STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155840	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort Dyer LLC	1532 Calumet Avenue 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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, record review and interview, the facility failed to ensure G-tube (gastrostomy tube, a tube inserted directly into the stomach) placement and/or residual was checked prior to instilling a bolus feeding as well as flushing the tube after the feeding had infused. The facility also failed to ensure the amount of G-tube residual was documented for 3 of 3 residents reviewed for tube feeding. (Residents D, C and E) Findings include: 1. On 6/5/25 at 1:12 p.m., LPN 2 was observed washing her hands and donning a gown and gloves prior to entering Resident D's room. The LPN was going to administer the resident's bolus (a G-tube feeding given in a short amount of time) tube feeding. The LPN poured 300 milliliters (ml) of Osmolite into a plastic cylinder, explained to the resident what she was going to do, and then connected a plastic syringe to the G-tube port. At that time, the LPN indicated that she had checked the G-tube for placement and residual (the amount of fluid or formula remaining in the stomach after a tube feeding) that morning. The LPN proceeded to instill the feeding via gravity. After the bolus feeding was completed, the LPN removed the syringe from the port and she rinsed the syringe and cylinder with water prior to leaving the room. The LPN did not flush the resident's G-tube with water after the feeding was completed. The record for Resident D was reviewed on 6/5/25 at 1:42 p.m. Diagnoses included, but were not limited to, gastrostomy status, dysphagia (difficulty swallowing), and protein calorie malnutrition. The 5 day Medicare Minimum Data Set (MDS) assessment, dated 5/28/25, indicated the resident was cognitively intact and had a feeding tube. A Care Plan, dated 5/24/25, indicated the resident required enteral (nutrition through a feeding tube) nutrition. Interventions included, but were not limited to, check for tube placement and gastric contents/residual volume per facility protocol and record. Hold per physician's orders. A Physician's Order, dated 4/4/25 and listed as current on the June 2025 Physician's Order Summary (POS), indicated the feeding tube was to be checked for placement and patency every shift for monitoring. Check enteral feeding tube placement and patency prior to each use per guidelines. A Physician's Order, dated 5/27/25, indicated the resident's feeding tube was to be flushed with 225 ml of water every 6 hours at 12:00 a.m., 6:00 a.m., 12:00 p.m., and 6:00 p.m. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Physician's Order, dated 5/29/25, indicated the resident was to receive 300 ml of Osmolite tube feeding four times a day at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m. During an interview on 6/5/25 at 2:33 p.m., the Director of Nursing (DON) indicated the resident's G-tube should have been checked for placement and/or residual prior to giving the bolus tube feeding. He also indicated the nurses at times will just check once a shift and think that is okay, but most staff are used to using a tube feeding pump rather than administering the feeding as a bolus. The DON indicated he would check with the dietitian about adjusting the tube feeding flush order. 2. Resident C's record was reviewed on 6/5/25 at 9:18 a.m. The diagnoses included, but were not limited to, respiratory failure with hypoxia, stroke, dysphagia (difficulty swallowing), diabetes, COPD, and dementia. A Care Plan, dated 4/16/25, indicated the resident required enteral nutrition. Interventions included, but were not limited to, check tube placement and gastric contents/residual volume per facility protocol and record, listen to lung sounds as ordered, and provide local care to the G tube site. A Physician's Order, dated 4/16/25, indicated to administer enteral tube feeding continuously and check residual every shift and the nurse was to record the amount. If residual was greater than 100 ml, stop tube feeding and restart in 1 hour. The Medicare 5-day Minimum Data Set assessment, dated 4/20/25, indicated the resident was severely impaired for daily decision making, had a feeding tube and impairment on both sides of the upper extremities. The resident was dependant with all activities of daily living (ADLs), bed mobility and transfers. The April 2025 Medication Administration Record (MAR) indicated tube feeding residual was not recorded on the following dates: 4/16/25 4/17/25 4/18/25 4/19/25 During an interview on 6/5/25 at 2:22 p.m., The DON indicated he understood the concern and had no further information to provide. There was no place on the April 2025 MAR to document residual. 3. On 6/5/25 at 12:35 p.m., Nurse 1 was observed preparing Resident E's bolus feeding. She had donned gown and gloves appropriately and the bolus feed was measured to 175 milliliters (ml). Nurse 1 lifted the resident's shirt and attached the piston syringe to the G tube port and began the bolus feed by gravity. The resident indicated he felt full after he had received 125 ml and requested the feeding be stopped. The Resident then received his 150 ml flush with no complaints. Placement was not verified, and residual was not checked prior to the bolus feeding. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/5/25 at 12:50 p.m., Nurse 1 indicated she did not verify placement or residual. The policy states to check placement as needed. The record for Resident E was reviewed on 6/5/25 at 2:33 p.m. The diagnoses included, but were not limited to, respiratory failure, adult failure to thrive, gastrostomy status, anxiety, high blood pressure, dysphagia (difficulty swallowing), and anemia. A Care Plan, dated 5/1/25, indicated the resident required enteral nutrition. Interventions included, but were not limited to, check tube placement and gastric contents/residual volume per facility protocol and record, listen to lung sounds as ordered, and provide local care to the G tube site. A Physician's order, dated 5/1/25, indicated the resident's diet was nothing by mouth (NPO). The resident may have water or ice chips with no straw. The admission Minimum Data Set (MDS) assessment, dated 5/7/25, indicated the resident was cognitively intact for daily decision making. The resident had impairment on both sides of the upper extremities. The resident was dependent on oral hygiene. Toileting needed supervision or touching assistance. Shower/bathing and upper body dressing needed partial/moderate assistance. Lower body dressing and personal hygiene required dependent assistance. Bed mobility and transfers required supervision or touching assistance. The resident had a feeding tube. A Physician's Order, dated 5/21/25, indicated to administer 175 ml bolus feed of Jevity 1.5 per tube feeding 5 times a day. During an interview on 6/5/25 at 2:33 p.m., the Director of Nursing indicated the resident's G-tube should have been checked for placement and/or residual prior to giving the bolus tube feeding. He also indicated staff would be re-educated on tube feeding policy regarding placement verification and checking for residuals. A policy titled Tube Feeding , received as current by the Director if Nursing on 6/5/25 at 9:15 a.m., indicated the following for bolus tube feeding, .3. Check tube replacement by aspiration or air insertion . 5. Flush tube with amount of water ordered at end of tube feeding . This citation relates to Complaint IN00459895. 3.1-44(a)(2)