

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155653	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2015
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NAME OF PROVIDER OR SUPPLIER LAKE COUNTY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5025 MCCOOK AVE EAST CHICAGO, IN 46312
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00177568 and IN00178540.</p> <p>Complaint IN00177568-Substantiated. Federal/State deficiencies related to the allegation are cited at F309.</p> <p>Complaint IN00178540-Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: July 27 & 28, 2015</p> <p>Facility number: 000108 Provider number: 155653 Aim number: 100267410</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicare: 4 Medicaid: 49 Other: 9 Total: 62</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>August 5, 2015</p> <p>Kim Rhoades, Director of Long Term Care Indiana State Department of Public Health 2 North Meridian St. Sec 4-B Indianapolis, In 46204-3006</p> <p>Dear Ms. Rhoades:</p>	
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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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			<p>Please reference the enclosed 2567L as "Plan of Correction" for the July 28, 2015 Complaint (IN00177568) survey that was conducted at Lake County Nursing and Rehabilitation Center. I will submit signature sheets of the in-servicing, content of in-service and audit tools August 5, 2015. Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and / or executed solely because it is required by the provision of the Federal State Laws. This facility appreciates the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better our Elders in our community.</p> <p>The Plan of Correction</p>	

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F 0309 SS=D Bldg. 00	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility		<p>submitted on August 5, 2015 serves as our allegation of compliance. The provider respectfully request a Desk review on or after August 27, 2015. Should you have any question or concerns regarding the Plan of Corrections, please contact me.</p> <p>Respectfully,</p> <p>Neysa Stewart, HFA</p>	

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	<p>must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure each resident received the necessary treatment and services related to monitoring vital signs and the assessment of a resident after a change of condition and after the re-insertion of a new Percutaneous Endoscopic Gastrostomy (PEG) tube for 1 of 3 residents reviewed for a change in their medical condition. (Resident #B)</p> <p>Finding includes:</p> <p>The closed record for Resident #B was reviewed on 7/27/15 at 1:15 p.m. The resident's diagnoses included, but were not limited to, stroke, high blood pressure, dysphagia, congestive heart failure, dementia, pneumonia, atrial fibrillation, PEG tube, and anemia.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 6/24/15 indicated the resident was severely impaired for decision making and was not alert and oriented. The resident needed extensive assistance with a 2 person physical assist for bed mobility, transfer, dressing, and personal hygiene.</p>	F 0309	<p>F 309</p> <p>PLAN OF CORRECTION</p> <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>1. The corrective action taken for the resident found to have been affected by the deficient practice:</p> <p><i>Resident #B no longer resides in facility.</i></p> <p>2. The corrective action for those residents having the potential to be affected by the same deficient practice:</p>	08/07/2015

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	<p>The resident had a PEG tube for 51% or more of his nutrition and no history of weight loss or weight gain.</p> <p>Physician Orders on the current 7/2015 recap indicated the resident was NPO (Nothing By Mouth).</p> <p>Nursing Progress Notes dated 7/3/15 at 5:23 a.m., indicated "Upon entering residents room to clean peg tube site res (resident) grabbed peg tube and pulled peg tube out of abdomen attempted to re-insert peg tube but was unsuccessful md (medical doctor) was notified n/o (new order) send res to (hospital name) er for reinsertion no bleeding or drainage was noted at site bowel sounds were heard in all 4 quads no n/v (nausea/vomiting) noted and will continue to monitor." (sic)</p> <p>Nursing Progress Notes dated 7/3/15 at 6:22 a.m. indicated the resident was in route to the hospital.</p> <p>Nursing Progress Notes dated 7/3/15 at 1:54 p.m., indicated the resident had returned to the facility per the ambulance. The resident's skin was warm and dry to touch. Respirations were easy and non labored. The resident's lung sounds were clear and his PEG tube was replaced. The PEG tube was patent and flushed</p>		<p><i>All residents with Peg tubes are at risk for this alleged deficient practice.</i></p> <p><i>An audit was completed of all residents that had feeding tubes replaced during the months of June and July for proper documentation of vitals and assessment of ostomy site. No further alleged deficiencies were identified.</i></p> <p>3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur:</p> <p><i>Nurses were re-educated on 7/28/15 and 7/29/15 regarding documentation of vital signs and assessment of ostomy sites by the Director of Nursing.</i></p> <p>4. To ensure the deficient practice does not reoccur, the monitoring system established is to:</p> <p><i>DON / Designee will monitor 7 residents 5 days per week for 4 weeks with G-tubes, G-tube replacement and acute change of condition. Then 5 residents weekly for 3 months to ensure</i></p>	

