

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

PRINTED: 10/17/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155166		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/17/2019	
NAME OF PROVIDER OR SUPPLIER VALPARAISO CARE & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 606 WALL ST VALPARAISO, IN 46383			
(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 IN00305480 and IN00305599.</p> <p>Complaint IN00305480 - Substantiated. Federal/State deficiencies related to the allegations are cited at F580, F677, and F693.</p> <p>Complaint IN00305599 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 14, 16, & 17, 2019</p> <p>Facility number: 000083 Provider number: 155166 AIM number: 100289670</p> <p>Census Bed Type: SNF/NF: 133 Total: 133</p> <p>Census Payor Type: Medicare: 7 Medicaid: 109 Other: 17 Total: 133</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 9/19/19.</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit.</p>		
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv) Notify of Changes (Injury/Denial/Room, etc.) §483.10(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</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 that 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 30 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>her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(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);</p> <p>(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</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(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.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its</p>						

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	<p>admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on record review and interview, the facility failed to notify a resident's Physician in a timely manner, related to increased leakage of a gastrostomy tube (g-tube) (feeding tube) and emesis of a resident with a g-tube, for 1 of 5 residents reviewed for Physician notification. (Resident C)</p> <p>Finding includes:</p> <p>Resident C's closed record was reviewed on 9/16/19 at 9:48 a.m. The diagnoses included, but were not limited to, stroke and convulsions.</p> <p>A Significant Change Minimum Data Set assessment, dated 8/22/19, indicated the cognition status was unable to be assessed and received 51% or higher of nutrition and 501 cc (cubic centimeters) or more fluids via the feeding tube.</p> <p>A Care Plan, dated 4/22/19, indicated a risk for complications related to the enteral feeding. The interventions included to observe for intolerance, which included nausea, vomiting, aspiration, infection at insertion site, observe for signs of infection and notify the Physician.</p> <p>The Nurses' Progress Notes indicated:</p> <p>On 8/7/19 at 5:30 a.m., there was large amounts of green/bile colored drainage around the g-tube site, the Physician was notified and an order to stop the feedings and obtain a KUB (kidney, ureter, and bladder, x-ray of abdomen) x-ray.</p>			F 0580	<p>F580 – Notification of Changes (Injury/Decline/Room, etc)</p> <p>It is the practice of this provider to promptly notify the resident, consult with resident's physician, notify resident's legal representative or interested family when there is a significant condition change in the resident's physical, mental or psychosocial status and/or the need to alter treatment.</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></p> <p>Resident C has discharged from the facility.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</i></p> <p>All residents with a G-tube have the potential to be affected by this finding. A chart audit will be conducted by the Nurse Management Team to ensure the physician has been notified regarding any change in resident condition related to G-tubes.</p> <p><i>What measures will be put into place or what systemic changes</i></p>		10/15/2019

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	<p>On 8/7/19 at 6:30 p.m., the Physician was in to visit the resident and there were no new orders.</p> <p>On 8/7/19 at 11 p.m. there was a large puddle of green bile drainage with more draining coming from the g-tube site. The CNA had reported the resident had emesis several times while receiving care. The KUB results were negative and faxed to the Physician.</p> <p>Then on 9/17/19 at 7:49 a.m., an addendum for the 8/7/19 at 11 p.m. documentation was written by the Nurse, "called to room by CNA related to vomiting during care. Copious[sic] amounts of green bile drainage from gtube site...feeding placed on hold. no[sic] vomiting noted during assessment..."</p> <p>On 8/8/19 at 6:11 a.m., the Nurse had attempted to restart the feeding several times during the shift with emesis within 30 minutes of the feeding being restarted. The Physician was aware.</p> <p>On 8/8/19 at 8 a.m., the Physician was notified of the emesis and an order to stop the feeding for 12 hours was received.</p> <p>On 8/9/19 at 9:11 a.m., the resident's sheets, gown and blanket was covered in bile from the g-tube leaking and he had bile colored emesis. A call was placed to the Physician and the Nurse was awaiting a return call from the Physician.</p> <p>A late entry, dated 9/16/19 at 5:42 p.m., for 8/9/19 at 11:38 a.m., indicated the facility was still waiting for a return call from the Physician.</p> <p>On 8/9/19 at 3:49 p.m., the Physician returned the call and an order was received to transfer the</p>				<p>will be made to ensure that the deficient practice does not recur:</p> <p>All nurses will be in-serviced by the DNS/designee on or before 10/15/19. This in-service will include review of the facility policy titled, "Resident Change in Condition". This in-service will also include review of the facility policy and procedure for physician notification guidelines for any change in resident condition related to G-tubes. Continued compliance with prompt notification will be monitored through review of nursing progress notes and physician orders during the daily clinical meeting by the DNS/designee to ensure proper follow up and notifications have occurred.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for completion of the QAPI Tool related to Change in Condition daily for 4 weeks and monthly for three months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up.</p> <p>By what date the systemic changes will be completed:</p>		

