STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155653	A. BUILDING 00 B. WING	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HARBOR HEALTH & REHAB	5025 MCCOOK AVE EAST CHICAGO, IN 46312

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F 0000 Bldg. 00	This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 7/28/23. This visit included a PSR to the Investigation of Complaints IN00403073, IN00404782, IN00408677, and IN00413252 completed on 7/28/23. This visit was in conjunction with the Investigation of Complaints IN00416692 and IN00417107. Complaint IN00403073 - Corrected. Complaint IN00404782 - Corrected. Complaint IN00408677 - Corrected. Complaint IN00413252 - Corrected. Complaint IN00416692 - No deficiencies related to the allegations are cited. Complaint IN00417107 - Federal/state deficiencies related to the allegations are cited at F686. Survey dates: September 13 and 14, 2023 Facility number: 000108 Provider number: 155653 AIM number: 100267410 Census Bed Type: SNF/NF: 66 Total: 66 Census Payor Type: Medicare: 6	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Carmela Tuttle	HFA	10/11/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

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	Medicaid: 59 Other: 1 Total: 66 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 9/18/23.			
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Based on record review, and interview, the facility failed to ensure residents with pressure ulcers received the necessary care and services to treat and improve the wounds related to the lack of documentation and obtaining orders for the treatment of pressure ulcers and following the dietician's recommendations for healing for 2 of 3 residents reviewed for pressure ulcers. (Residents E and B) Findings include: 1. The record for Resident E was reviewed on	F 0686	Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. F686 Treatment/ to Prevent/Heal Pressure Ulcers What corrective action(s) will be	09/15/2023

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	9/13/23 at 3:30 p.m. Diagnoses included, but were not limited to acute spinal cord infarction, chronic ischemic heart disease, high blood pressure, type 2 diabetes, major depressive disorder, anxiety disorder, panic disorder, stroke with no residual, and coronary artery bypass graft. The 8/30/23 Quarterly Minimum Data Set (MDS) assessment, indicated the resident was cognitively intact and had 1 Stage 4 pressure ulcer. The Care Plan, revised on 7/26/23, indicated the resident was at risk for impaired skin integrity and the current area of impairment included the sacrum. Physician's Orders, dated 8/1/23 and discontinued on 9/4/23, indicated Anasept Antimicrobial External Gel 0.057 %, apply to sacrum topically every day shift. Cleanse the wound, pat dry, combine Anasept Gel with the Collagen Particles (may use Collagen sheet), apply to wound with fluffed gauze, and cover with gauze island dressing. There were no Physician's Orders from 9/5-9/11/23 for another treatment to the resident's pressure ulcer. Physician's Orders, dated 9/12/23, indicated Anasept Antimicrobial External Gel 0.057 %, apply to sacrum topically every day shift. Cleanse the wound, pat dry, apply Anasept Gel, Collagen Particles, and Calcium Alginate, to the wound bed, and cover with a gauze sponge dressing. The Treatment Administration Record for the month of 9/2023, indicated there was no treatment for the sacral pressure ulcer from 9/5-9/11/23.		accomplished for those residents found to have been affected by the deficient practice; Resident B -no longer resides in the facility. Resident E – treatment orders have been reinitiated on 9/12/23. Upon interview with resident on 9/15, who is alert and oriented x3, he verbalized that he had received treatment to his sacrum from 9/4-9/11 from the wound care nurse. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents with wounds have the potential to be affected by the same alleged deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; p="" paraid="1705253214" paraeid="{a87bb6b5-7acc-4b63-9c6f-31e51b65decd}{72}">Staff were re-educated on the following: Ensuring that all wound sites are documented upon admission and treatments are in place on wound sites are initiated timely. Treatments are updated and completed per physician orders. Treatments are properly documented in Electronic Treatment Administration Record (ETAR) at the time care is	

