STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155650	A. BUILDING 00 B. WING	09/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
LINCOLNSHIRE HEALTH & REHABILITATION CENTER	8380 VIRGINIA ST MERRILLVILLE, IN 46410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00388699 and IN00389883. Complaint IN00388699 - Substantiated. Federal/State deficiencies related to the allegations are cited at F921. Complaint IN00389883 - Unsubstantiated due to lack of evidence. Survey date: September 26, 2022 Facility number: 000577 Provider number: 155650 AIM number: 100266950 Census Bed Type: SNF/NF: 70 Total: 70 Census Payor Type: Medicare: 13 Medicaid: 49 Other: 8 Total: 70 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 9/27/22.	F 0000		
F 0921 SS=E Bldg. 00	483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.			

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

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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	Based on observation, interview, and record review, the facility failed to maintain a sanitary and homelike environment, related to resident rooms with dirty floors, feeding pump poles, mats on the floor and over the bed tables, and over the bed tables and floor mats in disrepair for 6 of 18 rooms observed. (Rooms A-Unit - 10, 11, 12, 21, and 25. B-Unit - 24) Findings include: 1. During an Environmental Tour on 9/26/22 at 8:39 a.m. through 9:39 a.m., of the A-Unit, the following was observed: a) There were dried beige substances on the floor of room 10. b) There were several dried beige substances on the floor and on the feeding pump pole in room 11. c) The mat on the floor was torn in room 12. d) There were several dried beige substances on the floor and on the feeding pump pole in room 21. e) The veneer cover was peeling off on the over the bed table in room 25. 2. During an Environmental Tour on 9/26/22 at 11:45 a.m., of the B-Unit, there was a dirty mat on the floor, and several dried beige substances on the floor and the feeding pump pole in room 24. 3. During a tour of the building on 9/26/22 at 2:35 p.m. with the Director of Housekeeping and Maintenance, the following was observed: A-Unit:	F 0921	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. Facility cordially requests paper compliance in regards to this plan of correction. F 921 Safe/Functional/Sanitary/Comfortable Environment **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** The dried beige substance on the floor in room A10 was cleaned and corrected immediately. The dried beige substance on the floor and feeding pump pole in room A11 was cleaned and corrected immediately. The floor mat in room A12 was replaced. The dried beige substance on the floor and feeding pump pole in room A21 was cleaned and corrected immediately. The overbed table in room A25 was replaced.	10/06/2022

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	a) The dried beige substances remained on the floor in room 10. The Director of Housekeeping and Maintenance indicated the substance looked like liquid feeding for feeding tubes. He indicated it was the responsibility of housekeeping to mop the floors and clean the feeding pump poles with the daily cleaning. b) The several dried beige substances remained on the floor and the feeding pump pole in room 11. The Director of Housekeeping and Maintenance indicated the substance looked like liquid feeding and it was, "all over". He also acknowledged the veneer on the over the bed table was dirty and had veneer missing around the sides of the table. He indicated the feeding was difficult to get off the floor and just mopping would not take the dried substance off and they had found that "Windex", would clean the dried feeding off the floors and poles. c) The mat with the tears remained on the floor in room 12. The director of Housekeeping and Maintenance acknowledged the tears in the mat. He indicated when the rooms were cleaned and items were found in disrepair, a maintenance request was to be filled out for repair. d) The dried substances on the floor and feeding pump pole remained in room 21. e) The over the bed table with the veneer peeling off remained in room 25. The beige substances remained on the floor and the feeding pump pole in room 24 on the B-unit. The mat on the floor also was dirty and had several spots of the dried beige substance. The Director of Housekeeping and Maintenance		The floor mat was replaced and the dried beige substance on the floor and feeding pump pole was cleaned and corrected in room B24. **How will facility identify other residents who have the potential to be affected by the same alleged deficient practice?** The deficient practice has the potential to affect all facility residents. **What corrective measures will the facility take or will alter to ensure that the problem will not recur?** The Housekeeping Director, Housekeeping Staff, and facility staff were educated on making daily rounds to ensure rooms with feeding pumps are free of spillage and floors/pumps are routinely cleaned, floor mats and overbed tables are clean. Staff were also educated on the appropriate cleaning product to use on dried tube feeding on the floors and feeding pump poles. **What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent?**	

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	acknowledged the beige substances on the floor, feeding pump pole, and floor mat. An undated policy, titled, "Competencies for Housekeeping", received as current from the Director of Housekeeping and Maintenance on 9/26/22 at 2:30 p.m., indicated daily cleaning of the room included, but was not limited to, mopping the entire floor and cleaning the furniture. This Federal tag relates to Complaint IN00388699. 3.1- 19(f)(5)		Housekeeping Director/ designee will audit 5 rooms weekly for 6 months to ensure there is no dried tube feedings on feeding pump pole, floor mats and overbed tables are clean. A summary of the audits will be presented to the Quality Assurance committee monthly for 6 months or until compliance is met.	