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	<p>resident to the Emergency Room for an evaluation and treatment.</p> <p>There were no other attempts to notify the Physician of the increased drainage of bile and bile emesis from 9:11 a.m. through 3:49 p.m. on 8/9/19.</p> <p>An Emergency Department History and Physical, dated 8/9/19, indicated the resident was to be admitted into the Hospital for bilateral pneumonia.</p> <p>During an interview on 9/16/19 at 4:07 p.m., the Director of Nursing indicated on 8/9/19 the Physician had not called the facility back until 3:49 p.m.</p> <p>During an interview on 9/17/19 at 9:55 a.m., the Administrator indicated the staff followed the policy on Physician Notification because the condition had been ongoing, it was not life threatening or acute and it was a non-urgent medical change, so the Physician was notified on the next shift.</p> <p>A facility policy, dated 11/2018, titled, "Resident Change of Condition Policy", received from the Administrator as current, indicated, "...all changes in resident condition will be communicated to the physician...timely, and effective intervention takes place...Life Threatening Change...Acute Medical Change...Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician. b. If unable to contact the attending physician or alternate physician in a timely manner, notify the Medical Director of medical intervention...nursing actions/interventions will be documented in the medical record as soon as possible after resident</p>				Compliance Date: 10/15/19		

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F 0677 SS=D Bldg. 00	<p>needs have been met. 3. Non-Urgent Medical Change. a. All symptoms and unusual signs will be documented in the medical record and communicated to the attending physician promptly. Non-urgent changes are a minor change in physical and mental behavior, abnormal laboratory and x-ray results that are not life threatening. b. The nurse in charge is responsible for notification of physician...prior to end of assigned shift...If unable to reach the physician...all calls to the physician...requesting call backs will be documented in the medical record. d. If the physician has not returned the call by the end of the shift, the oncoming nurse will be notified for follow up. e. If unable to contact attending physician or alternate timely, the Medical Director will be notified..."</p> <p>This Federal tag relates to Complaint IN00305480.</p> <p>3.1-5(a)(2)</p> <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 hygiene; Based on record review and interview, the facility failed to ensure a resident who required extensive to dependent assistance for ADL's (Activities of Daily Living) received necessary services to maintain good personal hygiene related to bathing for 1 of 3 residents reviewed for ADL's. (Resident C)</p> <p>Finding includes:</p> <p>Resident C's closed record was reviewed on</p>			F 0677	<p>F677 – ADL Care Provided for Dependent Residents It is the practice of this facility that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good personal hygiene. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</p>		10/15/2019

