provided quarterly and as needed for target resident and like residents at risk for feet issues and care plan updated as needed. Staff will be educated on foot care</p> <p>4. Social Services will audit resident foot care for targeted resident and like residents and provide findings to QAPI committee and Executive Director. Alternative services to be provided if necessary for residents. The QAPI committee will monitor at monthly meetings for compliance and any other necessary interventions as needed.</p>		

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F 0921 SS=D Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on interview and record review the facility failed to maintain bathing facilities with hot water for 3 of 3 residents reviewed for environment. (Resident B, C, and D)</p> <p>Findings include:</p> <p>During a confidential interview, on 03/06/18 at 1:30 p.m., the interviewee indicated the facility did not have hot water to bath Resident B for three weeks. Staff members had to heat water in a microwave and bring it to the resident's room in a basin to wash residents.</p> <p>During a confidential interview, on 03/06/18 at 4:05 p.m., Resident D indicated he/she recorded the dates of 02/16/18 through 02/19/18 on the calendar to indicate his/her room was without hot water at that time.</p> <p>During a confidential interview, on 03/06/18 at 04:37 p.m., Resident C indicated there was no hot water in the bedroom or shower room for at least 3 weeks. Resident C reported the issue to the ED (Executive Director) he indicated they were working on it. Resident C indicated they only had 3 showers in 3 weeks due to lack of hot water and was given water heated in the microwave to wash in the room.</p> <p>During an interview, on 03/06/18 at 04:48 p.m., the interim DON (Director of Nursing) indicated the facility's hot water had been out and the plumber was in and out of the facility several times to</p>			F 0921	<p>F921: 1. It is the policy of Pyramid Point to provide the appropriate water temperature for bathing and resident care. 2. All residents could potentially be affected. 3. As was documented during complaint survey, water temperatures were monitored and adjusted by the Maintenance Director through out complaint survey and time frame in question. The Maintenance Director or designee will monitor water temps no less than 3 times per week for 4 weeks and submit findings to the QAPI Committee for review and input as needed. Any issues will be corrected immediately upon finding by maintenance. 4. Audit findings will be presented to QAPI committee for 6 months and upon review it will be decided if further action is needed or compliance has been achieved.</p>		03/28/2018

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	<p>repair the problem. She was aware that some residents did not receive showers as a result.</p> <p>During an interview, on 03/07/18 at 01:32 p.m., the Director of Maintenance indicated there was an issue with the hot water due to a broken recirculation pump. He replaced the pump but following the repair then had to adjust some of the balancing valves to return the hot water supply. The biggest issue was on the south hall because it was on the end of the hot water run. He could not provide documentation of how long the hot water was interrupted, the dates of repairs or pump replacement because he "just fixed it."</p> <p>This Federal tag relates to complaint IN00255465.</p> <p>3.1-19(r)(1)</p>						