

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 04/29/2016
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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 Complaint IN00196779.</p> <p>Complaint IN00196779 - Substantiated. Federal/State deficiency related to the allegation is cited at F323.</p> <p>Survey date: April 29, 2016</p> <p>Facility number: 000108 Provider number: 155653 AIM number: 100267410</p> <p>Census bed type: SNF/NF: 54 Total: 54</p> <p>Census payor type: Medicare: 12 Medicaid: 38 Other: 4 Total: 54</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 32883 on 5/2/16.</p>	F 0000	<p>May 9, 2016</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> <p>Please reference the enclosed 2567L as "Plan of Correction"</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>for the April 29, 2016 Complaint (IN00196779) 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 May 9, 2016. 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 submitted on May 9, 2016 serves as our allegation of</p>	

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F 0323 SS=D Bldg. 00	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES		<p>compliance. The provider respectfully request a Desk review on or after May 29, 2016. 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>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility to provide adequate supervision related to a call light not in reach for 1 of 3 residents reviewed for recent falls in a sample of 3. (Resident #D)</p> <p>Finding includes:</p> <p>On 4/29/16 at 8:45 a.m., Resident #D was observed sitting in a wheelchair in his room. The resident's wheelchair was facing the door behind the head of the bed. The resident was awake and alert. There were no staff members or visitors in the room or the hallway. The resident's call light cord was coming from the wall and down behind the bedside night stand next to the resident's bed. The touch pad device to be used to press to activate the call light was behind the night stand and not in view of the resident. The bedside night stand was approximately four feet from the resident's wheelchair.</p> <p>On 4/29/16 at 9:00 a.m., CNA #1 entered the resident's room and fixed the plug for the bed control. The CNA left the room in less then a minute. The call light cord</p>	F 0323	<p>F 323 PLAN OF CORRECTION 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: Resident#D call light was placed in reach by staff on 4-29-16.</p> <p>2. The corrective action for those residents having the potential to be affected by the same deficient practice: All residents at risk for falls are at risk for this alleged deficient practice. Rounds were completed on 4-29-16 to ensure the all residents call lights were in reach. No further deficiencies were identified.</p> <p>3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur: All staff were re-educated regarding keeping call lights within reach on 4-29-16 & 4-30-16 by the DON/ ADON.</p> <p>4. To ensure the deficient practice does not reoccur, the monitoring system established is to: DON / Designee will</p>	05/13/2016

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	<p>and touch pad remained in the same position behind the night stand.</p> <p>On 4/29/16 at 9:35 a.m., the resident remained in a wheelchair in his room. The call light cord and touch pad remained out of reach in the same position.</p> <p>On 4/29/16 at 9:50 a.m., the resident remained in a wheelchair in his room. The call light cord and touch pad remained in the same position.</p> <p>On 4/29/16 at 9:55 a.m., LPN #2 entered the resident's room. The resident remained in his wheelchair in the room. The resident talked to the LPN and the LPN them picked the TV remote off the resident's overbed table. LPN #1 then asked the resident to give him the remote (for the bed control) and then gave him the TV remote. The LPN left the room without removing the touch pad call light from behind the night stand.</p> <p>On 4/29/16 at 10:25 a.m., the Housekeeping Supervisor entered the resident's room. The Housekeeping Supervisor took the call light cord and the push pad from behind the night stand and placed it in the resident's reach.</p> <p>On 4/29/16 at 11:15 a.m., LPN #2</p>		<p>monitor 5 residents 5 days a week on various shifts for 4 weeks , then 5 residents weekly on various shifts for 4 months to ensure that call lights are kept within reach for the residents. Any issues identified or observed will be corrected immediately. The audits will be discussed during our monthly QA meeting. QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for three consecutive months. This plan to be amended when indicated. 5. Completion date systemic changes will be completed: 5/13/16</p>	

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	<p>entered the resident's room. The LPN picked up the push pad and asked the resident to "...show me how you call the Nurse." Resident #D was able to the push the pad on his own and the call light was activated.</p> <p>The record for Resident #D was reviewed on 4/29/16 at 8:51 a.m. The resident's diagnoses included, but were not limited to, high blood pressure, muscle weakness, and CVA (stroke).</p> <p>Review of the 3/22/16 MDS (Minimum Data Set) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (14). A score of (14) indicated the resident's cognitive patterns were intact. The assessment indicated the resident had one fall since admission. The assessment indicated the resident had impairment in range of motion on both of his upper extremities and both of his lower extremities and required extensive assistance of two staff members for transfers.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 3/17/16 indicated the resident was at risk for falling due to a history of falls. Care Plan interventions included, but were not limited to, keep the call light in reach at all times.</p>			

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	<p>The 3/2016 Nursing Progress Notes were reviewed. An entry completed on 3/17/16 at 8:58 p.m. indicated the resident was noted to be on the floor next to his bed. The resident was noted with continued weakness to the right side.</p> <p>The 4/2016 Nursing Progress Notes were reviewed. An entry completed on 4/10/16 at 9:00 p.m. indicated the Nurse was called by another resident and Resident #D was observed lying across the bed with both knees on the floor mat.</p> <p>An entry completed on 4/11/16 at 9:59 p.m. indicated the Nurse was called to the room by the Housekeeping staff. The resident was observed on the floor laying on his right side.</p> <p>An entry completed on 4/12/16 at 3:40 p.m. indicated the Nurse was called to the resident's room and observed him lying on his right side in front of the wheelchair. The resident had no signs of injury.</p> <p>The Event Reports for the above four fall were reviewed. Each Event Report indicated the above four falls occurred in the resident's room and were all unwitnessed.</p>			

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

PRINTED: 05/13/2016
FORM APPROVED
OMB NO. 0938-0391

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	<p>When interviewed on 4/29/16 at 11:30 a.m., the Director of Nursing indicated the resident's call light should have been at reach.</p> <p>This Federal tag relates to Complaint IN00196779.</p> <p>3.1-45(a(2))</p>				