| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155462 | A. BUILDING 00<br>B. WING | 10/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
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| SWISS VILLA NURSING AND REHABILITATION | 1023 W MAIN ST<br>VEVAY, IN 47043 |

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| F 0000<br><br>Bldg. 00 | This visit was for a Recertification and State Licensure Survey.<br><br>Survey dates: September 26, 27, 30, October 1 and 2, 2024.<br><br>Facility number: 000494<br>Provider number: 155462<br>AIM number: 100291450<br><br>Census Bed Type:<br>SNF/NF: 45<br>Total: 45<br><br>Census Payor Type:<br>Medicare: 4<br>Medicaid: 37<br>Other: 4<br>Total: 45<br><br>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality review completed on October 7, 2024. | F 0000 | This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or an agreement with the deficiencies or conclusions contained in the Department's inspection report. We respectfully request the Department accept this plan as our facility's compliance and request a desk review for credible compliance. | |
| F 0580<br>SS=D<br>Bldg. 00 | 483.10(g)(14)(i)-(iv)(15)<br>Notify of Changes (Injury/Decline/Room, etc.)<br><br>Based on record review and interview, the facility failed to notify a physician related to obtaining a urinalysis for 1 of 13 residents reviewed for notification of change. (Resident 21)<br><br>Findings include:<br><br>The clinical record for Resident 21 was reviewed on 09/30/24 at 10:38 A.M. An Annual MDS | F 0580 | **What corrective action (s) will be implemented for those residents found to have been affected by deficient practice?**<br>Resident 21's UA results were received on 6/18/24 indicating no UTI. The MD was made aware.<br>**How other residents having potential to be affected by the** | 10/22/2024 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Kyle Stout | Executive Director | 10/18/2024 |

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| | (Minimum Data Set) assessment, dated 09/05/24, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, dementia, hypertension, and depression. The resident was occasionally incontinent of bowel and bladder.<br><br>A Facility Event Report, titled "Hot Charting--SBAR (Situation, Background, Assessment, and Recommendation) Physician Communication Tool", dated 06/12/24, indicated the resident had complaints of leaking urine with burning on urination. The nurse requested, from the physician, for a UA (Urinalysis) culture and sensitivity.<br><br>A Physician's Note, dated 06/18/24, indicated the staff were to obtain a sample for a urinalysis that day and the physician would treat the results appropriately.<br><br>The urinalysis results, dated 06/19/24, indicated the resident did not have an infection.<br><br>The clinical record lacked any further notification to the physician after the initial notification on 06/12/24, until 06/18/24, related to the resident's concerns or obtaining the UA.<br><br>During an interview on 10/02/24 at 9:22 A.M., LPN (Licensed Practical Nurse) 3 indicated if a nurse asked a physician for an order to obtain a UA, she would send it in an SBAR. If she sent the SBAR in the morning she would have a response back from the physician by lunch time. If she didn't get a response by then she would call the physician's office and document it in a progress note.<br><br>During an interview on 10/02/24 at 10:48 A.M., the DON (Director of Nursing) indicated if the staff | | **same deficient practice will be identified and what corrective action will be taken?**<br>All residents have the potential to be affected by this alleged deficient practice.<br>An audit of all residents for any change of condition and MD notification with a response has been completed by DNS/Designee.<br>**What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?**<br>An audit tool for all residents to monitor for Change of Condition and MD notification with a response will be checked by DNS/Designee.<br>All licensed nurses will be educated on Change of Condition and notifying the MD no later than 10-22-24 by DNS/Designee.<br>DNS/designee will review the facility activity report for any change of condition and notify the MD. They will continue to monitor daily to ensure the MD has responded until they get a response from him/her.<br>**How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality?**<br>DNS/designee will be responsible for Change of Condition QAPI tool to be completed weekly X 4, monthly X 6 months, and quarterly | |

