STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155220	A. Building B. Wing	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dyer Nursing and Rehabilitation Center	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 0777 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results. Based on record review, and interview, the facility failed to report Doppler ultrasound results to the physician in a timely manner resulting in delayed treatment for 1 of 3 residents reviewed for notification. (Resident D)Finding includes:Resident D's record was reviewed on 8/11/25 at 1:51 p.m. The diagnoses included, but were not limited to, stroke, aphasia (difficulty speaking), hemiparesis (paralysis on one side of the body, dysphagia (difficulty swallowing) and weakness.The Quarterly Minimum Data Set (MDS) assessment, dated 5/12/25, indicated the Resident was severely impaired for daily decision making. The resident required substantial/maximum assistance with shower/bathing, upper body dressing and personal hygiene. The resident required dependent care with lower body dressing and toileting. A Physician's Order, dated 7/29/25, indicated for a Doppler ultrasound (non-invasive imaging technique used to assess blood flow in various parts of the body) to be completed on the right lower extremity due to new onset edema with pain.A Nurse's Note, dated 7/29/25 at 10:35 a.m., indicated the resident had new onset edema (swelling) to the right lower extremity and foot and had complaints of pain. The Nurse Practitioner (NP) was aware and had ordered a Doppler. The paperwork was ready and a tech would arrive at the facility within 24 hours.A Nurse's Note, dated 7/30/25 at 10:30 a.m., indicated the resident continued to have edema on the right lower extremity. The Doppler tech was in the facility and indicated the report would be ready in an hour. The NP was made aware.The Doppler report indicated results were interpreted on 7/30/25 at 12:25 p.m. The impression indicated there was partial clotting in the proximal to distal superficial femoral vein causing luminal stenosis (a blood clot partially impeding blood flow through the vein).There was no documentation indicating the facility had communicated the abnormal Doppler results upon receipt to the physician or NP. There was no follow up on the Doppler procedure from 7/30-8/5/25.A Nurses Note, dated 8/5/25 at 10:16 a.m., indicated a new order was received for Eliquis (blood thinner) 5 milligrams twice a day.A Physician's Order dated 8/5/25, indicated to administer Eliquis (blood thinner) 5 milligrams by mouth twice a day.During an interview on 8/11/25 at 3:35p.m., the Director of Nursing indicated a Doppler had been ordered on 7/29/25 and it was completed on 7/30/25. She had called the company who interpreted the results, and they indicated they reported the results on 7/30/25. She could not determine when the results were reported to the physician and understood the concern that there was a delay in treatment.This citation relates to Complaint 2584012.3.1-49(j)(2)

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