

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155214	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/18/2023
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NAME OF PROVIDER OR SUPPLIER  SAINT ANTHONY	STREET ADDRESS, CITY, STATE, ZIP COD 203 FRANCISCAN DR CROWN POINT, IN 46307
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00416599, IN00418481, IN00421991, and IN00424119.</p> <p>Complaint IN00416599 - Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00418481 - Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00421991 - Federal/State deficiencies related to the allegations are cited at F573 and F689.</p> <p>Complaint IN00424119 - Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Survey dates: December 13, 14, 15, and 18, 2023</p> <p>Facility number: 000120 Provider number: 155214 AIM number: 100274780</p> <p>Census Bed Type: SNF/NF: 145 SNF: 20 NCC: 3 Total: 168</p> <p>Census Payor Type: Medicare: 24 Medicaid: 114 Other: 30 Total: 168</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Jami Moore	TITLE  HFA	(X6) DATE  01/17/2024
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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 0573 SS=D Bldg. 00	<p>Quality review completed on 12/21/23.</p> <p>483.10(g)(2)(i)(ii)(3) Right to Access/Purchase Copies of Records §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself.</p> <p>(i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and</p> <p>(ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form;</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p> <p>§483.10(g)(3) With the exception of</p>			

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	<p>information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.</p> <p>Based on record review and interview, the facility failed to provide residents' medical records to the family/Power of Attorney (POA) in a timely manner after a request was made for 2 of 3 residents reviewed for medical record requests. (Residents B and K)</p> <p>Findings include:</p> <p>1. Resident B's closed record was reviewed on 12/13/23 at 3:40 p.m. The diagnoses included, but were not limited to, Parkinson's disease. The resident was discharged from the facility on 9/11/23.</p> <p>During an interview on 12/14/23, the Medical Records Clerk indicated the family requested the medical records on 10/9/23 and it was faxed to the Corporate Office on 10/10/23. She indicated the request for records has to be filled out and signed and brought to the facility. It is then faxed to the Corporate Office and the records are sent out from there.</p> <p>During an interview with Corporate Medical Records Employee 3 on 12/14/23 at 9:08 a.m., she indicated the resident's records were not sent to the family until 10/26/23.</p>	F 0573	<p><b>The corrective actions that were accomplished for those residents to have been affected by the practice are:</b> Facility policy was reviewed and updated to meet the requirements of this regulation.</p> <p><b>How other residents of the facility were identified to potentially be affected by the practice are:</b> All residents have the potential to be affected by this practice.</p> <p><b>The facility has taken the following measures to ensure that the problem has been corrected and will not recur by:</b> Medical Records manager was educated on ensuring medical records are provided within 2 working days upon request.</p> <p><b>Quality Assurance plans and monitoring practices that have been implemented to make sure corrections are achieved and are permanent are:</b> Medical Records/designee will conduct weekly audit of all medical requests for (6) months to</p>	12/29/2023

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F 0677 SS=E Bldg. 00	<p>2. Resident K's closed record was reviewed on 12/15/23 at 9:39 a.m. The diagnoses included, but were not limited to, cancer. The resident was discharged on 11/2/23.</p> <p>The medical records request was received at the Corporate Office on 11/1/23 and the records were sent to the family on 11/10/23.</p> <p>During an interview with the Corporate Medical Records Employee on 12/14/23 at 9:08 a.m., she indicated sometimes it would take five days to get to the request and they were behind schedule with getting the medical record requests completed.</p> <p>This citation relates to Complaint IN00421991.</p> <p>3.1-4(b)(2)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents who required extensive and dependent care for activities of daily living (ADL's), received showers and/or bathing per their preferences and timely incontinent care for 5 of 6 residents reviewed for ADL assistance. (Residents F, J, N, B, and L)</p> <p>Findings include:</p> <p>1) Resident F was interviewed on 12/13/23 at 10:18 a.m.. She indicated she has had one shower since being admitted into the facility and has bed</p>	F 0677	<p>ensure substantial compliance. Medical Records/designee will report audit findings to the QAPI committee monthly for (6) six months. The QAPI committee will monitor the data presented for any trends &amp; determine if further monitoring/action is necessary for continued compliance.</p> <p><b>The corrective actions that were accomplished for those residents to have been affected by the practice are:</b> Resident interviews conducted to ensure resident showers are being provided per preference and schedule. Resident's plan of care updated to reflect preferences. Family and physicians were notified. Physicians gave no new orders. Residents are in stable condition and experienced no</p>	12/29/2023