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| | asked the physician for a UA, they would send an SBAR to the physician or call the physician's office. They would obtain the order and transcribe it into the health record. The staff should get a response back from an SBAR the same day they send it. The staff should have documented the physician's response to the SBAR on 06/12/24.<br><br>The current facility policy, titled "Resident Change of Condition", with a revision date of 11/2018, was provided by the DON on 10/02/24 at 11:24 A.M. The policy indicated, "...It is the policy of the facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective intervention takes place..."<br><br>3.1-5(a)(3) | | for one year, with results reported to assurance programs will be put in place for prevention? The QAPI committee overseen by the ED. If a threshold of 95% is not achieved, an action plan will be developed.<br>**By what date will systemic changes be completed?**<br>10/22/24 | |
| F 0776<br>SS=D<br>Bldg. 00 | 483.50(b)(1)(i)(ii)<br>Radiology/Other Diagnostic Services<br><br>Based on record review and interview, the facility failed to obtain diagnostic services in a timely manner for 1 of 13 residents reviewed for radiology and diagnostic services. (Resident 6)<br><br>Findings include:<br><br>The clinical record for Resident 6 was reviewed on 10/01/24 at 9:53 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 08/21/24, indicated the resident was rarely or never understood. The resident's diagnoses included, but were not limited to, dementia and hypertension.<br><br>A Progress Note, dated 11/07/23 at 11:33 A.M., indicated the resident's LLE (Left Lower Extremity), leg, was inflamed, red, and warm, and | F 0776 | **What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**<br>Staff educated on obtaining diagnostic services in a timely manner. Resident 6 Doppler was completed on 11-13-2023.<br>**How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?**<br>All residents have the potential to be affected by this alleged deficient practice. | 10/22/2024 |

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| | A Progress Note, dated 11/08/23 at 2:40 A.M., indicated the resident's LLE continued to be reddened and the redness was moving up to his inner thigh.<br><br>A Facility Event Report, titled "Hot Charting--SBAR (Situation, Background, Assessment, and Recommendation) Physician Communication Tool", dated 11/07/23, at 11:17 A.M., indicated the resident's LLE was inflamed, red, and warm. The recommendation was to obtain a venous doppler. The physician was notified. The report lacked any information related to the diagnostic services availability time frame.<br><br>A Radiology Order, dated 11/07/23, was provided by the DON on 10/02/24 at 12:05 P.M. The order indicated the resident was to have a doppler of the LLE for a possible DVT (Deep Vein Thrombosis), blood clot.<br><br>The diagnostic services doppler report was provided by the DON on 10/02/24 at 11:54 A.M., and indicated the procedure was completed on 11/13/23. The facility received the results on 11/14/23. The results of the doppler indicated the resident had a DVT.<br><br>During an interview on 10/02/24 at 11:41 A.M., LPN (Licensed Practical Nurse) 3 indicated if they received an order for a doppler, they had to put the order in, then the doppler technician would call and let them know when they could do the procedure. If it needed to be done right away, they sent residents to the local hospital. The staff let the MD know what was going on with the resident's symptoms and the doctor made the determination as to if the time frame from the technician was okay. If a resident had symptoms, | | An audit for diagnostic/lab services was conducted on 10/18/24 by the DNS/Designee to ensure that no other residents were affected by this alleged deficient practice. There were no identified concerns.<br>**What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?**<br>An audit tool for all residents to monitor for Diagnostic test will be reviewed and monitored to ensure the test has been competed in a timely manner.<br>The DNS/ADNS or designee will monitor Labs/diagnostics during the Clinical Morning Meeting and during Gemba rounds daily to ensure lab/diagnostics are completed timely as ordered.<br>All licensed nurses will be educated on timely diagnostic tests by DNS/Designee.<br>**How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place?**<br>To ensure compliance the DNS/ADNS or designee will complete a Labs/Diagnostics audit tool weekly x 4 weeks, monthly x 6months and quarterly thereafter.<br>The CQI Committee will determine the need for further review. If 100% is not achieved an action plan will be developed. | |

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| | the staff would let the MD know what the symptoms were and document the symptoms on the SBAR. The doctor responds to the SBAR on the SBAR form. If staff had notified the MD of the time frame from the doppler technician, it would be documented on the SBAR form as well.<br><br>During an interview with the DON and the Administrator on 10/02/24 at 11:49 A.M., they indicated when a doppler was ordered they put the order into the lab company, and they were here in the facility within 24 to 48 hours. They had used the same lab company for a long time. If it was an emergent situation, they could send residents out to the local hospital but, normally, the MD ordered them to be completed in-house. The results were available in 24 hours unless it was a weekend, sometimes it would be 24 to 48 hours.<br><br>The current facility policy, titled "Resident Change of Condition" with a revision date of 11/2018, was provided by the DON on 10/02/24 at 11:24 A.M. The policy indicated, "...It is the policy of the facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective intervention takes place..."<br><br>The current facility policy titled, "Resident Rights" with a revision date of 11/15, was provided by the DON on 10/02/24 at 10:47 A.M. The policy indicated, "...The Resident has a right to a dignified existence, self-determination and communication with, and access to, persons and services inside and outside the Facility..."<br><br>3.1-49(g) | | **By What date will systemic changes to be completed?**<br>10/22/24 | |

