

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

PRINTED: 07/25/2023

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 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/28/2023
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NAME OF PROVIDER OR SUPPLIER MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP COD 7935 CALUMET AVE MUNSTER, IN 46321
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00399417, IN00399633, IN00404797, IN00407209, and IN00410183.</p> <p>Complaint IN00399417 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00399633 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00404797 - Federal/State deficiencies related to the allegations are cited at F686.</p> <p>Complaint IN00407209 - Federal/State deficiencies related to the allegations are cited at F690.</p> <p>Complaint IN00410183 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited at F695.</p> <p>Survey dates: June 26, 27 & 28, 2023</p> <p>Facility number: 000056 Provider number: 155131 AIM number: 100289450</p> <p>Census Bed Type: SNF/NF: 161 Total: 161</p> <p>Census Payor Type: Medicare: 22 Medicaid: 113 Other: 26 Total: 161</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rosa McGowen	VPO	07/14/2023

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 0686 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 7/5/23.</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on record review and interview, the facility failed to ensure residents with pressure ulcers received the necessary treatment and services to promote healing, related to treatments not updated and completed as ordered for 1 of 3 residents reviewed for pressure ulcers. (Resident C)</p> <p>Finding includes:</p> <p>Resident C's closed record was reviewed on 6/27/23 at 9:39 a.m. Diagnoses included, but were not limited to, protein-calorie malnutrition, high blood pressure, and major depressive disorder.</p> <p>The Significant Change in Status Minimum Data Set (MDS) assessment, dated 9/14/22, indicated</p>	F 0686	<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><i>The facility respectfully requests paper compliance for this citation</i></p> <p>F686 Treatment/Svcs to Prevent/Heal Pressure Ulcers What corrective action(s) will</p>	07/07/2023
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	<p>the resident was severely cognitively impaired for daily decision making. She required extensive assistance with one person physical assist for bed mobility, dressing, eating, and personal hygiene. She had 1 stage 4 acquired pressure ulcer, 2 acquired unstageable pressure ulcers, and 4 acquired deep tissue injuries (DTI).</p> <p>A Care Plan, dated 6/6/22, indicated the resident had an alteration in skin integrity as evidenced by pressure ulcers. Interventions included, but were not limited to, treatments (application of ointment/medication and/or dressings) to site per Physician's order.</p> <p>A Wound Physician note, dated 6/30/22, indicated the resident had a new unstageable DTI of the left heel. The wound was 3.5 centimeters (cm) by 4.5 cm. The dressing treatment plan was to apply skin prep once daily for 30 days.</p> <p>There was no order or documentation of the treatment being completed for the skin prep application to the left heel.</p> <p>A Wound Physician note, dated 8/25/22, indicated the resident had a DTI to the left heel. The wound measured 5.5 cm by 8.0 cm. The new dressing treatment plan was to apply betadine (a topical disinfectant) once daily with a gauze island border dressing for 30 days.</p> <p>There was no order or documentation of the treatment being completed for the betadine application with a gauze island border dressing to the left heel.</p> <p>A Wound Physician note, dated 9/1/22, indicated the resident had a DTI to the left heel. The wound measured 5.5 cm by 5.5 cm. The new dressing</p>		<p>be accomplished for those residents found to have been affected by the deficient practice; Resident C- no longer resides in the facility. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents with treatment orders have the potential to be affected by the same alleged deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Staff were re-educated on the following: · Ensuring treatments are updated and completed per physician orders · Treatments are properly documented in Electronic Treatment Administration Record (ETAR) at the time care is rendered. 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; Wound nurse/designee will randomly audit 10 residents Electronic Treatment</p>	

