

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER DYER NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 601 SHEFFIELD AVE DYER, IN 46311	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the resident's Physician and/or family was notified of a significant change in condition related to signs and symptoms of COVID-19 for 1 of 3 residents reviewed for death. (Resident B) Finding includes: The closed record for Resident B was reviewed on 5/13/20 at 9:30 a.m. [DIAGNOSES REDACTED]. The Annual Minimum Data Set (MDS) assessment, dated 4/19/20, indicated the resident's cognitive status not assessed and was totally dependent on staff with transfers. The Care Plan, dated 3/17/20, indicated the resident was at risk for infection and signs and symptoms of COVID-19 related to comorbidities of high blood pressure and dementia. The approaches were to follow facility protocol for COVID-19 screening/precautions every shift. Observe for signs and symptoms of COVID-19 and document and promptly report signs of fever, coughing, sneezing, sore throat, and respiratory issues. Nurses' Notes, dated 4/23/20 at 1:40 p.m., indicated the resident's son was notified of changes and had no additional questions at that time. Nurses' Notes, dated 4/24/20 at 11:40 a.m., indicated the resident's son/POA (Power Of Attorney) was notified of building update. Nurses' Notes, dated 4/26/20 at 7:30 a.m., indicated during rounds, vitals were assessed; temperature was 101 degrees, pulse was 52, respirations were 22 and oxygen saturation was 80% on room air. Oxygen was applied at that time. Respirations were even and unlabored and her lung sounds were clear. The resident's family was made aware of the change. physician's orders [REDACTED]. Nurses' Notes, dated 4/26/20 at 1:00 p.m., indicated the resident was in bed with her eyes closed. Her respirations were labored when she was repositioned. The family was given another update. There was no documentation the resident's Physician was notified of the significant change in status. Nurses' Notes, dated 4/26/20 at 3:30 p.m., indicated the writer came on to the shift with the resident laying in bed. Her head was raised and oxygen was in place. The resident was in a sleepy state and was noted to be breathing fast and not responding to verbal or tactile stimuli. There was no documentation the resident's Physician and/or family was notified of the recent change in condition. Nurses' Notes, dated 4/26/20 at 7:32 p.m., indicated writer entered resident's room to check on her. She was observed taking her last breath. Further assessment revealed that respirations had ceased. Nurses' Notes, dated 4/26/20 at 7:41 p.m., indicated the resident's son was notified and given information about the change in condition and the resident taking her last breath. Also, staff informed son about how resident was prior to taking her last breath. Nurses' Notes, dated 4/26/20 at 7:59 p.m., indicated the Physician was made aware of the resident's death. Interview with the Director of Nursing (DON) on 5/13/20 at 9:58 a.m., indicated the wound nurse had been taking care of the resident that day and she had called the Physician and was waiting to hear back from him, however, none of that information was documented. The Physician had not returned the call back during her shift. The Nursing staff should have continued to try and notify the Physician and the family after the change of condition and again when the resident was not responding to verbal and tactile stimuli. The current 11/2016 Notification of Resident Change in Condition Policy, provided by the Administrator on 5/13/20 at 11:00 a.m., indicated A licensed nurse shall promptly inform the resident, consults with the resident's Physician and if known, notify the resident's legal representative or an interested family member of a significant change in the resident's physical, mental, or psychosocial status, i.e. deterioration in health, mental or psychosocial status in either life threatening conditions or clinical complication. 3.1-5(a)(2)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to maintain infection control practices and procedures related to placing a resident into the appropriate isolation who was exhibiting signs and symptoms of COVID-19 for 1 of 3 residents reviewed for death. (Resident B) Finding includes: The closed record for Resident B was reviewed on 5/13/20 at 9:30 a.m. [DIAGNOSES REDACTED]. The Annual Minimum Data Set (MDS) assessment, dated 4/19/20, indicated the resident's cognitive status not assessed and was totally dependent on staff with transfers. The Care Plan, dated 3/17/20, indicated the resident was at risk for infection and signs and symptoms of COVID-19 related to comorbidities of high blood pressure and dementia. The approaches were to follow facility protocol for COVID-19 screening/precautions every shift. Observe for signs and symptoms of COVID-19 and document and promptly report signs of fever, coughing, sneezing, sore throat, and respiratory issues. Nurses' Notes, dated 4/26/20 at 7:30 a.m., indicated during rounds vitals were assessed; temperature was 101, pulse was 52, respirations were 22 and oxygen saturation was 80% on room air. Oxygen was applied at that time. Respirations were even and unlabored and her lung sounds were clear. The resident's family was made aware of the change. physician's orders [REDACTED]. The current CDC (Center for Disease Control) Coronavirus disease 2019 (COVID 19) guidance indicated a person may have [MEDICAL CONDITION] if exhibiting these signs and symptoms: cough, shortness of breath or difficulty breathing, fever, chills, sore throat, and muscle pain. Symptomatic patients should be isolated as soon as possible to prevent further spread of [MEDICAL CONDITION]. Healthcare workers should have the appropriate Personal Protective Equipment (PPE) such as a gown, face mask and protective eyewear while providing care for symptomatic patients. Interview with the Director of Nursing (DON) on 5/13/20 at 9:58 a.m., indicated the facility at that time had a designated COVID-19 as well as a PUI (Person Under Investigation) unit, however, they typically were not moving residents to the PUI unit until they had more than 1 day of symptoms. The DON indicated the resident could have remained in her room, however, the nurse should have placed her in isolation with droplet and contact precautions when she first had signs and symptoms of COVID-19. 3.1-18(b)		

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.