

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

PRINTED: 10/07/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155086		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/06/2024	
NAME OF PROVIDER OR SUPPLIER WOODLAND MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 343 S NAPPANEE ST ELKHART, IN 46514			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 the Investigation of Complaints IN00442414, IN00441939, IN00441580 and IN00441211.</p> <p>Complaint IN00442414 - Federal/State deficiencies related to the allegations are cited at F698.</p> <p>Complaint IN00441939 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00441580 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00441211 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 4, 5 and 6, 2024</p> <p>Facility number: 000034 Provider number: 155086 AIM number: 100274880</p> <p>Census Bed Type: SNF/NF: 67 Total: 67</p> <p>Census Payor Type: Medicare: 3 Medicaid: 57 Other: 7 Total: 67</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 9/12/2024</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance and the facility respectfully asks for paper compliance.</p>		

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

TITLE

(X6) DATE

Katherine Wright

Administrator

09/28/2024

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 disclosable 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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F 0698 SS=D Bldg. 00	<p>483.25(l) Dialysis</p> <p>Based on observation, interview and record review, the facility failed to ensure 1 of 1 residents who required dialysis, received assessment/monitoring for complications prior to and/or after their dialysis treatments, according to the facility policy and the resident's plan of care. (Resident D)</p> <p>Finding includes:</p> <p>On 9/4/24 at 11:04 A.M., a review of the clinical record for Resident D was conducted. The resident's diagnoses included, but were not limited to; End Stage Renal Disease requiring dialysis and diabetic</p> <p>A Care Plan, undated, indicated the resident required hemodialysis, at the Dialysis Center, on Tuesdays, Thursdays and Saturdays related to renal failure. The interventions included, but were not limited to: leave for dialysis at 8:00 A.M., first shift to obtain a weight, vitals signs and record in dialysis binder, upon return obtain post weight and vital signs, resident to take dialysis binder to dialysis center, monitor labs, monitor for peripheral edema, monitor/document any sign/symptoms of infection to access site (fistula).</p> <p>Review of the August Medication Administration Record (MAR and the August Treatment Administration Record (TAR) did not have documentation indicating the fistula was being observed and/or assessed for complications.</p> <p>The Dialysis Communication Forms, located in the dialysis binder, starting on Thursday 8/22/24 and continuing on 8/24/24, 8/27/24, 8/29/24 and 8/31/24</p>			F 0698	<p>F 698 Dialysis</p> <p>It is the practice of this facility that we ensure that residents receive adequate supervision, and the resident environment remains as free of accident hazards as possible.</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</i></p> <p>Resident D no longer resides in the facility. Prior to discharge, the facility dialysis communication form was revised to include areas to document pre- and post-dialysis assessment information</p> <p><i>How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</i></p> <p>All residents receiving dialysis with a fistula have the potential to be affected.</p> <p><i>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</i></p> <p>The policy "Hemodialysis Access Care" will be reviewed by the IDT. Staff education will be provided to the nursing staff on the "Hemodialysis Access Care" policy. A performance improvement tool has been</p>		09/27/2024

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	<p>had pre-dialysis vital signs documented, but no post dialysis assessment had been completed by the facility nurse and documented. There was a place for the dialysis center to provide communication to the facility and was the dialysis center had completed the section on 8/27/24, 8/29/24 and 9/3/24.</p> <p>During an observation/interview, on 9/4/24 at 1:30 P.M., Resident D was observed in the hallway, sitting in a wheelchair with a visitor. The resident indicated she was being transferred to the dialysis center on her dialysis days and had not missed receiving her dialysis treatments. She indicated staff really did not ever look at her fistula-access site when she returned from dialysis treatments.</p> <p>During an interview, on 9/6/24 at 11:35 A.M., the Director of Nursing (DON) indicated the facility failed to ensure a post dialysis assessment was completed by the facility nurse once the resident returned from her dialysis treatments. He indicated the facility nurses should have been assessing the fistula every shift and especially after a treatment to ensure no post bleeding from access site (fistula) occurred.</p> <p>On 9/4/24 at 12:04 P.M., the DON provided a policy titled, "Dialysis Care Guidelines", dated 9/9/14, and indicated the policy was the one currently used by the facility. The policy indicated "...Residents ordered dialysis therapy will be monitored and documentation will be maintained in the medical record. All residents receiving dialysis will be assessed before and after dialysis treatment and for compliance with their individualized plan of care. All residents receiving dialysis treatment will have their access site assessed every shift...2. For Peripheral access, AV [Arteriovenous] Graft or AV [Arteriovenous]</p>				<p>developed to audit residents who require dialysis, receive assessment/monitoring for complications prior to and/or after their dialysis treatments. <i>How the corrective actions will be monitored to ensure the deficient practice does not recur;</i> A performance improvement tool has been initiated that audits dialysis patients to ensure residents who require dialysis receive assessment/monitoring for complications prior to and/or after their dialysis treatments. This performance improvement tool will be completed by the Administrator/ Designee weekly for four weeks; then monthly for three months, then quarterly x three. In the event any further concerns are identified the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Meeting at least quarterly. <i>By what date the systemic changes will be made;</i> 9/27/2024</p>		

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	Fistula: Check bruit and thrill...4. All access sites are to be assessed for signs of infection...." This citation relates to Complaint IN00442414. 3.1-37(a)						