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	<p>treatment plan was to apply an oil emulsion (a nonstick dressing) and betadine with a gauze island border dressing three times per week.</p> <p>There was no order or documentation of the treatment being completed for the oil emulsion and betadine with a gauze island border dressing to the left heel.</p> <p>A Wound Physician note, dated 9/1/22, indicated the resident had a DTI of the left, medial ankle. The wound measured 2 cm by 1.4 cm. The dressing treatment plan was to apply skin prep once daily for 30 days.</p> <p>There was no order implemented until 9/8/22 for the application of the skin prep to the left, medial ankle.</p> <p>A Wound Physician note, dated 9/1/22, indicated the resident had a DTI to the left, lower, lateral calf. The wound measured 0.9 cm x 1 cm. The dressing treatment plan was to apply skin prep once daily for 30 days.</p> <p>There was no order or documentation of the treatment being completed for the application of skin prep to the left, lower, lateral calf.</p> <p>A Wound Physician note, dated 9/15/22, indicated the resident had an unstageable DTI of the right, dorsal, medial foot. The wound measured 0.3 cm by 0.3 cm. The dressing treatment plan was to apply mupirocin (an antibiotic) ointment once daily for 30 days.</p> <p>There was no order or documentation of the treatment being completed for the mupirocin ointment to the right dorsal, medial foot.</p>		<p>Administration Record (ETAR) weekly to ensure treatments orders are updated and rendered as per physician orders.</p> <p>DON/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 done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p>Date by which systemic corrections will be completed: 7/7/2023</p>	

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F 0690 SS=E Bldg. 00	<p>A Wound Physician note, dated 9/15/22, indicated the resident had an unstageable pressure ulcer to the left, lateral ankle. The wound measured 1.7 cm by 1.5 cm. The dressing treatment plan was to apply iodosorb gel (an antimicrobial wound gel) with a gauze island border dressing once daily for 30 days.</p> <p>There was no order or documentation of the treatment being completed for the iodosorb gel with a gauze island border dressing.</p> <p>Interview with the Director of Nursing on 6/28/23 at 3:15 p.m., indicated the treatment orders should have been updated and the treatments completed per the Wound Care Physician's orders.</p> <p>This Federal tag relates to Complaint IN00404797.</p> <p>3.1-40(a)(2)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p>				

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	<p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on record review and interview, the facility failed to ensure nursing staff provided foley (urinary) catheter care every shift for 4 of 4 residents reviewed for catheters. (Residents F, J, K, and D)</p> <p>Findings include:</p> <p>1. On 6/26/23 at 1:08 p.m., Resident F was observed in her room in bed sleeping. She had a foley catheter in use that was draining yellow urine.</p> <p>The record for Resident F was reviewed on 6/26/23 at 2:15 p.m. Diagnoses included, but were not limited to, pressure ulcer of the sacral region and disorders of the kidney and ureter.</p> <p>The 5 day Medicare Minimum Data Set (MDS) assessment, dated 5/23/23, indicated the resident was moderately impaired for daily decision making. She required extensive assistance with</p>	F 0690	<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><i>The facility respectfully requests paper compliance for this citation</i></p> <p>F690 Bowel/Bladder Incontinence, Catheter, UTI What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident D – Catheter care orders reviewed and being documented appropriately</p>	07/07/2023

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	<p>toilet use and had an indwelling catheter.</p> <p>A Care Plan, dated 6/7/23, indicated the resident had a urinary catheter due to a stage 4 coccyx wound. Interventions included, but were not limited to, observe for signs and symptoms of a urinary tract infection: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, and change in eating patterns.</p> <p>A Physician's Order, dated 4/30/23, indicated the resident was to have a 16 french/10 milliliter (ml) foley catheter. Catheter care was to be completed every shift and as needed.</p> <p>A Physician's Order, dated 6/9/23, indicated the resident was to receive Keflex (an antibiotic) 500 milligrams (mg) twice a day for a urinary tract infection until 6/16/23.</p> <p>The May 2023 Treatment Administration Record (TAR), indicated catheter care had not been signed out all three shifts between 5/18 and 5/21/23.</p> <p>The June 2023 TAR, indicated catheter care had not been signed out as being completed during the day shift on 6/2, 6/5, 6/12, 6/21, and 6/26/23. Catheter care had not been signed out on the evening shift on 6/7, 6/11, 6/12, 6/21, and 6/24/23.</p> <p>Interview with the Director of Nursing on 6/28/23 at 11:25 a.m., indicated a problem was identified last week related to Medication Administration Records (MAR's) and TAR's not being signed out as being completed. The staff were inserviced on Monday 6/26/23. 2. Resident J's record was</p>		<p>Resident F- Catheter care orders reviewed and being documented appropriately</p> <p>Resident K- Catheter care orders reviewed and being documented appropriately</p> <p>Resident J- Catheter care orders reviewed and being documented appropriately</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents with indwelling catheters have the potential to be affected by the same alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Staff were re-educated on:</p> <ul style="list-style-type: none"> · Ensuring catheter care orders are in place for residents with catheters · Documenting catheter care in Point Click Care at the time care is rendered <p>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;</p> <p>Nurse Managers will audit the Electronic Treatment Record (ETAR) 2 times per week for</p>	