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	<p>baths the rest of the time when they bathed her. She has not received a bed bath twice a week. She also does not get incontinent care timely and has had to sit in urine and bowel movement for long periods of time because they turn her call light off and say they will be back but never come back. During the interview, the resident was observed wearing a purple gown/top.</p> <p>During an observation on 12/13/23 at 11:07 a.m., the call light was activated and answered by Employee 1. Employee 1 and Employee 2 entered the room to provide incontinent care. The incontinent brief was saturated with urine and the skin on the buttock was pink and blanchable. The resident indicated the last time she had her brief changed was at 7 p.m. on 12/12/23. Employee 2 indicated she started her shift at 6:30 a.m. and had not gotten to the resident's room yet. The resident continued to wear the same purple top.</p> <p>During an interview on 12/13/23 at 4 p.m., the resident indicated she usually would let the staff know when she was wet. Someone on night shift had come into her room and lifted her blanket, but had not told her what they were doing. Some staff would ask her if she needed changed, others would check her and change her, and others would wait until she would call them and let them know. The resident continued to wear the same purple top.</p> <p>During an observation on 12/14/23 at 8:40 a.m., the resident was observed to be wearing the same purple top. She indicated a brief change had been completed at 4 a.m. and she had not received a bath or shower on the evening shift as scheduled on 12/13/23.</p> <p>Review of the Bathing Schedule indicated her</p>		<p>negative outcomes as a result of this observation.</p> <p><b>How other residents of the facility were identified to potentially be affected by the practice are:</b></p> <p>All residents have the potential to be affected by this practice.</p> <p><b>The facility has taken the following measures to ensure that the problem has been corrected and will not recur by:</b></p> <p>Facility clinical staff were educated on providing resident showers per preference and schedule.</p> <p><b>Quality Assurance plans and monitoring practices that have been implemented to make sure corrections are achieved and are permanent are:</b></p> <p>DON/designee will conduct audit (5) residents per (5) times a week for (6) months to ensure showers are provided according to resident preference and schedule. Interview and/or observe (5) residents for provided incontinence care (5) per week.</p> <p>DON/designee will report audit findings to the QAPI committee monthly for (6) six months. The QAPI committee will monitor the data presented for any trends &amp; determine if further monitoring/action is necessary for continued compliance.</p>	

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	<p>bathing was to be completed on Wednesday and Saturday evenings. Bathing was scheduled for 12/13/23 and was documented as completed on 12/13/23 evening shift.</p> <p>During an observation on 12/15/23 at 8:44 a.m., the resident wore the same purple top. She indicated she had not received a bed bath. She indicated she prefers a bed bath instead of a shower.</p> <p>Resident F's record was reviewed on 12/14/23 at 11:03 a.m. The diagnoses included, but were not limited to, spinal stenosis.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 11/30/23, indicated an intact cognitive status, required a mechanical lift for transfers, was dependent for showers/bathing and bed mobility, and was always incontinent of bowel and bladder.</p> <p>A Care Plan, dated 2/10/23, indicated assistance was needed for ADL's. The interventions included, total assistance with bathing and total assistance of two for toileting.</p> <p>A Care Plan, dated 2/17/23, indicated incontinence of bladder and bowel. The interventions included routine toileting, check routinely for incontinence and incontinent care was to be provided as needed.</p> <p>The bathing records indicated bathing had not occurred as scheduled on October 4 and 14, November 1, 11, 15, 18, 25, and 29, and December 2, 2023.</p> <p>2. During an interview on 12/13/23 at 11:26 a.m., Resident J indicated showers were not provided often. They were scheduled for twice a week but</p>			

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	<p>she usually only received a shower once a week. She had not received a shower this past Saturday because they could not find a mechanical lift shower pad and they had offered to use her regular pad, which she had not wanted to use since the pad would have been wet and unable to be used until dried. They had not offered a bed bath.</p> <p>During an interview on 12/15/23 at 8:28 a.m., Resident J indicated she preferred showers to bed baths and she received bed baths when they were unable to find a shower pad for the mechanical lift.</p> <p>Resident J's record was reviewed on 12/14/23 at 8:55 a.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>An Admission/5-day MDS assessment, dated 11/13/23, indicated an intact cognition, dependent for bed mobility and transfer, maximum assistance was required for showers/bathing. It was somewhat important to choose method of bathing.</p> <p>A Care Plan, dated 11/6/23, indicated assistance was required for ADL's. The interventions included extensive assistance was to be given with bathing/showers.</p> <p>The shower schedule indicated showers were to be completed on Monday and Thursday evenings.</p> <p>The bathing sheets for November 2023 and December 2023 indicated no bathing was completed on November 9 and December 4, 2023, a bed bath was given on November 13, 23, and 30, and December 6 and 11, 2023, and a shower was given on November 17 and 25, 2023.</p>			

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	<p>3. During an interview with Resident N on 12/14/23 at 8:35 a.m., she indicated she had not had a shower or bed bath since she had been placed in Transmission Based Isolation and she tried to wash herself up. Prior to the isolation, she was also not receiving her showers as scheduled and preferred a shower to a bed bath.</p> <p>Resident N's record was reviewed on 12/15/23 at 10:25 a.m. The diagnoses included, but were not limited to, heart failure and positive COVID-19.</p> <p>A Quarterly MDS assessment, dated 10/18/23, indicated an intact cognitive status and was dependent for bathing.</p> <p>The shower schedule, indicated her showers were scheduled for Monday and Thursday evenings.</p> <p>The October 2023 bathing sheets indicated a bed bath was given October 2 and 5. Bathing was completed on October 10th, though the type was not documented. No bathing had been completed on October 12, 16, 19, 23, 26, and 30, 2023.</p> <p>The November 2023 bathing sheets, indicated bathing was completed on November 13, though the type of bathing was not specified. Bed baths were given on November 16, 20, and 30, 2023. There was no bathing completed on November 2, 6, 8, 23, and 27, 2023.</p> <p>The December 2023 bathing sheets, indicated a shower was given on December 4, a bed bath given on December 11, and no bathing was completed on December 7 and 14, 2023.</p> <p>4. Resident B's closed record was reviewed on 12/13/23 at 3:40 p.m. The diagnoses included, but were not limited to, Parkinson's disease.</p>			



