

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

PRINTED: 06/22/2017
FORM APPROVED
OMB NO. 0938-0391

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 03/30/2017	
NAME OF PROVIDER OR SUPPLIER PYRAMID POINT POST-ACUTE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 27, 28, 29 and 30, 2017</p> <p>Facility number: 000195 Provider number: 155298 AIM: 100267690</p> <p>Census bed type: SNF/NF: 41 Total: 41</p> <p>Census payor type: Medicare: 7 Medicaid: 34 Total: 41</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 5, 2017.</p>			F 0000	<p>Plan Of Correction for Pyramid Point Post Acute Rehabilitation Center 8530 Township Line Road Indianapolis, In 46260</p> <p>Craig Hestand, HFA Executive Director</p>		
F 0246 SS=D Bldg. 00	<p>483.10(e)(3) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES (e)(3) The right to reside and receive services in the facility with reasonable</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 90 days 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 14 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>accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>Based on observation and interview, the facility failed to have residents' call lights accessible and adequately functioning to alert staff the residents required assistance for 2 of 2 residents reviewed for accommodation of needs (Residents 31 and 26).</p> <p>Findings include:</p> <p>1. During an observation on 3/28/17 at 2:27 p.m., Resident 31's call light was pressed five times and the white dome light outside the resident's room did not light up, until the sixth time it was pushed.</p> <p>On 3/28/17 at 2:30 p.m., Resident 31's call light was pushed three times before the white dome light outside the resident's room lit up. LPN 1 indicated the red center piece, which is the part the resident pushed to alert staff she needed assistance was loose, she tightened it up as much as she was able. At that time, she indicated she was going to notify the Maintenance department regarding the malfunctioning call light.</p> <p>On 3/28/17 at 2:33 p.m., Resident 31 was laying in bed and began yelling "Help."</p>		F 0246	<p>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.</p> <p>Identifying Prefix Tag 246</p> <p>⋮</p> <p>Immediate corrective action(s) for those Residents affected by the deficient practice; Resident #31 Call Light was immediately replaced by Maintenance.</p> <p>Resident #26 bathroom call light chain was corrected by adding a pull chain extension to bath room call light chain.</p> <p>Plan / Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken; All residents are at risk. By 04/20/2017 facility audit will be completed to ensure all residents had call lights functioning and bathroom call light chains at appropriate length.</p>		04/28/2017	

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F 0311 SS=D Bldg. 00	<p>2. On 3/27/17 at 2:57 p.m., Resident 26's bathroom emergency call light wall plate was observed to have a short metal chain attached to it. Resident 26 would not have been able to reach the chain if she needed assistance.</p> <p>On 3/27/17 at 2:59 p.m., the MDS (Minimum Data Set) Coordinator was notified of short chain in Resident 26's bathroom. At that time, she indicated Resident 26 needed a longer chain, to make the bathroom emergency call light assessable to her, if she needed it. She indicated she would notify the Maintenance department to address the issue.</p> <p>3.1-3(v)(1)</p> <p>483.24(a)(1) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS (a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section.</p>			<p>Facility measures and systemic changes to ensure the deficient practice does not recur;</p> <p>Nursing, Hsk, Department leaders, Maintenance staff will be in-serviced by 04/28/2017, by ED, DON, and Maintenance Director regarding residents call light, work orders, repair and replacements.</p> <p>Quality rounds are done 5x a week by IDT to ensure call lights Functioning.</p> <p>Facility plan to monitor corrective actions & sustain compliance; Integrate QA Process; <i>Maintenance Director or designee will do random audits of 10 rooms a week to ensure call lights are functioning x4 weeks then monthly x3 then will review through QAPI to determine if audit needs to continue. Maintenance/Designee will take audit results to QAA monthly x 6 months for further review and/or recommendation.</i></p>			

