

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

PRINTED: 07/02/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155840		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/05/2025	
NAME OF PROVIDER OR SUPPLIER IGNITE MEDICAL RESORT DYER LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1532 CALUMET AVENUE DYER, IN 46311			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00458971 and IN00459895.</p> <p>Complaint IN00458971 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00459895 - Federal/State deficiencies related to the allegations are cited at F693.</p> <p>Survey dates: June 5, 2025.</p> <p>Facility number: 013462 Provider number: 155840</p> <p>Census Bed Type: SNF: 96 Residential: 26 Total: 122</p> <p>Census Payor Type: Medicare: 49 Other: 47 Total: 96</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/9/25.</p>			F 0000	<p>Ignite Medical Resorts Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>This facility respectfully requests a desk review for the given citations in this survey. Please see all attached documentation for your consideration.</p>		
F 0693 SS=D Bldg. 00	<p>483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills</p> <p>Based on observation, record review and interview, the facility failed to ensure G-tube (gastrostomy tube, a tube inserted directly into the stomach) placement and/or residual was checked prior to instilling a bolus feeding as well</p>			F 0693	<p>F-693 Tube Feeding Mgmt/Restore Eating Skills</p>		06/21/2025

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

TITLE

(X6) DATE

Megan Matula

General Manager

06/19/2025

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>as flushing the tube after the feeding had infused. The facility also failed to ensure the amount of G-tube residual was documented for 3 of 3 residents reviewed for tube feeding. (Residents D, C and E)</p> <p>Findings include:</p> <p>1. On 6/5/25 at 1:12 p.m., LPN 2 was observed washing her hands and donning a gown and gloves prior to entering Resident D's room. The LPN was going to administer the resident's bolus (a G-tube feeding given in a short amount of time) tube feeding. The LPN poured 300 milliliters (ml) of Osmolite into a plastic cylinder, explained to the resident what she was going to do, and then connected a plastic syringe to the G-tube port. At that time, the LPN indicated that she had checked the G-tube for placement and residual (the amount of fluid or formula remaining in the stomach after a tube feeding) that morning. The LPN proceeded to instill the feeding via gravity. After the bolus feeding was completed, the LPN removed the syringe from the port and she rinsed the syringe and cylinder with water prior to leaving the room. The LPN did not flush the resident's G-tube with water after the feeding was completed.</p> <p>The record for Resident D was reviewed on 6/5/25 at 1:42 p.m. Diagnoses included, but were not limited to, gastrostomy status, dysphagia (difficulty swallowing), and protein caloric malnutrition.</p> <p>The 5 day Medicare Minimum Data Set (MDS) assessment, dated 5/28/25, indicated the resident was cognitively intact and had a feeding tube.</p> <p>A Care Plan, dated 5/24/25, indicated the resident required enteral (nutrition through a feeding tube)</p>				<p>It is the facility's policy to ensure that residents who are fed by enteral means receive appropriate treatment and services to prevent complications of enteral feeding, including proper verification of tube placement and residual checks prior to feeding, and appropriate flushing after feeding administration.</p> <p>Corrective Action for Affected Residents: LPN1 and LPN2 were re-educated on proper tube feeding procedures. Documentation requirements for tube feeding residuals were immediately implemented in the electronic health record.</p> <p>Identifying other Residents having the Potential to be Affected: CNO conducted a house audit of all current residents with feeding tubes to ensure verification of placement, amount of residual, and flush orders are in place and documentation is complete.</p> <p>Measures put into place or Systemic Changes:</p> <p>1 The Director of Nursing conducted mandatory in-service education for all licensed nurses regarding: - Proper tube feeding administration procedures - Verification of tube placement prior to each use - Checking and documenting residuals per facility protocol - Required water flushes before and after medication administration and feeding -</p>		

