

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155764	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER SPRING MILL HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN 46410
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00410811. This visit included the Investigation of Residential Complaint IN00399688.</p> <p>Complaint IN00410811 - Federal/State deficiencies related to the allegations are cited at F578 and F684.</p> <p>Complaint IN00399688 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 20 and 21, 2023</p> <p>Facility number: 010739 Provider number: 155764 AIM number: 200856890</p> <p>Census Bed Type: SNF: 32 NF: 16 Residential: 35 Total: 83</p> <p>Census Payor Type: Medicare: 23 Medicaid: 16 Other: 9 Total: 48</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/22/23.</p>	F 0000		
F 0578 SS=D	483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lakeithia Webb	Executive Director	07/03/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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>Dir</p> <p>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such</p>			

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	<p>information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. Based on record review and interview, the facility failed to implement advance directives and ensure a resident's code status preference was honored for 1 of 3 residents reviewed for hospitalization. (Resident C)</p> <p>Finding includes:</p> <p>Closed record review for Resident C was completed on 6/20/23 at 12:13 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus, congestive heart failure, and hypertension.</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 6/3/23, indicated the resident was cognitively intact.</p> <p>The Physician's Order Summary, dated 6/2023, indicated there was no order for code status.</p> <p>An Indiana Physician Orders for Scope of Treatment (POST) form, dated 6/7/23, indicated the resident chose a DNR (do not resuscitate) code status. The form was signed by the resident and the resident's Physician.</p> <p>A Progress Note, dated 6/11/23 at 6:15 a.m., indicated the resident was found unresponsive. She was ash gray in color and no pulse was found. Chest compressions and ventilation with the ambu (artificial manual breathing unit) bag were started and 911 was called.</p> <p>A Progress Note, dated 6/11/23 at 6:25 a.m., indicated the EMTs (emergency medical technicians) arrived and took over the</p>	F 0578	<p>Spring Mill Nursing and Rehabilitation Complaint Survey: 06/30/2023 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. The facility request paper compliance. F578 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident C no longer resides in the facility. 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 facility residents 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; 100% audit conducted on all facility residents to ensure that the most recent advance directive is in place and uploaded into PCC. How the corrective action(s) will be monitored to ensure the deficient</p>	06/30/2023
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	<p>resuscitation effort.</p> <p>A Progress Note, dated 6/11/23 at 7:00 a.m., indicated the resident was still unresponsive, chest compressions were ongoing, and the resident was being taken to the Emergency Room.</p> <p>Interview with the Administrator and the DON (Director of Nursing) on 6/20/23 at 2:32 p.m., indicated the resident was found unresponsive and CPR (cardiopulmonary resuscitation) was started. The resident had recently changed her code status and the Nurse was unsure of the code status, so she had initiated CPR. Once the staff had started CPR, per the facility policy, they were not to stop. 911 was called and took over CPR when they arrived. The resident was taken to ER and had passed away at the hospital.</p> <p>A Facility policy, titled "Cardiopulmonary Resuscitation-CPR," received as current, indicated "...CPR Procedure...6. Identify code status/advance directive preferences. If the resident has a valid advance directive, indicating Do Not Resuscitate, DO NOT PERFORM CPR: A POST (Physician Order for Scope of Treatment) form indicated that resuscitation is not desired. Any form of document provided by the resident with instruction signed by two witnesses. 7. If DNR order/ Advance Directive does NOT exist or if Advance Directive does not indicate Do Not Resuscitate, begin resuscitation efforts..."</p> <p>A Facility policy, titled "Advance Directives," received as current, indicated "...8. If a resident or health care representative indicates an Advanced Directive regarding CPR or Scope of Treatment (POLST or POST form), the appropriate forms will be completed. 9. A written Physician's order is required in response to the resident's Advanced</p>		<p>practice will not recur, i.e., what quality assurance programs will be put into place; Social Services to audit 100% of admissions/readmissions to ensure that the most recent advance directive is signed, order is in place, code status is on the face sheet and POLST form is uploaded into PCC. Social Services/Designee to give any new changed and signed advanced directive to the DON/ADON to ensure that the new code status order is entered, placed on the face sheet, and given to medical records to upload to PCC. The Social Services Director/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: 6/30/23</p>	

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R 0000 Bldg. 00	<p>Directives. Physician's orders shall be specific and address each Advanced Directive..."</p> <p>This Federal tag relates to Complaint IN00410811.</p> <p>3.1-4(f)(5)</p> <p>This visit was for the Investigation of Residential Complaint IN00399688. This visit included the Investigation of Nursing Home Complaint IN00410811.</p> <p>Complaint IN00399688 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00410811 - Federal/State deficiencies related to the allegations are cited at F578 and F684.</p> <p>Survey dates: June 20 and 21, 2023.</p> <p>Facility number: 010739</p> <p>Residential Census: 35</p> <p>Spring Mill Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00399688.</p> <p>Quality review completed on 6/22/23.</p>	R 0000		