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	<p>reviewed on 6/26/23 at 1:47 p.m. Diagnoses included, but were not limited to, neuromuscular dysfunction of the bladder and history of urinary tract infection.</p> <p>The Discharge Minimum Data Set (MDS) assessment, dated 6/4/23, indicated the resident was severely impaired for daily decision making. The resident had an indwelling catheter and was frequently incontinent of bowel. She required extensive assistance with toilet use and personal hygiene.</p> <p>A Care Plan, dated 10/21/19, indicated the resident required a suprapubic catheter. Interventions included, but were not limited to, change foley and catheter bag as per orders.</p> <p>A Physician's Order, dated 5/24/23, indicated catheter care every shift.</p> <p>The Treatment Administration Record (TAR) for May 2023, indicated the resident's catheter care was not completed as ordered on the day shift on 5/31/23. It was not completed on the evening shift on 5/25/23, 5/28/23, and 5/31/23. It was not completed on the night shift of 5/29/23.</p> <p>The TAR for June 2023, indicated the resident's catheter care was not completed as ordered on the day shift on 6/3/23, 6/5/23, 6/6/23, 6/7/23, 6/8/23, and 6/9/23. It was not completed on the evening shift on 6/4/23, 6/5/23, 6/6/23, 6/7/23, and 6/8/23. It was not completed on the night shift on 6/1/23, 6/2/23, 6/4/23, 6/5/23, 6/6/23, 6/7/23, 6/8/23, 6/10/23, 6/15/23, and 6/24/23.</p> <p>Interview with the Director of Nursing on 6/27/23 at 3:15 p.m., indicated there were blanks on the Treatment Administration Record, however she</p>		<p>residents with foley catheters to ensure documentation is completed.</p> <p>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 done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p>Date by which systemic corrections will be completed: 7/7/2023</p>		

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	<p>thought they were just not signed out due to the facility converting over to a new electronic health record (EHR) system.</p> <p>3. Resident K's record was reviewed on 6/28/23 at 9:03 a.m. Diagnoses included, but were not limited to, disease of the spinal cord and history of urinary tract infection.</p> <p>A Care Plan, dated 5/3/23, indicated the resident had an indwelling catheter for neurogenic bladder and was at risk for infection. Interventions included, but were not limited to, provide catheter care and monitor/document for pain/discomfort during care to the catheter.</p> <p>A Physician's Order, dated 5/1/23, indicated catheter care every shift.</p> <p>The June 2023 Treatment Administration Record (TAR) indicated the resident's catheter care was not completed on the day shift on 6/3/23, 6/10/23, 6/12/23, 6/18/23, and 6/25/23. The catheter care was not completed on the evening shift on 6/7/23 and 6/15/23. The catheter care was not completed on the night shift on 6/18/23.</p> <p>4. On 6/26/23 at 10:25 a.m., Resident D was observed in her room in bed. The resident had a foley catheter in use that was draining yellow urine and sediment was noted in the tubing. Interview with the resident at that time, indicated foley catheter care was "hit or miss" and it worried her due to her history of urinary tract infections and sepsis.</p> <p>The record for Resident D was reviewed on 6/26/23 at 8:45 a.m. Diagnoses included, but were not limited to, disorder of the kidney and ureter and urinary tract infection (UTI).</p>			