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	<p>nutrition. Interventions included, but were not limited to, check for tube placement and gastric contents/residual volume per facility protocol and record. Hold per physician's orders.</p> <p>A Physician's Order, dated 4/4/25 and listed as current on the June 2025 Physician's Order Summary (POS), indicated the feeding tube was to be checked for placement and patency every shift for monitoring. Check enteral feeding tube placement and patency prior to each use per guidelines.</p> <p>A Physician's Order, dated 5/27/25, indicated the resident's feeding tube was to be flushed with 225 ml of water every 6 hours at 12:00 a.m., 6:00 a.m., 12:00 p.m., and 6:00 p.m.</p> <p>A Physician's Order, dated 5/29/25, indicated the resident was to receive 300 ml of Osmolite tube feeding four times a day at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m.</p> <p>During an interview on 6/5/25 at 2:33 p.m., the Director of Nursing (DON) indicated the resident's G-tube should have been checked for placement and/or residual prior to giving the bolus tube feeding. He also indicated the nurses at times will just check once a shift and think that is okay, but most staff are used to using a tube feeding pump rather than administering the feeding as a bolus. The DON indicated he would check with the dietitian about adjusting the tube feeding flush order.</p> <p>2. Resident C's record was reviewed on 6/5/25 at 9:18 a.m. The diagnoses included, but were not limited to, respiratory failure with hypoxia, stroke, dysphagia (difficulty swallowing), diabetes, COPD, and dementia.</p>				<p>Documentation requirements in the electronic health record</p> <p>Plan to Monitor Performance: CNO/Designee will conduct weekly audits of 5 residents with feeding tubes weekly to ensure proper tube placement verification, residual checks are performed and documented, required flushes are completed and documented and care plan interventions are followed</p> <p>CNO/Designee will review audit results weekly and report findings to the Quality Assurance and Performance Improvement (QAPI) committee monthly for six months. The QAPI committee will analyze data and make recommendations for additional interventions if needed until substantial compliance is achieved.</p> <p>Date of Compliance: 6/21/25</p>		

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	<p>A Care Plan, dated 4/16/25, indicated the resident required enteral nutrition. Interventions included, but were not limited to, check tube placement and gastric contents/residual volume per facility protocol and record, listen to lung sounds as ordered, and provide local care to the G tube site.</p> <p>A Physician's Order, dated 4/16/25, indicated to administer enteral tube feeding continuously and check residual every shift and the nurse was to record the amount. If residual was greater than 100 ml, stop tube feeding and restart in 1 hour.</p> <p>The Medicare 5-day Minimum Data Set assessment, dated 4/20/25, indicated the resident was severely impaired for daily decision making, had a feeding tube and impairment on both sides of the upper extremities. The resident was dependant with all activities of daily living (ADLs), bed mobility and transfers.</p> <p>The April 2025 Medication Administration Record (MAR) indicated tube feeding residual was not recorded on the following dates: 4/16/25 4/17/25 4/18/25 4/19/25</p> <p>During an interview on 6/5/25 at 2:22 p.m., The DON indicated he understood the concern and had no further information to provide. There was no place on the April 2025 MAR to document residual.</p> <p>3. On 6/5/25 at 12:35 p.m., Nurse 1 was observed preparing Resident E's bolus feeding. She had donned gown and gloves appropriately and the bolus feed was measured to 175 milliliters (ml). Nurse 1 lifted the resident's shirt and attached the</p>						

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	<p>piston syringe to the G tube port and began the bolus feed by gravity. The resident indicated he felt full after he had received 125 ml and requested the feeding be stopped. The Resident then received his 150 ml flush with no complaints. Placement was not verified, and residual was not checked prior to the bolus feeding.</p> <p>During an interview on 6/5/25 at 12:50 p.m., Nurse 1 indicated she did not verify placement or residual. The policy states to check placement as needed.</p> <p>The record for Resident E was reviewed on 6/5/25 at 2:33 p.m. The diagnoses included, but were not limited to, respiratory failure, adult failure to thrive, gastrostomy status, anxiety, high blood pressure, dysphagia (difficulty swallowing), and anemia.</p> <p>A Care Plan, dated 5/1/25, indicated the resident required enteral nutrition. Interventions included, but were not limited to, check tube placement and gastric contents/residual volume per facility protocol and record, listen to lung sounds as ordered, and provide local care to the G tube site.</p> <p>A Physician's order, dated 5/1/25, indicated the resident's diet was nothing by mouth (NPO). The resident may have water or ice chips with no straw.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 5/7/25, indicated the resident was cognitively intact for daily decision making. The resident had impairment on both sides of the upper extremities. The resident was dependent on oral hygiene. Toileting needed supervision or touching assistance. Shower/bathing and upper body dressing needed partial/moderate</p>						

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	<p>assistance. Lower body dressing and personal hygiene required dependent assistance. Bed mobility and transfers required supervision or touching assistance. The resident had a feeding tube.</p> <p>A Physician's Order, dated 5/21/25, indicated to administer 175 ml bolus feed of Jevity 1.5 per tube feeding 5 times a day.</p> <p>During an interview on 6/5/25 at 2:33 p.m., the Director of Nursing indicated the resident's G-tube should have been checked for placement and/or residual prior to giving the bolus tube feeding. He also indicated staff would be re-educated on tube feeding policy regarding placement verification and checking for residuals.</p> <p>A policy titled "Tube Feeding , received as current by the Director if Nursing on 6/5/25 at 9:15 a.m., indicated the following for bolus tube feeding, " ...3. Check tube replacement by aspiration or air insertion ... 5. Flush tube with amount of water ordered at end of tube feeding ..."</p> <p>This citation relates to Complaint IN00459895.</p> <p>3.1-44(a)(2)</p>						