

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  03/03/2026
NAME OF PROVIDER OR SUPPLIER  Dyer Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<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>Based on record review and interview, the facility failed to complete post dialysis vital signs and had no documented assessments of dialysis access site for 1 of 3 residents reviewed for dialysis. (Resident C) Finding Included: Resident C's record was reviewed on 3/2/26 at 2:00 p.m. Diagnoses included, but were not limited to, heart failure, end stage renal disease (renal failure), diabetes, and dependent on renal dialysis. The 1/22/26 Annual Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making. The resident had impairment on both sides of the lower extremities and was on dialysis. A Care Plan, dated 6/4/24 and revised on 2/25/26, indicated the resident required dialysis related to renal failure. Interventions included, but were not limited to, assess dialysis access site for redness, swelling, pain, or drainage, and encourage resident to attend scheduled dialysis appointments. A Physician's Order, dated 12/19/25, indicated to record vital signs pre-dialysis and post-dialysis. A Physician's Order, dated 3/2/26, indicated to assess dialysis access site for redness, swelling, pain, and drainage. The record lacked an order to assess the dialysis access site until 3/2/26. The Medication Administration Record (MAR) for January and February 2026 lacked documentation for assessment of the access site. January 2026 MAR showed documented post-dialysis vitals with a code nine, which indicated to see progress notes. There was no progress note documentation for the following post-dialysis vital signs: 1/7/26 1/14/26 1/19/26 1/21/26 1/23/26 1/26/26 The February 2026 MAR lacked post-dialysis vital signs on 2/11/26. A policy titled, Dialysis Monitoring and Communication Policy, provided by the Director of Nursing on 3/2/26, indicated .2. Observe the dialysis access site for any increased redness, swelling, bleeding, pain and drainage and notify the physician and dialysis center if any present. Document any abnormal findings in the medical records. During an interview on 3/2/26 at 3:47 p.m., the Nurse Consultant indicated there were no post-dialysis vitals on 2/11/2026. She understood the concern with January's lack of post-dialysis progress notes and the access site not being assessed. 410 IAC (Indiana Administrative Code) 16.2-3.1-37(a)</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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