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	The last documented measurements of the sacral pressure ulcer was on 9/11/23 by the Wound Physician. The wound was identified as a Stage 4 and measured 7.5 centimeters (cm) by 5.5 cm by 1.4 cm. The wound had 100% of granulation tissue and showed improvement by decreased surface area. Interview with the Nurse Consultant on 9/14/23 at 1:45 p.m., indicated the record lacked a treatment for the sacral pressure sore from 9/5-9/11/23 2. The Closed Record for Resident B was reviewed on 9/13/23 at 10:10 a.m. The resident was admitted to the facility on 5/17/23 and discharged to the hospital on 6/16/23. Diagnoses included, but were not limited to, right below the knee surgical amputation, type 2 diabetes, foot ulcer, pressure ulcer, high blood pressure, peripheral vascular disease, protein calorie malnutrition, renal dialysis, chronic kidney disease, dementia, heart failure, and diabetic polyneuropathy. The Admission Minimum Data Set (MDS) assessment, dated 5/24/23, indicated the resident was not cognitively intact. The resident displayed verbal behaviors and had rejected care. The resident was an extensive assist with a 2 person physical assist with bed mobility and was frequently incontinent of urine and always incontinent of bowel. The resident had 2 Stage 3 unhealed pressure ulcers upon admission which had slough and/or eschar (necrotic tissue). The 5/17/23 Admission Nursing Assessment indicated the resident had a pressure ulcer to the coccyx and a deep tissue injury to the left heel. There were no other pressure ulcers assessed or identified at that time.		rendered. Dietary recommendations are initiated timely. p="" paraid="1040637759" paraeid="{a87bb6b5-7acc-4b63-9c6f-31e51b65decd}{128}">Assistive staff were educated on: Residents are to be assisted with turning and repositioning per the plan of care. Care rendered is to be documented in Point of Care (POC). How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; DON/designee will randomly audit 5 residents Electronic Treatment Administration Record (ETAR) 2x/weekly x 4 to ensure treatments orders are rendered as per physician orders. DON/Designee to review all new wound sites 2x/weekly x 4 to ensure all treatments are initiated in a timely manner. DON/Designee must also audit all residents with a wound vacs 2x/weekly x 4 to ensure we have alternative treatment orders in case of wound vac malfunction or in case the wound vac is not available. DON/Designee will randomly audit new admissions with wounds 2x/weekly x 4 to ensure treatments orders are in place timely and treatments are provided as ordered. DON/designee will	

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	Discharge Instructions from the hospital, dated 5/17/23, indicated to continue wound care to the left posterior lower leg, left anterior ankle and left heel. The areas should be cleansed with normal saline and painted with Betadine Solution. Leave all areas open to air and complete the treatments every day. The first documented assessment of the left calf pressure ulcer was on 5/23/23. The area was described as unstageable and measured 7.2 centimeters (cm) by 6 cm with 100% of adherent soft necrotic tissue. Physician's Orders, dated 5/23/23, indicated to cleanse the area, apply Betadine External Solution 5 %, to the left calf topically every day shift and leave open to air. There were no Physician's Orders prior to 5/23/23 for the treatment of the left calf pressure ulcer. An initial Wound Physician visit was on 5/22/23. The Wound Physician identified 4 pressure ulcers and indicated they were all present on admission to the facility. The wounds were as follows: - Stage 3 pressure ulcer to the coccyx that measured 6.7 cm by 6.6 cm. There was 70% granulation tissue and 30% of other viable tissue. - Stage 3 pressure ulcer to the right buttock that measured 1.6 cm by 1.5 cm. There was 50%granulation tissue and 50% other viable tissue. - Unstageable pressure ulcer to left calf that measured 7.2 cm by 6 cm. There was 100% of thick adherent black necrotic tissue. - Unstageable pressure ulcer to the left heel that measured 3 cm by 4.3 cm. There was 100% of thick adherent black necrotic tissue.		randomly audit Point of Care documentation 2 times per weeks x 4 months to ensure turning and repositioning is documented per plan of care. DON/Designee will randomly audit 5 residents with wounds 2x/weekly x 4 , to ensure that dietary supplements are ordered per recommendations timely. DON/designee will present a summary of the audits to the Quality Assurance committee monthly for 4 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going. Date by which systemic corrections will be completed: 9/15/2023	

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	The CNA task section for bed mobility (how the resident moved to and from a lying position or turned from side to side) indicated there was no documentation the resident was turned or repositioned for the day shift on 5/19, 5/24-5/26, 5/30, 5/31, and 6/14-6/16/23, the evening shift on 5/17, 5/19, 5/20, 5/23-5/27, 5/30, 5/31, 6/2, and 6/4/23, and on the midnight shift on 5/17, 5/23, 5/31, 6/1, 6/4, 6/8, 6/11, 6/12, and 6/14/23. A Registered Dietician (RD) Progress Note, dated 5/24/23 at 9:00 a.m., indicated the resident had pressure ulcers to the coccyx, left calf, left heel and right buttock. The resident may benefit from increased protein needs for healing. The recommendation was to provide one can of Nepro (a nutritional supplement) daily and 30 cubic centimeters (cc) of Prostat (a supplement for wound healing)twice a day. An RD Progress Note, dated 5/31/23 at 10:19 a.m., indicated some of the resident's wounds were declining. A recommendation of Prostat 30 cc three times a day was made. Physician's Orders, dated 6/6/23, indicated Protein liquid supplement three times a day. Physician's Orders, dated 6/16/23, indicated Nepro 1 can a day. Interview with the Nurse Consultant on 9/14/23 at 1:45 p.m., indicated there was no treatment for the left calf wound on admission and measurements were not obtained at the time of admission. The resident was to be turned and repositioned every 2 hours and the recommendations from the RD were not completed timely.			

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	3.1-40(a)(2)			