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	<p>well. The PEG tube placement was also checked and verified by auscultation. There were no documented vital signs at the time of the resident's return from the hospital. Continued review of the Nursing Progress Notes on 7/3/15 at 2:09 p.m., 3:24 p.m., and 9:49 p.m., indicated there was no assessment of the resident's ostomy site or no vital signs taken including the resident's temperature taken.</p> <p>The next documented entry in Nursing Progress Notes was on 7/4/15 at 6:00 a.m., and there was no documentation of vital signs including the resident's temperature and the assessment of the ostomy site.</p> <p>Documented late entries in Nursing Progress Notes were as follows: 7/4/15 at 1:30 p.m., recorded as a late entry on 7/9/15 at 1:34 a.m. 7/4/15 at 8:30 p.m., recorded as a late entry on 7/9/15 at 1:38 a.m. 7/5/15 at 12:30 p.m., recorded as a late entry on 7/9/15 at 1:41 a.m. 7/5/15 at 7:30 p.m., recorded as a late entry on 7/9/15 at 1:42 a.m.</p> <p>All of the above Nursing Notes indicated there was no assessment of the resident's ostomy site nor vital signs taken post the re-insertion of the new PEG tube including the resident's temperature.</p>		<p><i>that proper documentation post replacement of G-tube including assessment of ostomy site and vitals.</i></p> <p>Any issues identified will be addressed immediately.</p> <p><i>The audits will be discussed during our monthly QA meeting.</i></p> <p><i>QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated.</i></p> <p>5. Completion date systemic changes will be completed:</p> <p>8/7/15</p>	

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	<p>Continued review of Nursing Progress Notes dated 7/6/15 at 6:45 a.m., recorded as a late entry on 7/8/15 at 11:00 a.m., indicated "Writer summoned to res room res was noted with small amount of blood in stool call was put out to md and message left and notified on-coming nurse. Res(resident) lung sounds were clear upon auscultation res peg tube was patent and intact no bleeding from site res care was rendered with out difficulty v/s/s and will continue to monitor." (sic)</p> <p>Continued review of Nursing Progress Notes dated 7/6/15 at 8:20 a.m., indicated "Upon morning rounds resident appears to be sleeping. While attempting to administer resident morning meds resident binder and bandages was saturated with yellow drainage from peg tube site. Received report from previous nurse that resident had blood in his stool. MD notified. Received orders to send to (hospital name). Ambulance notified. Temp 104.1, B/P (Blood Pressure) 124/82 R (Respirations) 22, P (Pulse) 80."</p> <p>Nursing Notes dated 7/6/15 at 8:45 a.m., indicated the resident was in route to the hospital. Continued record review indicated the resident did not return to the facility.</p>			

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	<p>The vital signs were reviewed in the clinical record. There were only two documented and recorded temperatures for the resident one on 6/30/15 at 4:16 p.m., and the other on 7/3/15 at 3:43 a.m.</p> <p>Interview with LPN #1 on 7/28/15 at 10:30 a.m., indicated he was the nurse who had worked the midnight shift when the blood was noted in the resident's bowel movement. He further indicated v/s/s was the abbreviation for vital signs stable, however, he indicated he did not write down the resident's actual vital signs and was not really sure if that was the correct abbreviation for vital signs stable. He further indicated he thought he had assessed the resident's bowel sounds and abdomen as well, however again he did not document any of that assessment. LPN #1 indicated he had called the resident's Physician on his cell phone and his house phone leaving messages on both. The LPN indicated he did not make any other calls to notify the Doctor. He indicated he left a message for the Medical Director as well, however, again that was not documented in the Nursing Progress Notes. He also indicated he documented the entire Nurse's Note as a late entry 2 days later.</p> <p>The current and undated Admission</p>			

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	<p>Notes Policy provided by the Director of Nursing indicated "When a resident is admitted to the nursing unit, the Charge Nurse must record the following data (as each may apply) in the nurses' notes or other appropriate place as designated by nursing policy.</p> <p>e. Current vital signs and the condition of the resident upon admission.</p> <p>j. "Body audit" (i.e. birth marks, ostomy site....</p> <p>Readmission: Should a resident be discharged from and readmitted to the facility, new data must be recorded."</p> <p>The current and undated Acute Condition Changes-Clinical Protocol policy provided by the Director of Nursing indicated the Nurse shall assess the following after identifying a significant change of condition: vital signs.</p> <p>Interview with the Director of Nursing on 7/28/15 at 11:55 a.m., indicated she would have expected the Nursing staff to document the resident's vital signs after the return from the hospital and when there was significant change of condition.</p> <p>3.1-37(a)</p>			

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

PRINTED: 08/06/2015
FORM APPROVED
OMB NO. 0938-0391

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