

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

PRINTED: 01/09/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155377		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/02/2022	
NAME OF PROVIDER OR SUPPLIER  SEYMOUR CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 707 S JACKSON PARK DR SEYMOUR, IN 47274			
(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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00392911.</p> <p>Complaint IN00392911 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: November 28, 29, 30, December 1, and 2, 2022</p> <p>Facility number: 000272 Provider number: 155377 AIM number: 100274710</p> <p>Census Bed Type: SNF/NF: 65 Total: 65</p> <p>Census Payor Type: Medicare: 1 Medicaid: 57 Other: 7 Total: 65</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 6, 2022.</p>			F 0000	<p>="" p=""&gt; ="" p=""&gt;</p> <p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 12/22/22</p>		
F 0692 SS=D Bldg. 00	<p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (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</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>facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on observation, record review, and interview, the facility failed to notify a physician of a resident's refusal to be weighed and when a resident had a weight gain greater than 3 pounds in one day for 1 of 24 residents reviewed for weight related to hydration status. (Resident 18)</p> <p>Findings include:</p> <p>On 11/30/22 at 9:42 A.M., Resident 18 was propelling herself in her wheelchair in the hallway. Her calves were visible and looked very swollen.</p> <p>The clinical record was reviewed on 12/01/22 at 10:32 A.M. An Admission MDS (Minimum Data Set) assessment, dated 09/22/22, indicated the resident was moderately cognitively impaired. The diagnoses included, but were not limited to, coronary heart disease, atrial fibrillation, heart failure, hypertension, morbid obesity, and lymphedema.</p> <p>The November 2022 EMAR/ETAR (Electronic Medication Administration Record/Electronic</p>			F 0692	<p>/p&gt;</p> <p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 12/22/2</p> <p><b>F 692</b></p> <p>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"> <li>· All licensed staff were reeducated on refusals/ notifications of daily weights by DNS/designee.</li> <li>· All staff reeducated on documentation and notifications of refusals.</li> <li>· Routine audit for refusals of weights and MD notifications daily by DNS/ Designee.</li> <li>· Monitoring daily clip board</li> </ul>		12/22/2022

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	<p>Treatment Administration Record) was provided by the DON (Director of Nursing) on 12/02/22 at 4:27 P.M., and contained the following orders:</p> <ul style="list-style-type: none"> <li>- An open-ended order, with a start date of 10/27/22, for Lasix (a diuretic / water pill) 80 mg (milligrams), twice a day for heart failure,</li> <li>- An order, with a start and end date of 11/11/22, for Lasix 40 mg, one time,</li> <li>- An order, with a start and end date of 11/21/22, for Lasix 80 mg, one time, and</li> <li>- An open-ended order, with a start date of 10/19/22, for daily weights for CHF (Congestive Heart Failure), once a day, notify the physician of weight gain of three pounds in one day or five pounds in one week.</li> </ul> <p>The record indicated the resident either refused the daily weight or the physician was not notified of the resident having a three pound weight gain in one day on the following dates:</p> <ul style="list-style-type: none"> <li>- 11/02/22, the resident had a three pound weight gain in one day,</li> <li>- 11/03/22, refused,</li> <li>- 11/06/22, refused,</li> <li>- 11/08/22, refused,</li> <li>- 11/12/22, refused,</li> <li>- 11/15/22, refused,</li> <li>- 11/17/22, refused,</li> <li>- 11/18/22, refused,</li> <li>- 11/19/22, refused,</li> <li>- 11/20/22, indicated the resident was unavailable although she had received her medications, and</li> <li>- 11/24/22, refused.</li> </ul> <p>On 11/16/22, the record indicated the resident had a 30 pound weight gain in one day and the physician had been notified.</p> <p>On 11/21/22, the record indicated the resident had</p>				<p>for logged weights, omissions, and weight changes.</p> <p><b>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:</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the alleged deficient practice.</li> <li>· The DNS/Designee will provide education and training to all licensed staff on refusals/ notifications of daily weights.</li> <li>· The DNS/Designee will reeducate all licensed staff on documentation and notification of refusals of weight.</li> <li>· The DNS/ Designee will monitor daily clip board for logged weights, omissions, and weight changes.</li> </ul> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· A Root Cause Analysis will be conducted with IDT team and reviewed by QA committee for findings and recommendations.</li> <li>· All licensed staff will be in-serviced by DNS/designee by 12/22/22 on refusals/ notifications of daily weights.</li> <li>· All licensed staff reeducated</li> </ul>		

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	<p>a 55 pound weight gain in one week and the physician had been notified.</p> <p>The record lacked documentation the physician had been notified of the resident's refusals to be weighed.</p> <p>The complete Care Plan was provided by the DON on 12/02/22 at 3:19 P.M. A Nutritional Status care plan indicated the resident had a history of refusing daily weights and was on a therapeutic diet related to heart failure. An approach, with a start date of 09/16/22, was to notify the physician and family of significant weight changes.</p> <p>During an interview on 12/02/22 at 2:53 P.M., LPN (Licensed Practical Nurse) 2 indicated if a resident refused a medication or a treatment staff would document they had refused and notify the physician. If it was something they continued to refuse she tried to find out why and educated the resident. If the resident refused her, she tried to have another nurse make an attempt. She documented that the physician was notified either on the EMAR/ETAR or in a Progress Note.</p> <p>The Progress Notes were provided by the DON on 12/02/22 at 4:27 P.M. The record lacked documentation the physician had been notified of the resident's refusals to be weighed. A note, dated 11/21/22 at 2:54 P.M., indicated the NP (Nurse Practitioner) had written new orders for "strict" daily weights and an additional one time dose of Lasix 80 mg "now".</p> <p>During an interview on 12/02/22 at 3:47 P.M., LPN 3 indicated when a resident had an order for daily weights the policy was if there was a certain weight the resident was above, they were to notify the physician for further instructions. If the</p>				<p>on documentation and notification of refusals by DNS/ Designee</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place:</b></p> <ul style="list-style-type: none"> <li>The DNS/designee will be responsible for the completion of routine auditing using Refusal of Medications, Treatments tool. Minimum of 10 Refusal of Medications, Treatments tools to be completed weekly X 1 month, then monthly X5 months for a period of no less than 6 months by DNS/designee with results proved to QA committee for review and recommendations.</li> <li>If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</li> </ul> <p><b>By what date the systemic changes will be completed:</b> Completion Date: 12/22/22</p>		

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	<p>resident repeatedly refused to be weighed, they notified the physician to make sure they were aware. For Resident 18, who was on Lasix, the physician should be notified if they refuse a daily weight.</p> <p>The current Resident Weights policy was provided by the Administrator on 12/02/22 at 4:10 P.M. The policy indicated, "...It is the policy of this facility that all resident [sic] will be weighed...as indicated by the resident's condition and physician's orders...Daily weight monitoring may...be ordered by the physician for unstable residents. This is done in the morning, documented on the MAR and the physician is notified per resident specific orders..."</p> <p>3.1-46(a)(1)</p>						