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	<p>A Significant Change MDS assessment, dated 7/6/23, indicated a moderately impaired cognitive status and required extensive assistance with bathing.</p> <p>The shower schedule indicated bathing was to be completed on Mondays and Thursdays.</p> <p>The bathing records indicated bathing had been completed on August 17 and 24, 2023. The bathing had not been completed on August 21, 2023.</p> <p>5. Resident L's record was reviewed on 12/15/23 at 1:42 p.m. The diagnoses included, but were not limited to, non-traumatic intracranial hemorrhage.</p> <p>An Admission MDS assessment, dated 11/16/23, indicated an intact cognitive status and was dependent for bathing/showers.</p> <p>The shower schedule indicated the showers were scheduled for Wednesday and Saturday days.</p> <p>The bathing sheets indicated a shower/bathing had not been completed on November 11, 18, 22, and 25 and December 2, 9, and 13, 2023.</p> <p>The Director of Nursing (DON) was informed of the missed bathing on 12/13/23 at 4:30 p.m. No further bathing records were received.</p> <p>This citation relates to Complaints IN00416599, IN00418481, and IN00424119.</p> <p>3.1-38(a)(2)(A) 3.1-38(a)(2)(C)</p>			

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F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure Care Plan interventions to prevent falls were in place, related to non-skid strips on the floor and dycem (non-slide material) on the wheelchair to prevent sliding for 1 of 3 residents reviewed for falls. (Resident M)</p> <p>Finding includes:</p> <p>During an observation on 12/15/23 at 10:02 a.m. with Employee 4, there were no non-skid strips on the resident's bathroom floor and no dycem on the wheelchair seat.</p> <p>Resident M's record was reviewed on 12/15/23 at 9:46 a.m. The diagnoses included, but were not limited to, vascular dementia.</p> <p>An Annual Minimum Data Set assessment, dated 12/2/23, indicated a severely impaired cognitive status, maximum assistance required for transfers, moderate assistance required for ambulation, and no falls.</p> <p>A Care Plan, dated 5/13/21, indicated a risk for falls. The interventions included, on 7/31/23 dycem was applied to the seat of the wheelchair</p>	F 0689	<p><b>The corrective actions that were accomplished for those residents to have been affected by the practice are:</b> Resident was assessed and educated on the importance of complying with fall interventions as well not removing interventions put in place. Family and physicians were notified. Physician gave no new orders. Resident is in stable condition and experienced no negative outcomes as a result of this observation. <b>How other residents of the facility were identified to potentially be affected by the practice are:</b> Whole house audit of resident's current fall interventions to ensure compliance. <b>The facility has taken the following measures to ensure that the problem has been corrected and will not recur by:</b> Nursing staff, clinical leadership, and department heads educated</p>	12/29/2023

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	<p>and on 12/11/23, non-skid strips were applied to the bathroom floor.</p> <p>A Nurse's Progress Note, dated 7/29/23 at 11:05 a.m., indicated the resident was found sitting on the floor in front of her wheelchair in the front entry of the building. The wheelchair was locked. There were no injuries.</p> <p>A Nurse's Progress Note, dated 12/10/23 at 4:58 p.m., indicated she was found on the bathroom floor and stated she had slid off the toilet.</p> <p>An Interdisciplinary Team (IDT) note, dated 12/11/23 at 10:14 a.m., indicated a new intervention of non-skid strips would be placed on the bathroom floor.</p> <p>During an interview on 12/15/23 at 10:39 a.m., the Director of Nursing indicated the IDT meets after falls and makes decisions on interventions. The non-slid strips were to be applied by Maintenance or Central Supply. The IDT members were to complete rounds daily to ensure interventions were in place. The new interventions were to be put into place immediately.</p> <p>This citation relates to Complaint IN00421991.</p> <p>3.1-45(a)(2)</p>		<p>on ensuring fall interventions are in place according to care plan.</p> <p><b>Quality Assurance plans and monitoring practices that have been implemented to make sure corrections are achieved and are permanent are:</b></p> <p>DON/designee will conduct random observation of fall interventions of (5) residents (5) times a week for (6) months. DON/designee will report audit findings to the QAPI committee monthly for (6) six months. The QAPI committee will monitor the data presented for any trends &amp; determine if further monitoring/action is necessary for continued compliance.</p>	