

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

PRINTED: 10/16/2023

FORM APPROVED

OMB NO. 0938-039

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  09/19/2023
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NAME OF PROVIDER OR SUPPLIER  SPRING MILL HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 101 W 87TH AVE MERRILLVILLE, IN 46410
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00417122, IN00417317, and IN00417366.</p> <p>Complaint IN00417122 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417317 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417366 - Federal/State deficiencies related to the allegations are cited at F695.</p> <p>Survey dates: September 18 and 19, 2023</p> <p>Facility number: 010739 Provider number: 155764 AIM number: 200856890</p> <p>Census Bed Type: SNF/NF: 20 SNF: 28 Residential: 29 Total: 77</p> <p>Census Payor Type: Medicare: 20 Medicaid: 20 Other: 8 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 9/25/23.</p>	F 0000		
F 0695 SS=D	483.25(i) Respiratory/Tracheostomy Care and			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Lakeithia Webb

Executive Director

10/10/2023

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><b>Suctioning</b> § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a Physician's Order was in place for a resident who received oxygen for 1 of 3 residents reviewed for oxygen. (Resident G)</p> <p>Finding includes:</p> <p>On 9/18/23 at 9:47 a.m., Resident G was observed in therapy wearing oxygen via a nasal cannula with a flow rate of 3 liters.</p> <p>On 9/18/23 at 10:20 a.m., the resident was observed in the bathroom. The Director of Nursing (DON) remove the oxygen tank from the back of the resident's wheel chair. She sat the tank on the floor and the tank dial moved from red to green when the position of the tank was changed. The DON indicated the tank was full of oxygen and the resident was to receive 3 liters of oxygen.</p> <p>The record for Resident G was reviewed on 9/18/23 at 2:28 p.m. Diagnosis included, but were not limited to, respiratory failure, dependence on supplemental oxygen, sleep apnea, and asthma. The resident was admitted to the facility on 9/14/23.</p>	F 0695	<p>Spring Mill Health Campus Complaint Survey: 9/19/2023</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. The facility requests paper compliance.</p> <p>The facility requests paper compliance.</p> <p><b>F695 Respiratory/Tracheostomy Care and Suctioning</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b> Resident G- Oxygen orders were obtained on 9/19/23. <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</b></p>	09/27/2023

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	<p>A Care Plan, dated 9/15/23, indicated the resident required oxygen therapy related to CHF (congestive heart failure), ineffective gas exchange, and sleep apnea. Interventions included, but were not limited to, give medications as ordered by the Physician.</p> <p>The record lacked any documentation of a Physician's Order for the use of oxygen.</p> <p>Interview with the DON on 9/19/23 at 11:00 a.m., indicated the resident's oxygen order was entered on 9/19/23. The resident was to receive 4 liters of oxygen. She also indicated the resident's oxygen orders should have been put in at the time of admission.</p> <p>This Federal tag relates to Complaint IN00417366.</p> <p>3.1-47(a)(6)</p>		<p><b>taken;</b></p> <p>All residents receiving oxygen 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>Staff were re-educated on:</p> <ul style="list-style-type: none"> <li>· Ensuring a physician order is obtained/in-place for oxygen.</li> <li>· Oxygen is administered at the correct flow rate.</li> <li>· Oxygen tubing is changed and labeled appropriately.</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>Nurse Managers will audit 3 residents with oxygen including new admissions 2 times per week to ensure oxygen orders are in place.</p> <p>Director of Nursing/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.</p>	

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			Date by which systemic corrections will be completed: 9/27/23		