

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

PRINTED: 11/01/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/06/2023	
NAME OF PROVIDER OR SUPPLIER PARK TERRACE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00416642 and IN00415879.</p> <p>Complaint IN00416642: Federal and State Findings related to the allegations are cited at F698.</p> <p>Complaint IN00415879: Federal and State Findings related to the allegations are cited at F698.</p> <p>Survey dates: September 5 & 6, 2023</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Census Bed Type: SNF/NF: 56 Total: 56</p> <p>Census Payor Type: Medicare: 1 Medicaid: 42 Other: 13 Total: 56</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 11, 2023.</p>			F 0000	<p><u>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Compliant Survey Revisit on or after 9/19/23.</u></p>		
F 0698 SS=D Bldg. 00	<p>483.25(l) Dialysis §483.25(l) Dialysis.</p> <p>The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered</p>						

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

TITLE

(X6) DATE

Oppah Maluleke

ED

10/30/2023

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>care plan, and the residents' goals and preferences.</p> <p>Based on observation, interview and record review, the facility failed to ensure the plan of care was followed for 2 of 3 residents reviewed for residents receiving dialysis services. Physician orders were not followed and routine assessments were not completed for residents receiving peritoneal dialysis (PD). (Resident B, Resident C)</p> <p>Findings includes:</p> <p>1. During record review on 9/5/23 at 11:000 A.M., a facility reported incident, dated 8/27/23, included that Resident B received PD treatment while the treatment was on hold.</p> <p>Resident B's diagnoses included but was not limited to end stage renal disease, hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease.</p> <p>Resident B's most recent admission MDS (Minimum Data Set), dated, 8/13/23 , indicated the resident's cognition was moderately impaired and that they had not received dialysis treatments during the prior 7 day look back period.</p> <p>Resident B's physician orders included, but was not limited to; daily weight related to Peritoneal dialysis- notify physician of weight gain of 3 lbs (pounds) in one day or 5 lbs in a week (started 8/7/23 and discontinued 8/24/23), observe peritoneal dialysis cath site for complications such as patency, leakage, infection & bleeding (started 8/7/23 and discontinued 8/24/23), daily PD exit site care (started 8/7/23 and discontinued 8/24/23),</p>			F 0698	<p>F698 Dialysis What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident B and resident C are no longer in the building. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> Residents who receive dialysis have the potential to be affected by the alleged deficient practice. Audit on 9/14/2023 of all dialysis residents noted that the orders r/t dialysis have been completed per MD order. Audit on 9/15/2023 noted that weights have been obtained daily per the MD order. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Nurses will have an inservice by the DNS/designee by 9/19/2023 regarding dialysis, following MD plan of care and orders. Observational rounds will be completed daily by DNS/designee daily to ensure that all orders 		09/19/2023

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	<p>Peritoneal dialysis orders:</p> <p>1. CCPD (continuous cycling peritoneal dialysis) cycle is 11 hours nightly, 6 cycles x 2400 mL (milliliters)</p> <p>2. Weigh daily at the same time. 3. Record weight, blood pressure (BP), pulse, and temperature daily on treatment record sheet (started 8/7/23 and discontinued 8/24/23),</p> <p>dialysis access site: Perma Cath right Chest (started 8/24/23 and discontinued 9/2/23),</p> <p>Dialysis days Tuesday, Thursday, Saturday at 5:15 A.M. (started 8/24/23 and discontinued 9/2/23)</p> <p>Resident B's daily PD treatment sheets from 8/7/23 thru 8/24/23 contained documentation on the following dates:</p> <p>8/9/23 - vitals obtained, no weight documented</p> <p>8/14/23 - vitals obtained, resident refused weight</p> <p>8/16/23 - vitals obtained, resident refused weight</p> <p>8/17/23 - vitals obtained, weight 96 lbs (pounds)</p> <p>8/20/23 - vials obtained, weight 96 lbs</p> <p>No other daily PD treatment sheets were available in Resident B's record. Resident B was in the hospital on 8/18/23, 8/19/23, 8/21/23, 8/22/23, 8/23/23, and 8/24/23.</p> <p>Resident B's medication administration record/treatment administration record (MAR/TAR) contained the following documentation for the physician's order; daily weight related to Peritoneal dialysis- notify physician of weight gain of 3 lbs in one day or 5 lbs in a week (started 8/7/23 and discontinued 8/24/23):</p> <p>8/8/23 thru 8/12/23: no documentation</p> <p>8/13/23: not administered due to resident hooked up to PD</p> <p>8/14/23: not administered due to resident hooked up to PD</p>				<p>related to dialysis are being completed.</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>The DNS/designee will be responsible for the completion of a dialysis care QA Tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If a threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</p> <p>Date of Compliance 9/19/23</p>		

