

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

PRINTED: 09/08/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155131	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/24/2022
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NAME OF PROVIDER OR SUPPLIER  MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP CODE 7935 CALUMET AVE MUNSTER, IN 46321
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00379357, IN00382050, IN00383028, IN00383595, IN00386583, and IN00387312.</p> <p>Complaint IN00379357 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00382050 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00383028 - Substantiated. Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00383595 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00386583 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00387312 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 23 and 24, 2022</p> <p>Facility number: 000056 Provider number: 155131 AIM number: 100289450</p> <p>Census Bed Type: SNF/NF: 149 SNF: 15 Total: 164</p> <p>Census Payor Type: Medicare: 34 Medicaid: 105</p>	F 0000	Facility requesting a desk review	

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 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 0684 SS=D Bldg. 00	<p>Other: 25 Total: 164</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 8/26/22.</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview, the facility failed to ensure follow up documentation and assessment was completed after the resident had a significant change in condition related to increased and excessive secretions for 1 of 3 residents reviewed for a significant change in condition. (Resident D)</p> <p>Finding includes:</p> <p>The closed record for Resident D was reviewed on 8/23/22 at 3:15 p.m. The resident was admitted to the facility on 12/22/21 and expired at the facility on 5/14/22. Diagnoses included, but were not limited to, gastrostomy tube (a tube inserted directly into the stomach to provide nutrition), COPD, stroke, high blood pressure, quadriplegia, and seizures.</p> <p>The Quarterly Minimum Data Set (MDS)</p>	F 0684	<p><b>Munster Med-Inn Complaint Survey: 8/24/2022</b></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.</p> <p><b>F684 Quality of Care What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b> Resident D – no longer resides in the facility. <b>How the facility will identify</b></p>	08/31/2022

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	<p>assessment, dated 3/28/22, indicated the resident was cognitively intact, however, was nonverbal and did not speak. The resident was an extensive to total assist with all ADLs (Activities of Daily Living). The resident had a feeding tube and consumed 51% or more through the tube.</p> <p>The Care Plan, dated 12/22/21, indicated the resident was limited in the ability to communicate due to being non-verbal and required a communication board.</p> <p>The Care Plan, dated 12/29/21, indicated the resident had the potential for complications related to gastrostomy tube placement.</p> <p>The Care Plan, dated 12/22/21, indicated the resident was limited in functional status in regards to the ability to independently change positions in bed.</p> <p>Physician's Orders, dated 12/3/21, indicated the resident was NPO (Nothing by Mouth).</p> <p>Physician's Orders, dated 12/28/21, indicated Jevity 1.2 (an enteral feeding) 90 cubic centimeters (cc) per hour for 20 hours on at 4 a.m., and off at 12 a.m.</p> <p>Speech Therapy Notes, dated 4/25/22 at 12:03 p.m., indicated during the session, the therapist observed increased residue from gastrostomy tube feedings on dental and lingual surface. At that time, the therapist completed NPO oral care during session for the resident to decrease risk of aspiration and was to provide a handout to nursing staff on the unit regarding NPO oral care.</p> <p>Speech Therapy Notes, dated 5/12/22 at 12:58 p.m., recorded as a late entry on 5/12/22 at 1:00</p>		<p><b>other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</b></p> <p>All residents with a change in condition 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>Nurses were in-serviced on documenting change in condition and clinical assessments in the medical record.</p> <p>Nurse Managers were in-serviced on monitoring clinical documentation.</p> <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 manager will audit 5 residents clinical documentation (progress notes) three times per week to ensure follow-up assessments/documentation of change in condition is completed. The Director of Nursing/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be</p>	

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	<p>p.m., indicated the resident had increased secretions and demonstrated times 1 cough/choke event as evidence by a red face. The therapist attempted oral care to reduce secretions, however, this was unsuccessful. The therapist notified nursing.</p> <p>Nurses' Notes, dated 5/12/22 at 12:44 p.m., indicated the Nurse Practitioner was in to see the resident. Staff observed the resident having difficulty clearing throat and the resident sounded like they had increased secretions. A new order was received for Scopolamine patch every 3 days. The resident was made aware as well as responsible party. Staff will continue to monitor the resident.</p> <p>Physician's Orders, dated 5/12/22, indicated Scopolamine patch (a patch used to prevent nausea or vomiting) 1 milligram (mg) every 72 hours. The pharmacy filled the order for the medication on 5/12/22 at 1:01 p.m.</p> <p>The next documented entry in the Nurses' Notes was on 5/13/22 at 4:51 a.m., which indicated the resident was resting with the head of the bed elevated. Jevity 1.2 was infusing as ordered, the gastrostomy tube flushed with ease and all prescribed medicines were administered at that time. The resident communicated pain with his newly mounted device. Pain medication was also administered as ordered. Colostomy care was rendered and the urinary catheter remained patent and was draining clear yellow urine. No signs or symptoms of infection were noted. Staff will continue to monitor.</p> <p>The next documented entry in the Nurses' Notes was on 5/14/22 at 9:25 p.m., which indicated "Called into room by CNA. Resident</p>		<p>done quarterly and present quarterly at the QA meeting. Monitoring will be on going. <b>Date of completion: 8/31/2022</b></p>	

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	<p>non-responsive. No respirations, no pulse, no BP (blood pressure). No signs of life. 911 called and another nurse helped this writer perform a code."</p> <p>The time of death for the resident was documented as 9:55 p.m.</p> <p>There was no follow up assessment or documentation of the resident's increased and/or excessive secretions. There was no follow up assessment to indicate if the Scopolamine patch was effective or not.</p> <p>Interview with the Director of Nursing on 8/24/22 at 1:25 p.m., indicated she would have expected nursing staff to document and follow up after the increased secretions especially since the resident was NPO and non verbal.</p> <p>This Federal tag relates to Complaint IN00383028.</p> <p>3.1-37(a)</p>				