

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155131	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/10/2022
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NAME OF PROVIDER OR SUPPLIER  MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP CODE 7935 CALUMET AVE MUNSTER, IN 46321
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00372878, IN00374252, IN00374341, and IN00374468.</p> <p>Complaint IN00372878 - Substantiated. Federal/State deficiencies related to the allegations are cited at F686 and F757.</p> <p>Complaint IN00374252 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00374341 - Substantiated. Federal/State deficiencies related to the allegations are cited at F686 and F757.</p> <p>Complaint IN00374468 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 9 and 10, 2022.</p> <p>Facility number: 000056 Provider number: 155131 AIM number: 100289450</p> <p>Census Bed Type: SNF/NF: 154 SNF: 17 Total: 171</p> <p>Census Payor Type: Medicare: 46 Medicaid: 95 Other: 30 Total: 171</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	The facility respectfully asks for a desk review	
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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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F 0686 SS=D Bldg. 00	<p>Quality review completed on 3/11/22.</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(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</p> <p>(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.</p> <p>Based on record review and interview, the facility failed to ensure a wound treatment was completed as ordered for 1 of 4 residents reviewed for pressure ulcers. (Resident K)</p> <p>Finding includes:</p> <p>The closed record for Resident K was reviewed on 3/9/22 at 9:40 a.m. Diagnoses included, but were not limited to, end stage renal disease, hypertension (high blood pressure), and type 2 diabetes mellitus. The resident was admitted to the facility on 1/25/22, hospitalized 2/13/22, and returned to the facility on 2/17/22. She was sent to the hospital again on 3/1/22 and remained out of the facility.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 1/31/22, indicated the resident</p>	F 0686	<p><b>Munster Med-Inn Complaint Survey: 3/10/22</b></p> <p>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.</p> <p><b>F686 Treatment/Svcs to Prevent/Heal Pressure Ulcers</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b></p>	03/17/2022

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	<p>was cognitively impaired and had one unstageable pressure ulcer.</p> <p>A Wound Management Assessment, dated 1/26/22, indicated the resident had an unstageable pressure ulcer to the sacrum measuring 8 centimeters (cm) by 8.9 cm that was present upon admission to the facility.</p> <p>A Physician's Order, dated 1/27/22, indicated an order to apply skin prep to the skin around the sacrum wound, cover the wound with collagen, and apply a hydrocolloid dressing on Mondays, Wednesdays, and Fridays.</p> <p>The Treatment Administration Record (TAR), dated 2/2022, indicated the wound treatment to the sacrum had not been signed off as completed on 2/2/22, 2/7/22, 2/9/22, and 2/11/22.</p> <p>A Wound Management Assessment, dated 2/18/22, indicated the resident had a stage III pressure ulcer to the sacrum and extending to the right buttocks. It measured 9.1 cm by 3.9 cm by 0.3 cm. and was present upon re-entry to the facility.</p> <p>A Physician's Order, dated 2/17/22, indicated an order to apply skin prep to the skin around the sacrum wound, cover the wound with collagen, and apply a hydrocolloid dressing on Mondays, Wednesdays, and Fridays.</p> <p>The Treatment Administration Record (TAR), dated 2/2022, indicated the wound treatment to the sacrum had not been signed off as completed on 2/21/22 and 2/23/22.</p> <p>Interview with the Director of Nursing on 3/10/22 at 11:29 a.m., indicated there may have</p>		<p>Resident K- no longer resides in the facility.</p> <p><b>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;</b></p> <p>All residents with treatment orders have the potential to be affected by the same alleged deficient practice.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</b></p> <p>Nurses were reeducated on the following:</p> <ul style="list-style-type: none"> <li>· Ensuring treatments are completed per physician orders</li> <li>· Treatments are properly documenter in Treatment Administration Record (TAR) upon completion</li> </ul> <p><b>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;</b></p> <p>Wound nurse/designee will randomly audit 10 residents Treatment Administration Record (TAR) weekly to ensure treatments are rendered as per physician orders and proper documentation is completed.</p> <p>Wound nurse/designee will present a summary of the audits to the Quality Assurance</p>	

