

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155218	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/09/2023
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NAME OF PROVIDER OR SUPPLIER GREAT LAKES HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 2300 GREAT LAKES DR DYER, IN 46311
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00397803, IN00398881, IN00399333, IN00400967, and IN00401049.</p> <p>This visit was done in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and the PSR to the Investigation of Complaints IN00387079, IN00388811, IN00388985, IN00390113, and IN00390793 completed on 12/21/22.</p> <p>Complaint IN00397803 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00398881 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00399333 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00400967 - Substantiated. Federal/state deficiencies related to the allegations are cited at F757.</p> <p>Complaint IN00401049 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00387079 - Corrected.</p> <p>Complaint IN00388811 - Not Corrected</p> <p>Complaint IN00388985 - Not Corrected</p> <p>Complaint IN00390113 - Corrected</p> <p>Complaint IN00390793 - Corrected</p>	F 0000	<p>The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The facility respectfully requests a desk review for this plan of correction.</p> <p>Facility respectfully request paper compliance</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jason Eastlund	Executive Director	02/23/2023

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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F 0757 SS=D Bldg. 00	<p>Survey dates: February 8 and 9, 2023</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100267720</p> <p>Census Bed Type: SNF/NF: 119 Total: 119</p> <p>Census Payor Type: Medicare: 7 Medicaid: 93 Other: 19 Total: 119</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/13/23.</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>			

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	<p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <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 and interview, the facility failed to manage medications appropriately related to not administering Carbidopa-Levodopa (Sinemet - a medication used to treat Parkinson's disease) as ordered by the Physician for 1 of 3 residents reviewed for unnecessary medications. (Resident C)</p> <p>Finding includes:</p> <p>The closed record for Resident C was reviewed on 2/9/23 at 10:03 a.m. The resident was admitted to the facility on 1/14/23 and discharged on 1/26/23. Diagnoses included, but were not limited to, Parkinson's disease.</p> <p>The 1/21/23 Admission Minimum Data Set (MDS) assessment indicated the resident was moderately impaired for decision making.</p> <p>Discharge notes, dated 1/14/23, indicated "Some difficulty finding a facility to take her with 2-hour Carbidopa Levodopa for her Parkinson's. Thus neurology was consulted for other medical treatment for Parkinson's. Patient was trialed on extended release Sinemet but this did not work for her and neurology put her back on the every 2 hours Sinemet. Case management did find a facility a little further from home that would take the patient with every 2 hours in the morning. Rehab facilities will not take patient with every 2 hour dosing."</p>	F 0757	<p>Patient C is no longer in facility but had no negative effects from the alleged deficient practice. Completed prior to DOC. DNS/Designee completed a 2 week look back on all patient MAR's that have Q 2 hour scheduled med times, to identify any med discrepancies. All negative findings were addressed. DNS/Designee educated all licensed nurses on med times, to include any orders with a 2-hour med to be given. Completed prior to DOC. DNS/Designee will audit med pass times on 5 random residents, 3 X per week for 4 weeks and then weekly for 2 months until 95% compliance is achieved. Any negative findings will be reviewed in monthly QAPI meeting.</p>	02/27/2023
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	<p>Physician's Orders, dated 1/14/23, indicated Carbidopa-Levodopa oral tablet 25-100 milligrams (mg). Give 1.5 tablet by mouth every 2 hours. The medication was scheduled at 12:00 a.m., 2:00 a.m., 4:00 a.m., 6:00 a.m., 8:00 a.m., 10:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m., 6:00 p.m., 8:00 p.m., and 10:00 p.m.</p> <p>The Medication Administration Record (MAR), dated 1/2023, indicated the Carbidopa-Levodopa was administered as follows:</p> <p>1/16: 10 a.m. and 12:00 p.m. doses at 11:02 a.m., and the 2 p.m. dose at 4:01 p.m.</p> <p>1/17: 8 a.m., 10 a.m., and 12 p.m. doses at 11:21 a.m., 4 p.m. and 6 p.m. doses at 6:31 p.m., and the 8 p.m. and 10 p.m. doses at 9:11 p.m.</p> <p>1/18: 4 a.m. and 6 a.m. doses at 4:44 a.m., and the 4 p.m. and 6 p.m. doses at 5:21 p.m.</p> <p>1/19: 4 p.m. and 6 p.m. doses at 5:55 p.m., and the 10 p.m. and 12 a.m. doses at 11:46 p.m.</p> <p>1/20: 4 a.m. and 6 a.m. doses at 5:11 a.m., and the 12 p.m. and 2 p.m. doses at 1:23 p.m.</p> <p>1/21: 12 p.m. and 2 p.m. doses at 1:16 p.m., and the 8 p.m. and 10 p.m. doses at 10:30 p.m.</p> <p>1/22: 4 a.m. dose at 5:02 a.m., 2 p.m. dose at 3:24 p.m., and the 4 p.m. and 6 p.m. doses at 5:19 p.m.</p> <p>1/23: 4 p.m. and 6 p.m. doses at 5:01 p.m.</p> <p>1/24: 2 a.m. dose at 3:07 a.m., 12 p.m. and 2 p.m. doses 4:23 p.m., 4 p.m. dose at 6:16 p.m., and the 8 p.m. and 10 p.m. doses at 9:01 p.m.</p>			

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

PRINTED: 03/10/2023

FORM APPROVED

OMB NO. 0938-039

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	<p>1/25: 2 a.m. and 4 a.m. doses at 3:54 a.m., 8 a.m. and 10 a.m. doses at 9:11 a.m., 12 p.m. and 2 p.m. doses at 1:51 p.m., and the 4 p.m., 6 p.m., and 8 p.m. doses at 7:07 p.m.</p> <p>1/26: 12 a.m., 2 a.m. and 4 a.m. doses were blank and not signed out. The 6 a.m. and the 8 a.m. doses were administered at 8:14 a.m.</p> <p>Interview with the Director of Nursing (DON) on 2/9/23 at 1:15 p.m., indicated she had only been working as the interim DON at the facility for 1.5 weeks. The resident should have received the medication as ordered by the Physician.</p> <p>This Federal tag relates to Complaint IN00400967.</p> <p>3.1-48(a)(6)</p>			