

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155650	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/24/2021
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NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8380 VIRGINIA ST MERRILLVILLE, IN 46410
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00359104, IN00359711, and IN00360687.</p> <p>Complaint IN00359104 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677 and F693.</p> <p>Complaint IN00359711 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00360687 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677 and F693.</p> <p>Survey date: 8/24/21</p> <p>Facility number: 000577 Provider number: 155650 AIM number: 100266950</p> <p>Census Bed Type: SNF/NF: 74 Total: 74</p> <p>Census Payor Type: Medicare: 15 Medicaid: 52 Other: 7 Total: 74</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 8/26/21.</p>	F 0000	The facility respectfully ask for paper compliance.	
F 0677 SS=D	483.24(a)(2) ADL Care Provided for Dependent Residents			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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Bldg. 00	<p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident who was dependent on staff for activities of daily living (ADL's), received thorough incontinence care in a timely manner, for 1 of 3 residents reviewed for ADL's. (Resident D)</p> <p>Finding includes:</p> <p>During an observation on 8/24/21 at 9:36 a.m. with the Wound Nurse and LPN 2, Resident D was lying on a low air loss bed. A urinary catheter bag with dark yellow urine was located on the side of the bed. The Wound Nurse and LPN 2 repositioned the resident. The incontinent brief under the resident had a large amount of urine and the incontinent pad under the brief had dried brown liquid stains. The Wound Nurse indicated the urinary catheter had leaked and the brown stains were dried.</p> <p>Resident D's record was reviewed on 8/24/21 at 2:18 p.m. The diagnoses included, but were not limited to, dementia and pressure ulcer of the left hip.</p> <p>An Admission Minimum Data Set assessment, dated 6/14/21, indicated a severely impaired cognition status, required extensive assistance of two staff for bed mobility, was dependent on one staff for toileting and hygiene, and had an indwelling urinary catheter.</p> <p>A Care Plan, dated 6/9/21, indicated an indwelling urinary catheter was present and</p>	F 0677	<p>Please accept the following as the facility's plan of correction. 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.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Resident D was provided ADL care and a new foley catheter was re-inserted.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents who are dependent on staff for their ADLS are at risk of the same alleged deficient practice.</p> <p>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur?</p> <p>Nursing staff were in-serviced on</p>	09/01/2021			

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F 0693 SS=D Bldg. 00	<p>catheter care would be completed.</p> <p>A Care Plan, dated 6/11/21, indicated assistance was required for toileting, and an observation for incontinence would be completed with incontinence care provided as needed every two hours and as needed.</p> <p>During an interview on 8/24/21 at 9:45 a.m., CNA 3 indicated she had arrived at work at 7 a.m. She did not know when she had checked the resident.</p> <p>This Federal tag relates to Complaints IN00359104 and IN00360687.</p> <p>3.1-38(a)(3)</p> <p>483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the</p>		<p>providing assistance and ADL care to resident's that are dependent this includes residents with foley catheters and reporting any leakage to the charge nurse. This included: ·Providing care to all dependent residents as well as those with foley catheters.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The DON/Designee will visualize 10 residents dependent on staff for ADL care and residents with foley catheters weekly for 6 months on alternating shifts to ensure ADL's are met. The DON/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, it will be determined by the Quality Assurance committee if further monitoring should continue and for what time period.</p>	

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	<p>facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident's enteral feeding was infusing into the gastrostomy tube (g-tube, a tube in the resident's abdomen for nutrition) according to Physician's orders for 1 of 1 residents reviewed for tube feeding. (Resident B)</p> <p>Finding includes:</p> <p>During observations on 8/24/21 at 9:52 a.m. and 1:27 p.m., Resident B's g-tube feeding of Jevity 1.5 was being infused at 80 cc (cubic centimeters) an hour.</p> <p>Resident B's record was reviewed on 8/24/21 at 12:54 p.m. The diagnoses included, but were not limited to, stroke and gastrostomy tube.</p> <p>A Quarterly Minimum Data Set assessment, dated 8/8/21, indicated the g-tube feeding provided 51% or over of the daily daily calories and 501 cc or over of the daily fluids.</p>	F 0693	<p>Please accept the following as the facility's plan of correction. 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.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B, MD notified and tube feeding was adjusted to the correct rate of 85 cc/hr.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents with tube feedings</p>	09/01/2021

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	<p>A Care Plan, dated 6/7/12 and revised on 8/13/21, indicated he was dependent on the g-tube feedings for nutrition. The interventions included, the g-tube feeding would be administered as ordered by the Physician.</p> <p>A Physician's Order, dated 6/22/21, indicated Jevity 1.5 was to be administered at 85 cc's an hour from 6 a.m. to 12 a.m. daily.</p> <p>A Registered Dietician's Note, dated 6/20/21 at 4:30 p.m., indicated he had a significant weight loss of 13.3% in six months. The body mass index (BMI) was 24.7, which was acceptable for his weight and height. The weight loss likely related to several hospitalizations. The Jevity 1.5 at 80 cc an hour for 18 hours was tolerated well and an increase in the tube feeding to 85 cc an hour would be beneficial to meet nutritional needs and weight stabilization. The weight in June was 152.8 pounds which was 3.3% weight loss in a month and 27.4 pound weight loss in three months, 15.2% weight loss, and was down 23.4 pounds in six months, a 13.3% decrease.</p> <p>The weight on 7/9/21 was 163.8 pound and on 8/10/21, was 163.8.</p> <p>During an interview on 8/24/21 at 1:27 p.m., LPN 1 indicated the g-tube feeding was infusing at 80 cc an hour and the Physician's Order was for 85 cc an hour.</p> <p>A facility policy, date 8/2008, titled, "Gastric Tube Feeding via Continuous Pump", received from the Corporate RN as current, indicated verification of the Physician's order was to be completed for product volume and infusion rate.</p>		<p>are potentially at risk of the same alleged deficient practice.</p> <p>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur?</p> <p>Nursing staff were in-serviced on following physician's orders for the management of tube feedings.</p> <p>An audit was completed on all resident's requiring tube feeding to ensure physician's orders are being followed.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The DON/Designee will audit 5 residents weekly for 6 months to ensure residents requiring tube feedings are managed according to physician's orders. The DON/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, it will be determined by the Quality Assurance committee if further monitoring should continue and for what time period.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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