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| F 0790 SS=D Bldg. 00 | 483.55(a)(1)-(5)<br>Routine/Emergency Dental Srvcs in SNFs<br><br>Based on observation, interview, and record review, the facility failed to acknowledge a resident had dentures and notify the dentist of lost dentures in a timely manner for 1 of 1 resident reviewed for dental. (Resident 36)<br><br>Findings include:<br><br>During an observation and interview on 09/27/24 at 10:59 A.M., Resident 36 was sitting in his wheelchair at the nurse's station. He was edentulous (had no teeth) and indicated his dentures were missing. He had told the Administrator about it and was unsure how long they had been missing.<br><br>During an interview on 10/01/24 at 1:28 P.M., RN 4 indicated she was unaware the resident had dentures.<br><br>During an interview on 10/01/24 at 1:29 P.M., LPN (Licensed Practical Nurse) 3 indicated the resident did not have dentures.<br><br>During an interview on 10/01/24 at 1:30 P.M., CNA (Certified Nurse Aide) 5 indicated she was unaware of the resident ever having dentures.<br><br>During an interview on 10/01/24 at 1:59 P.M., the SSD (Social Service Director) indicated when the dentist came to the facility to give a resident their new dentures, she would be made aware of it. She was unaware of the resident having dentures, but the dental paperwork said he did. He was last seen by the dentist on 03/11/24 when they came and cleaned his dentures. | F 0790 | What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?<br><br>Correspondence with in-house dental provider has been completed for Resident 36 to have /replacement set of dentures made. Resident and/or family notified.<br><br>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:<br><br>All residents have the potential to be affected by the alleged deficient practice.¿<br><br>Audit completed by SSD of all residents in facility to identify immediate dental needs. | 10/23/2024 |

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| | During an observation on 10/01/24 at 2:10 P.M., the SSD went and searched the resident's room for their dentures and did not find any. She spoke with the resident and told him she was unaware he had dentures. The resident indicated that the dentist had come to the facility and made them, but they had been missing for a little while and he would like to have teeth.<br><br>During an interview on 10/02/24 at 10:24 A.M., the Dental Company indicated the resident's dentures were delivered to the resident on 02/29/24. They had sent an email to the SSD and the DON (Director of Nursing) indicating the resident's dentures had been delivered.<br><br>During an interview on 10/02/24 at 10:42 A.M., the SSD indicated if a resident had been given dentures it should have been listed on their inventory record.<br><br>The clinical record for the resident was reviewed on 09/30/24 at 11:36 A.M. A Significant Change MDS (Minimum Data Set) assessment, dated 02/01/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, diabetes, hypertension, and schizophrenia. The assessment lacked documentation that the resident was edentulous.<br><br>A Dental Note, dated 09/26/23, indicated the resident was partially edentulous. Impressions for new upper and lower dentures were taken that day.<br><br>A Dental Note, dated 01/22/24, indicated the resident's dentures were going to be delivered but the resident was at the hospital and the delivery was rescheduled. | | What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:<br><br>SSD/Designee will complete Dental Services QA tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.<br><br>All staff educated by SSD/Designee on Dental Services Policy which includes addressing immediate dental needs.<br><br>SSD/Designee will complete daily audit of Facility Activity Report to ensure residents' dental needs are addressed.<br><br>SSD/Designee will review any correspondence/consults from the dental provider to ensure appropriate care plans are in place when a resident receives dentures, | |

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| | A Dental Note, dated 03/11/24, indicated the resident was doing well with his dentures, they were delivered a few weeks ago. The dentures were cleaned that day.<br><br>The resident's inventory list lacked indication the resident had dentures.<br><br>The Complete Care Plan with a revised date of 07/25/24, lacked a dental care plan.<br><br>The current facility policy titled, "Dental Services/Missing Dentures" with a revised date of 9/17, was provided by the DON on 10/02/24 at 9:35 A.M. The policy indicated, "...The facility obtains needed dental services, including routine and emergency dental services; assists in providing these services and makes prompt referrals for dental services as needed..."<br><br>The current facility policy titled, "Resident Rights" with a revision date of 11/15, was provided by the DON on 10/02/24 at 10:47 A.M. The policy indicated, "...In accordance with this right to dignity and respect, residents are entitled to all of the freedom and privileges of any other citizen..."<br><br>3.1-24(a)(3) | | and it is placed on personal inventory sheet.<br><br>By what date the systemic changes will be completed:<br><br>10/23/2024 | |