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	<p>9/16/19 at 9:48 a.m. The diagnoses included, but were not limited to, stroke and convulsions.</p> <p>A Significant Change Minimum Data Set assessment, dated 8/22/19, indicated the cognition status was unable to be assessed, had severely impaired decision making skills, and no behaviors. The staff were interviewed for daily and activity preferences and showers were the preference for bathing. He was dependent on two or more staff for bathing.</p> <p>A Care Plan, dated 4/22/19, indicated assistance was required for ADL's. The interventions included, the resident preferred showers on Tuesday, Thursday, and Saturday on the Day Shift.</p> <p>The shower documentation, dated 7/1/2019 through 9/4/2019, indicated a shower was not provided on July 6, 9, 13, 16, and 23, 2019, August 6, 17, 27, 22, 29, and 31, 2019, and September 3, 2019. The resident received a bed bath on August 1, 8, 15, and 24, 2019.</p> <p>During an interview on 9/16/19 at 4:07 p.m. with the Director of Nursing and the Administrator, no further information was received in regards to the showers not received as scheduled.</p> <p>This Federal tag relates to Complaint IN00305480.</p> <p>3.1-38(a)(3)</p>				<p>practice: Resident C has discharged from the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Any resident requiring assistance with bathing has the potential to be affected by this finding. The care plan and Resident Profiles were reviewed for all residents requiring assistance with ADL care related to bathing to ensure each resident specific need was accurately addressed. Resident needs specific to bathing preferences were updated as identified and communicated to all direct care staff. Changes in residents requiring ADL assistance related to bathing are reviewed quarterly during the care plan review process and/or with any noted change in resident condition. The DNS/designee will be responsible for conducting rounds on each shift to ensure residents are receiving ADL care related to bathing as identified in their individual plan of care. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: All nursing staff will be in-serviced by the DNS/designee on or before 10/15/19. This in-service will</p>		

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F 0693 SS=D Bldg. 00	483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills §483.25(g)(4)-(5) Enteral Nutrition		<p>include review of the facility policy related to bathing preferences. Changes in residents requiring ADL assistance related to bathing are reviewed quarterly during the care plan review process and/or with any noted change in resident condition. Continued compliance with bathing preferences will be monitored through review of daily showers sheets during the daily clinical meeting by the DNS/designee to ensure proper bathing preferences have been honored.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for completion of the QAPI Tool related to resident bathing preferences daily for 4 weeks and monthly for three months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up.</p> <p>By what date the systemic changes will be completed: Compliance Date: 10/15/19.</p>		

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	<p>(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 record review and interview, the facility failed to ensure a resident receiving g-tube (feeding tube) feedings was adequately assessed for complications of a feeding tube (g-tube), related to a resident who was having emesis not assessed for fluid aspiration into the lungs, for 1 of 3 residents reviewed for g-tube nutrition. (Resident C)</p> <p>Finding includes:</p> <p>Resident C's closed record was reviewed on 9/16/19 at 9:48 a.m. The diagnoses included, but were not limited to, stroke and convulsions.</p> <p>A Significant Change Minimum Data Set assessment, dated 8/22/19, indicated the cognition status was unable to be assessed, required</p>			F 0693	<p>F693 – Tube Feeding Mgmt/Restore Eating Skills</p> <p>It is the practice of this facility that a resident who is having emesis is adequately assessed for fluid aspiration into the lungs.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident C has discharged from the facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p>		10/15/2019

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	<p>extensive assistance of two for bed mobility/transfers, extensive assistance of one for eating, received 51% or higher of nutrition, and 501 cc (cubic centimeters) or more fluids per the feeding tube.</p> <p>A Care Plan, dated 4/22/19, indicated a risk for complications related to the enteral feeding. The interventions included, assess the lung sounds, document the findings, and notify the Physician's for abnormal findings. Elevate the head of the bed. Observe for and document symptoms of intolerance, nausea, vomiting, and aspiration.</p> <p>A Nurse's Note, late entry date of 9/17/19 at 7:44 a.m. for 8/7/19 at 8 a.m., indicated emesis and green drainage from the g-tube site</p> <p>A Nurse's Note, dated, 8/7/19 at 6:30 p.m., indicated the Physician had been to visit the resident.</p> <p>There were no assessments for signs and symptoms of aspiration after the emesis documented (via late entry) on 8/7/19 at 8 a.m.</p> <p>A Physician's Progress Note, dated 8/7/19, indicated the resident had been started on the antibiotic Zosyn, the feeding for the g-tube had been placed on hold, and the lung sounds were decreased in the bases of the lungs.</p> <p>The Nurses' Progress Notes indicated:</p> <p>On 8/7/19 at 11 p.m. there was a large puddle of green bile drainage with more draining coming from the g-tube site. The CNA had reported the resident had emesis several times while receiving care. The KUB results were negative and faxed to the Physician.</p>				<p>All residents with orders for enteral tubes have the potential to be affected by this finding. An audit will be completed by the DNS/designee to identify all residents with orders for enteral tubes. Nursing notes will be reviewed and verified to ensure all residents having emesis or complications related to enteral feedings were assessed for fluid aspiration into the lungs and/or other potential changes per facility policy. In addition, the DNS/designee will be responsible for completing skills validations and return demonstrations related to enteral tube care and assessments with all licensed nurses. These skills validations will include observations related to checking for fluid aspiration into the lungs and/or other potential changes or complications related to enteral feedings.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>All nurses will be in-serviced by the DNS/designee on or before 10/15/19. This in-service will include review of the facility policy related to enteral tube care and assessments. Each licensed nurse will be validated and required to complete return demonstrations related to enteral tube care and assessments.</p>		