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	<p>The Quarterly Minimum Data Set (MDS) assessment, dated 4/11/23, indicated the resident was cognitively intact and had an indwelling catheter.</p> <p>A Care Plan, dated 6/26/23, indicated the resident had an indwelling catheter related to having a sacral pressure ulcer. Interventions included, but were not limited to, observe for signs and symptoms of UTI such as pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, and change in eating patterns.</p> <p>Nurses' Notes, dated 5/31/23 at 2:04 p.m., indicated the resident's foley catheter was not draining. The foley was irrigated and urine flow was returned.</p> <p>Nurses' Notes, dated 6/10/23 at 11:22 a.m., indicated the resident had a new foley catheter inserted due to her previous one leaking.</p> <p>Physician's Orders, dated 6/26/23, indicated the resident was to have a 22 french foley catheter with a 30 milliliter (ml) balloon. Change as needed and catheter care was to be performed every shift.</p> <p>The May 2023 Medication and Treatment Administration Records had no orders for the foley catheter and catheter care.</p> <p>The June 2023 Treatment Administration Record had no orders for the foley catheter or catheter care until 6/26/23.</p> <p>Interview with the Director of Nursing on 6/28/23 at 11:05 a.m., indicated the orders did not get</p>			

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F 0695 SS=D Bldg. 00	<p>brought forward from the old computer system and the orders were added on 6/26/23.</p> <p>This Federal tag relates to Complaint IN00407209.</p> <p>3.1-41(a)(2)</p> <p>483.25(i) Respiratory/Tracheostomy Care and Suctioning</p> <p>§ 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 orders were obtained for oxygen use and the oxygen was infusing at the correct flow rate for 1 of 1 residents reviewed for oxygen. (Resident F)</p> <p>Finding includes:</p> <p>On 6/26/23 at 1:08 p.m. and 3:05 p.m., Resident F was observed in her room sleeping. The resident had oxygen by the way of a nasal cannula in use. The oxygen concentrator was set at 1 liter.</p> <p>On 6/27/23 at 10:04 a.m. and 2:25 p.m., oxygen was in use and the resident's oxygen concentrator was set at 1 1/2 liters.</p> <p>On 6/28/23 at 10:45 a.m., the oxygen was in use and the resident's oxygen concentrator was set at 3 liters.</p>	F 0695	<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><i>The facility respectfully requests paper compliance for this citation</i></p> <p>F695 Respiratory/Tracheostomy Care and Suctioning What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p>	07/07/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155131	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/28/2023
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NAME OF PROVIDER OR SUPPLIER MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP COD 7935 CALUMET AVE MUNSTER, IN 46321
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	<p>The record for Resident F was reviewed on 6/26/23 at 2:15 p.m. Diagnoses included, but were not limited to, heart failure, pneumonia, and acute respiratory distress.</p> <p>The 5 day Medicare Minimum Data Set (MDS) assessment, dated 5/23/23, indicated the resident was moderately impaired for daily decision making. Oxygen use was not coded.</p> <p>The resident had no care plan related to oxygen use.</p> <p>A Physician's Order, dated 6/27/23, indicated the resident was to have oxygen by the way of a nasal cannula at 2 liters per minute continuously.</p> <p>Interview with the Director of Nursing on 6/28/23 at 11:25 a.m., indicated the order for the resident's oxygen was obtained yesterday and the order for was 2 liters.</p> <p>3.1-47(a)(6)</p>		<p>Resident F- Oxygen flow rate was immediately corrected.</p> <p>Resident F- Oxygen orders were obtained on 6/27/23.</p> <p>6/27/23 Staff were educated on obtaining a physician's order for oxygen.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents receiving oxygen have the potential to be affected by the same alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Staff were re-educated on:</p> <ul style="list-style-type: none"> · Ensuring a physician order is obtained/in-place for oxygen. · Oxygen is administered at the correct flow rate. · Oxygen tubing is changed and labeled appropriately. <p>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;</p> <p>Nurse Managers will audit 5 residents with oxygen 2 times per week to ensure oxygen orders are in place and oxygen is set at the appropriate flow rate.</p>	

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

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FORM APPROVED
OMB NO. 0938-039

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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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			<p>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 done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p>Date by which systemic corrections will be completed: 7/7/2023</p>		