

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

PRINTED: 01/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155530		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/06/2022	
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 353 TYLER ST GARY, IN 46402			
(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	
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00369997.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the COVID-19 Focused Infection Control Survey completed on 12/9/21.</p> <p>Complaint IN00369997 - Substantiated. Federal/State deficiencies related to the allegations are cited at F842.</p> <p>Survey date: January 6, 2022</p> <p>Facility number: 000369 Provider number: 155530 AIM number: 100275190</p> <p>Census Bed Type: SNF/NF: 83 Total: 83</p> <p>Census Payor Type: Medicare: 7 Medicaid: 71 Other: 5 Total: 83</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 1/10/22.</p>		F 0000				
F 0842 SS=D Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that</p>						

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>is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p>						

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	<p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on record review and interview, the facility failed to ensure the clinical record was complete and accurately documented related to the events leading up to and during a code blue for 1 of 3 residents reviewed for a change of condition. (Resident D)</p> <p>Finding includes:</p> <p>The closed record for Resident D was reviewed on 1/6/22 at 1:20 p.m. The resident was admitted on 12/24/21 and expired in the facility</p>	F 0842	<p><i>This plan of Correction is the facility's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared</i></p>		01/12/2022		

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	<p>on 12/27/21. The resident was a full code status, indicating a desire for CPR to be performed.</p> <p>Nurses' Notes, dated 12/27/21 at 12:00 a.m., indicated the resident was awake and moving around during rounds. He was suctioned and repositioned and his respirations were even with no distress noted at the time.</p> <p>Nurses' Notes, dated 12/27/21 at 3:30 a.m., indicated the resident was repositioned and tracheostomy care was completed. A nebulizer treatment was administered due to thick secretions. No distress noted at this time and the enteral (via tube) feeding was infusing. Head of the bed was elevated.</p> <p>Nurses' Notes, dated 12/27/21 at 4:30 a.m., indicated the resident was observed to be warm to touch with an elevated temperature of 101.8. Tylenol was administered via the peg tube. The resident was resting, but moving around in the bed. He was repositioned as well.</p> <p>Nurses' Notes, dated 12/27/21 at 6:30 a.m., indicated "Resident observed in bed with no pulse and warm to touch," This entry indicated it was a draft and was not completed.</p> <p>A Physician Progress Note, dated 12/27/21 at 5:32 p.m., indicated no cardiac activity, no respirations, post cardiac arrest. Will complete death certificate.</p> <p>There was no documentation of what happened to the resident on 12/27/21 at 6:30 a.m. The documentation was incomplete.</p> <p>Interview with the Director of Nursing on 1/5/22 at 4:30 p.m., indicated she had arrived to work</p>		<p><i>and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p><i>This facility respectfully request paper compliance for this citation.</i></p> <p>What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident D had expired; no other residents were identified in this alleged deficient practice.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken: Residents records that had expired within 30 days of survey were reviewed with no other findings of non-compliance.</p> <p>Nursing staff has been in-serviced on the facility Event Management Policy and how to complete a Code Event Minutes form after every code event.</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: A "Code Event Minutes" form was developed for nursing to complete after a "code blue" event. Nursing staff was educated on the process of completing form. Completed form will be presented to the Director of Nursing/designee. IDT will review</p>				

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	<p>that day on 12/27/21 early, before 7 a.m. She was down in her office and heard the code blue (facility page indicating resident in distress) for the resident. The nurse who was working the midnight shift stayed over to the day shift and worked a double. She indicated the nurse was so upset because the resident had spiked a fever and she had gone in there several times throughout the night to make sure he was ok. The resident was not a DNR (do not resuscitate) and CPR was initiated by nursing staff, however, the resident did not make it and expired. EMS 911 was called and the resident was pronounced at the facility. The EMS did not take the resident to the hospital and the funeral home came to get him. The family was notified during the code blue to come to the facility.</p> <p>This Federal tag relates to Complaint IN00369997.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>		<p>completed form and documentation in Point Click Care to ensure documentation is complete. This will be audited on a post event assessment tool. Any findings of incomplete documentation will be addressed and corrected.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The DON or designee will be responsible for the completion of the Code Event Minutes and utilize the Post event assessment tool after any code blue completed. Findings of code audits will be presented to the QAPI committee for review. The QAPI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and or including termination of the responsible employee.</p> <p>By what date the systemic changes will be completed: 1/12/2022</p>				