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	<p>Based on interview and record review, the facility failed to provide showers as recorded in the resident's plan of care for 1 of 3 residents reviewed for ADL's (Activities of Daily Living) (Resident 24).</p> <p>Finding includes:</p> <p>During an interview on 3/28/17 at 3:13 p.m., Resident 24 indicated she had certain days she was supposed to receive her showers, which were on evenings on Wednesdays and Saturdays. She indicated she usually received her showers on Wednesdays, but not always on Saturdays. The staff would indicate they would come to give her shower to her, but they never came and shower her on those days.</p> <p>During an interview on 3/30/17 at 4:00 p.m., CNA 3 and CNA 4 were in attendance. CNA 4 indicated the CNA assignment sheets indicated when the residents showers were scheduled. CNA 3 indicated the residents showers were the first thing they performed after they came on shift. CNA 4 indicated documentation for the showers was documented in the kiosk at the time the care was completed and if the shower for the resident was not documented for the particular day it was scheduled, then it</p>			F 0311	<p>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.</p> <p>F311</p> <p>Res #24 was given a shower on 04/05/2017 by C.N.A. All showers have been provided per schedule since 04/05/2017.</p> <p>A review of other residents' shower schedules, who had the potential to be affected by the alleged deficient practice, will be conducted by DON or Designee by 04/27/17 to ensure residents had been provided showers.</p> <p>Nursing staff will be re-educated by DON/Designee by 04/27/17 on providing showers to residents per their shower schedules/preference and the POC documentation for showers.</p> <p>A master shower schedule will be maintained by DON/Designee. Random review of documented showers will be</p>		04/28/2017

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	<p>was not completed.</p> <p>The record for Resident 24 was reviewed on 3/30/17 at 5:00 p.m. Diagnoses included, but were not limited to, major depressive disorder, lack of coordination, and hemiplegia and hemiparesis on the right side (dominant side).</p> <p>A significant change MDS (Minimum Data Set) assessment dated 1/6/17, recorded the resident's BIMS (Brief Interview for Mental Status) was 10, which indicated she was moderately mentally impaired and she required limited assistance of one person with bathing.</p> <p>A "Documentation Survey Report v2" dated February 2017 and March 2017, titled "ADL-Bathing: Prefers Shower on the evening shift on Wednesday and Saturday...." The document recorded the assistance the resident required during her showers when she received them on the following dates varied from: Self Performance-0--Independent to 4--total dependence. Support Provided-1--(Set up help only) to 2--(One person physical assist).</p> <p>The resident received showers at the following times: Week 2/1/17 through 2/4/17--she</p>			<p>Conducted, 3 x week for four weeks, then monthly x 3, or until audit results determine that substantial compliance has been achieved. Results of audits will be taken to QAA monthly x 6 months for further review and/or recommendation.</p>			

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	<p>received one shower and should have received two showers. Week 2/5/17 through 2/11/17--she received one shower and should have received two showers. Week 2/12/17 through 2/18/17--she received two showers. Week 2/19/17 through 2/25/17--she received one shower and should have received two showers. Week 2/26/17 through 3/4/17--she received two showers. Week 3/5/17 through 3/11/17--she received two showers. Week 3/12/17 through 3/18/17--she received one shower and should have received two showers. Week 3/19/17 through 3/25/17--she received two showers. Week 3/26/17 through 3/31/17--she received no showers and she should have received one shower.</p> <p>3.1-38(a)(2)(A)</p>						
F 0511 SS=D Bldg. 00	<p>483.50(b)(2)(ii) RADIOLOGY FINDINGS-PROMPTLY NOTIFY PHYSICIAN (b) Radiology and other diagnostic services.</p> <p>(2) The facility must-</p>						

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	<p>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders</p> <p>Based on interview and record review, the facility failed to ensure a Physician was notified of an X-ray result in a timely manner for 1 of 1 resident being reviewed for diagnostic services (Resident 10).</p> <p>Finding includes:</p> <p>During an interview on 3/29/17 at 11:15 a.m., the DON (Director of Nursing) indicated Resident 10 had a cast on her right lower extremity because a CNA caught her foot under the bed during a transfer.</p> <p>During an interview on 3/30/17 at 10:05 a.m., the DON indicated the resident was complaining of pain after her foot was lodged under the bed and the nurse got an order for a right foot and ankle X-ray. The results of these X-rays were not noted until 2/24/17 at 7:00 p.m., because they were downloaded into the resident's electronic medical records by (Name of the Radiology company), who was supposed to also fax a copy of the X-ray to the facility at the same time they was</p>			F 0511	<p>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.</p> <p>F511</p> <p>Res 10's physician was notified of x-ray results on 02/24/2017 by Nurse on duty.</p> <p>Other residents have the potential to be affected by the alleged deficient practice. X-rays completed in the last 30 days will be reviewed by DON/Designee by 04/27/2017 to ensure timely notification of resident physician.</p> <p>Nurses will be re-education on timely physician notification of x-ray results by 04/27/2017 by DON/Designee.</p>		04/28/2017

