

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 343 S Nappanee St Elkhart, IN 46514	

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)
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>31719</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 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>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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] Fistula: Check bruit and thrill .4. All access sites are to be assessed for signs of infection</p> <p>This citation relates to Complaint IN00442414.</p> <p>3.1-37(a)</p>		