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	<p>8/15/23: not administered, night shift weight</p> <p>8/16/23: refused</p> <p>8/17/23: refused</p> <p>8/18/23: not administered, on dialysis</p> <p>8/19/23: refused</p> <p>8/20/23: not administered, hooked up to PD</p> <p>Resident B's documented vital signs including weights for the month of August, 2023 (8/7/23 - 8/24/23) included the following weights: 8/15/23 - 126 lbs (admission weight), 8/17/23 - 96 lbs, 8/20/23 - 96 lbs, 8/24/23 - 111 lbs</p> <p>Resident B's nurse's notes contained the following:</p> <p>8/21/23 at 10:58 A.M. - "Resident presents lethargic shallow breathing. Slow to respond to sternal rub. NP (Nurse Practitioner) in facility. Order received to send to ER (Emergency Room)..."</p> <p>8/24/23 at 8:58 P.M. - "Report received from [Nurse] [Hospital Name]. Had general surgery consult (due to) PD (catheter) showing free air. Do not use PD site. PD site still intact... Currently on hemodialysis (Tuesday, Thursday, and Saturday)... has perma cath right chest for hemodialysis..."</p> <p>8/26/23 at 7:15 A.M. - "This nurse took over for night shift this morning... Previous nurse informed me that resident was hooked up to PD and was not sent to (hemodialysis facility) for ordered hemodialysis..."</p> <p>8/26/23 at 1:15 P.M. - "This nurse received a call from a [Hospital Name] Nephrologist. This nurse tried to explain to the doctor what was going on but the doctor interjected stating that when she was discharged (from the hospital), there were new orders for resident to be on hemodialysis and not PD..."</p>						

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	<p>During an interview on 9/5/23 at 1:15 P.M. the DON (Director of Nursing) indicated that daily PD reports should be filled out and documented under resident observations.</p> <p>During an interview on 9/6/23 at 10:10 A.M., the Regional RN indicated that a PRN (as needed) nurse came in to work the night of 8/25/23 and knowing there were two resident's that required PD on the unit, went ahead and started the treatment as they usually had done, not realizing Resident B's PD order had been put on hold and that she was to receive hemodialysis the following morning.</p> <p>2. During an observation and interview on 9/5/23 at 10:50 A.M., Resident C was lying in bed with a gown on. A PD machine and dialysis supplies were in the resident's room. Resident C indicated they received dialysis treatments daily from staff.</p> <p>During record review on 9/5/23 at 1:00 P. M., Resident C's diagnoses included but were not limited to end stage renal disease and dependence on renal dialysis.</p> <p>Resident C's most recent admission MDS, dated 8/15/23, indicated the resident had little to no cognitive impairment and received dialysis treatments during the 7 day look back period.</p> <p>Resident C's physician orders included but were not limited to; dialysis orders: Cycler prescription: treatment time 10 hours. PD solution variable based on blood pressure and weight. Weigh at same time every day. Record weight, BP, pulse, and temperature daily on treatment record sheet (started 8/10/23) and daily weight after PD (started 8/22/23).</p>						

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	<p>Resident C's documented weights in the MAR/TAR from physician's order, daily weight after PD (started 8/22/23) include the following: 8/23/23 - 135.6 lbs 8/24/23 thru 9/1/23 - no documentation 9/2/23 thru 9/5/23 - resident refused</p> <p>Resident C's documented vitals signs included the following weights from 8/9/23 thru 9/5/23: 8/15/23 - 144 lbs 8/20/23 - 140 lbs 8/23/23 - 136 lbs 8/24/23 - 139 lbs 8/24/23 - 131 lbs 8/30/23 - 136 lbs 9/3/23 - 134 lbs</p> <p>During an interview on 9/6/23 at 11:05 A.M., QMA 5 indicated that if a resident has an order for weights, the weight should be documented in the MAR. If a resident is refusing an order, a refusal would be documented in the MAR.</p> <p>On 9/5/23 at 11:00 A.M., the facility administrator supplied a facility policy titled, Dialysis Care, and dated 11/2017. The policy included, "The facility will assure that each resident receives care and services for the provision of hemodialysis and/or peritoneal dialysis consistent with professional standards of practice including: Ongoing assessment of the resident's condition and monitoring of complications before and after dialysis treatments... Ongoing assessment and oversight of the resident before, during, and after dialysis treatments... Ongoing communication and collaboration with the dialysis facility regarding dialysis care and services... Physician orders will be received at time of admission specific to the resident dialysis access care, dialysis schedule...,</p>						

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	<p>individualized dialysis prescription such as number of treatments per week... weight monitoring if indicated..."</p> <p>This Federal tag relates to complaints IN00416642 and IN00415879.</p> <p>3.1-37(a)</p>						