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F 0757 SS=D Bldg. 00	<p>been a page missing from the TAR. She would look in to it.</p> <p>Interview with Wound Nurse 1 on 3/10/22 at 1:29 p.m., indicated she was unsure why the treatments had not been signed out. She was still searching to see if maybe a page from the TAR was missing.</p> <p>Continued interview with the DON on 3/10/22 at 2:00 p.m., indicated she was unable to find any further documentation of the wound treatments.</p> <p>This Federal tag relates to Complaints IN00372878 and IN00374341.</p> <p>3.1-40(a)(2)</p> <p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p>		<p>committee monthly for 6 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.</p> <p><b>Date by which systemic corrections will be completed:</b> <b>3/17/22</b></p>				

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	<p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on record review, observation and interview, the facility failed to ensure a medicated patch was administered as ordered for 1 of 3 residents reviewed for unnecessary medications related to medicated patches. (Resident J)</p> <p>Finding includes:</p> <p>Resident J's record was reviewed on 3/10/22 at 2:30 p.m. Diagnoses included, but were not limited to, dorsalgia (back ache), heart failure, Parkinson's Disease and seizures.</p> <p>The Quarterly Minimum Data Set assessment, dated 2/25/22, indicated Resident J was moderately impaired, and needed an extensive, 1 person assist with bed mobility, transfers, dressing, toileting and personal hygiene.</p> <p>The current Physician's Order Summary indicated she was to have a lidoderm patch 5% (pain patch) administered to her lower back at 6:30 a.m. for 12 hours, then removed.</p> <p>The March 2022 Medication Administration Record, indicated the lidoderm patch was not administered on 3/7/22 and 3/8/22, with the Nurse's initials circled as not given and without an indication as to why. On 3/9/22 at 6:30 a.m. the pain patch was signed out as administered.</p> <p>The Nurse's Notes also lacked any documentation related to the lidoderm patch.</p> <p>On 3/9/22 at 2:52 p.m. with LPN 2, Resident J</p>	F 0757	<p><b>Munster Med-Inn</b> <b>Complaint Survey: 3/10/2022</b></p> <p>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.</p> <p><b>F757 Drug regimen is Free from Unnecessary Drugs</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b> Resident J's Lidoderm patch was immediately applied.</p> <p><b>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;</b> All facility residents with medication orders have the potential to be affected by the same alleged deficient practice.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</b> Nurses were educated on</p>	03/17/2022

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	<p>was observed and did not have a lidoderm patch on her lower back.</p> <p>Interview and observation with LPN 2 on 3/9/22 at 2:53 p.m., indicated the patch was signed out by the nurse on midnight shift on 3/7/22 as administered. LPN 2 indicated the other nurses must not have given the pain patch due it being out of stock. Observation with LPN 2 at that time, indicated there was an unopened box of lidoderm patches in the medication cart dated 3/7/22 from the pharmacy.</p> <p>Interview with the Fifth Floor Unit Manager on 3/9/22 at 2:54 p.m., indicated the resident received a shower due to an incontinent episode. The shower was not documented in the resident record, due to it was an "extra" shower for incontinence care.</p> <p>Interview with CNA 2 on 3/9/22 at 2:56 p.m., indicated the resident usually had a patch on her lower back, but did not recall if she had it on today. CNA 2 was the resident's caregiver and the resident did not receive a shower for incontinence care today. She was administered incontinence care twice today in her own bathroom. Resident J does not take the patch off herself.</p> <p>The "Packing Slip," was provided by the Director of Nursing, which indicated Resident J's lidoderm patches were shipped on 3/7/22 and received on 3/8/22.</p> <p>Interview with the Director of Nursing on 3/9/22 at 3:06 p.m., indicated the patch should have been administered to the resident when the shipment was received on 3/8/2 with a Nurse's note if the patch was administered late, an indication to why</p>		<p>administering medication including patches, topical cream/ointments, oral medications, eye drops, nebulizers, and inhalers as per physician orders.</p> <p><b>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;</b> Nurse manager will randomly audit 5 residents Medication Administration Records (MAR) with special focus on medication patches weekly to ensure medications are administered per physician orders.</p> <p>The Director of Nursing/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 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.</p> <p><b>Date by which systemic corrections will be completed:</b> <b>3/17/22</b></p>				

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	<p>the patch was not administered and, if she had received a shower, that a new patch was administered with a Nurse's note as to why the patch had to be replaced.</p> <p>This Federal tag relates to Complaint IN00372878 and IN00374341.</p> <p>3.1-48 (a)(3)</p>				