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	<p>downloading the results into the residents electronic medical record, but the company did not fax the results. She expected the nurses to check for the X-ray results in approximately four hours after the X-ray was completed. She indicated this resident's X-rays were completed on 2/24/17 at 9:40 a.m. and the X-ray results were in the resident's electronic record on 2/24/17, by approximately 10:40 a.m., but were not viewed by nursing staff until approximately 7:00 p.m. on 2/24/17, because they were passing medications, "which was no excuse."</p> <p>The record review for Resident 10 was completed on 3/30/17 at 1:00 p.m. Diagnoses included, but were not limited to, chronic pain syndrome, glaucoma, difficulty walking, muscle weakness, hemiplegia and hemiparesis following non-traumatic subarachnoid hemorrhage affecting right dominant side.</p> <p>An "Indiana State Department of Health Survey Report System" report dated 3/29/17, the incident occurred on 2/23/17 at 9:01 a.m. involving [Name of CNA]. "2/24/17 [Name of the Resident] was being assisted with a transfer from her wheelchair to her bed by the above listed CNA. During the transfer her foot became lodged under the bed causing the</p>			<p>Contact was made with imaging company by Executive Director on 3/30/217 to determine correct timeframes and process to expect xray results.</p> <p>An audit of any x-ray performed will be conducted 3x/week x 4 weeks, then monthly x 3, or until audit results determine that substantial compliance has been achieved. Results of audits will be taken to QAA monthly x6 months by DON/Designee for further review and/or recommendation.</p>			

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	<p>resident to yell out in pain. The above noted CNA assisted resident with dis-lodgement of her foot and assisted her in to he bed and the nurse was notified. This incident [sic] occurred following HS [bedtime] care on 2/23/17 at approximately 9 PM. The x-ray results were available in the electronic medical records system at approximately 10:40 AM on 2/24/17 but were not viewed by staff until approximately 7:00 PM on 2/24/17. The results of the x-ray were not faxed to the facility." Type of Injury: "2/24/17 Acute oblique fracture involving the distal shaft of the tibia with minimal displacement and possible non-displaced stress fractures involving the distal third and fourth metatarsals. In addition, x ray shows that bony structures are osteopenic." Immediate Action Taken: "2/24/17 Clinical assessment was completed and orders obtained for an x-ray with resident aware of new orders. Resident's pain managed. Executive Director and Director of Nursing notified of incident and s-ray results at approximately 7:15 PM on 2/24/17. Resident notified of results. MD/PA notified of results of x-ray. Resident non-weight bearing to right lower extremity until seen by orthopedic specialist. Investigation initiated..."</p> <p>A "Radiology Results Report" dated</p>						

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	<p>2/24/17 at 9:40 a.m., recorded Resident 10 had pain in her right ankle and joints of her right foot and an X-ray was completed on 2/24/17 at 9:40 a.m. The conclusion indicated "1. Acute minimally displaced oblique fracture involving the distal shaft of the tibia. 2. Possible non-displaced stress fractures involving the distal third and fourth metatarsals...." The "Report Information Examination date: 2/24/17 at 9:40 a.m. and the Reported Date: 2/24/17 at 10:55 a.m.</p> <p>A current contract titled "Mobile Diagnostic Services Agreement" dated 9/10/12, provided by the DON on 3/30/17 at 1:06 p.m., contained the following "...1. Services: [Name of Radiology Company] shall provide portable x-ray... to residents or patients of the Facility, only on the order of a duly licensed and authorized physician. All exams will be interpreted by a duly licensed and qualified physician (radiologist/cardiologist as applicable), and a report generated for each exam. [Name of Radiology company] will promptly transcribe the full written report and fax a copy to the facility...."</p> <p>During an interview on 3/30/17 at 3:12 p.m., the Executive Director indicated the Radiology company was responsible for faxing a copy of the Resident 10's X-ray</p>						

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	<p>to the facility as well as sending it by her electronic medical record according to the contract the facility had with the company. He indicated he was responsible for the facility and he understood the resident was his responsibility and he would have to talk to the Radiology company regarding the contract responsibilities.</p> <p>During an interview on 3/30/17 at 5:15 p.m., (Name of Company) Billing Supervisor 5 indicated the time and date stamped under the "Report Information" on the "Radiology Results Report" was the time their system faxed the X-ray results to the facility computer. She indicated (Name of Company) no longer hand faxes the X-ray results to the facilities anymore. Their computer now automatically system faxes the results to the facilities as soon as the Radiologist time stamped and dated the report to indicated he read the X-ray.</p> <p>3.1-49(g)</p>						