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NAME OF PROVIDER OR SUPPLIER VALPARAISO CARE & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP COD 606 WALL ST VALPARAISO, IN 46383		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	
	<p>Then on 9/17/19 at 7:49 a.m., an addendum for the 8/7/19 at 11 p.m. documentation was written by the Nurse, "called to room by CNA related to vomiting during care. Copius[sic] amounts of green bile drainage from gtube site. head of bed elevated. feeding placed on hold. no vomiting noted during assessment..."</p> <p>There were no assessments documented for signs and symptoms of aspiration/lung sounds.</p> <p>On 8/8/19 at 1 a.m., there was no further emesis and the feeding was restarted.</p> <p>On 8/8/19 at 1:38 a.m., the resident had emesis of a large amount of feeding, the feeding was stopped.</p> <p>There was no assessment documented for signs and symptoms of aspiration/lung sounds.</p> <p>On 8/8/19 at 6:11 a.m., the Nurse had attempted to restart the feeding several times during the shift with emesis within 30 minutes of the feeding being restarted. The Physician was aware.</p> <p>There was no assessment for aspiration/lung sounds.</p> <p>On 8/8/19 at 8 a.m., the Physician was notified of the emesis and an order to stop the feeding for 12 hours was received.</p> <p>There was no assessment documented for aspiration/lung sounds.</p> <p>The next documentation after 8/8/19 at 8 a.m. was on 8/9/19 at 9:11 a.m., which indicated, the resident's sheets, gown and blanket was covered in bile from the g-tube leaking and he had bile</p>		<p>Skills validations are completed on all licensed staff and upon hire, when specific needs are identified and at least annually.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for completion of the QAPI Tool related to enteral therapy and assessments daily for 4 weeks and monthly for three months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up.</p> <p>By what date the systemic changes will be completed:</p> <p>Compliance date = 10/15/19.</p>		

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	<p>colored emesis. A call was placed to the Physician and the Nurse was awaiting a return call from the Physician.</p> <p>There was no documentation of an assessment for aspiration/lung sounds.</p> <p>A late entry on 9/16/19 for 8/9/19 at 9:11 a.m., indicated the lungs had been assessed with faint rales and rhonchi heard, the blood pressure was "in the low 100's over 50's" and the temperature was "in the 97's".</p> <p>A late entry on 9/16/19 at 5:42 p.m., for 8/9/19 at 11:38 a.m., indicated no respiratory distress and no shortness of breath.</p> <p>There was no documentation of an assessment for aspiration/lung sounds.</p> <p>On 8/9/19 at 3:49 p.m., the Physician returned the call and an order was received to transfer the resident to the Emergency Room for an evaluation and treatment.</p> <p>An Emergency Department History and Physical, dated 8/9/19, indicated the resident was to be admitted into the Hospital for bilateral pneumonia.</p> <p>During an interview on 9/16/19 at 11:39 a.m., the Director of Nursing, indicated "at first glance", there was no assessments completed for signs and symptoms of aspiration when the resident had emesis.</p> <p>A facility policy, dated 1/2016, titled, "Enteral Therapy", received from the Administrator as current, indicated, "...The resident will be observed closely for any adverse effects to the feeding procedure. Notify MD (Physician) of</p>						

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	<p>abnormal findings..."</p> <p>This Federal tag relates to Complaint IN00305480.</p> <p>3.1-44(a)(2)</p>						