

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155653	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/11/2016
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NAME OF PROVIDER OR SUPPLIER LAKE COUNTY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5025 MCCOOK AVE EAST CHICAGO, IN 46312
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 6/20/16.</p> <p>The visit was in conjunction with the Investigation of Complaints IN00205274 and IN00206564.</p> <p>Survey dates: August 10 and 11, 2016.</p> <p>Facility number: 000108 Provider number: 155653 AIM number: 100267410</p> <p>Census bed type: SNF/NF: 64 Total: 64</p> <p>Census payor type: Medicare: 8 Medicaid: 52 Other: 4 Total: 64</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed y 32883 on 8/15/16.</p>	F 0000		
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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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F 0311 SS=D Bldg. 00	<p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on observation, record review, and interview, the facility failed to ensure each resident who required assistance with Activities of Daily Living (ADLs) received incontinence care at least every two hours for 1 of 3 residents observed for incontinence. (Resident #D)</p> <p>Finding includes:</p> <p>On 8/10/16 at 4:18 a.m., CNA #2 was observed providing care for Resident #D. The CNA entered the resident's room to check him for incontinence. The resident's gown and brief were both observed to be saturated with urine. The CNA proceeded to provided incontinence care and provided the resident with a clean and dry gown. Interview with the CNA at the time indicated she had not checked and changed the resident since 12:00 a.m.</p> <p>The record for Resident #D was reviewed on 8/10/16 at 10:50 a.m. The resident's diagnoses included, but were not limited to convulsions, hemiplegia, and heart failure.</p>	F 0311	<p>F 311</p> <p>PLAN OF CORRECTION</p> <p>Please accept the following as the facility's plan of correction. 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>1. The corrective action taken for the resident found to have been affected by the deficient practice:</p>	09/06/2016	

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	<p>The Quarterly Minimum Data Set (MDS) assessment dated 5/31/16 indicated the resident had a Brief Interview of Mental Status (BIMS) score of 99, indicating the resident was unable to complete the interview. The resident was always incontinent of bowel and bladder and required the physical assist of one person with personal hygiene.</p> <p>The current and updated care plan dated 5/28/16 indicated the resident was at risk for skin breakdown related to incontinence of bowel and bladder. The interventions included, but were not limited to, keep clean and dry as possible and provide incontinence care after every episode.</p> <p>Interview with the Director of Nursing on 8/11/16 at 11:15 a.m., indicated incontinent residents should be checked and changed at least every two hours.</p> <p>This deficiency was cited on 6/20/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-38(a)(2)(C)</p>		<p>C.N.A #2 provided incontinent care for R# D. R#D was checked for any incontinence related concerns. No incontinent related concerns were observed.</p> <p>2. The corrective action for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents that are incontinent are at risk for this alleged deficient practice. These residents were checked for incontinence and changed immediately.</p> <p>3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur:</p> <p>CNA#2 and CNA#1 were re-educated on 8/11/16 regarding issues cited.</p> <p>Nursing staff were re-educated on 8/11/16, 8/17/16, 8/23 & 8/24 regarding incontinent care.</p>	

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F 0312 SS=D Bldg. 00	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS		<p>4. To ensure the deficient practice does not reoccur, the monitoring system established is to:</p> <p>DON / Designee will monitor 10 staff members weekly regarding timely /proper incontinent care for 4 weeks on alternating shifts, then 5 staff members weekly for 3 months to ensure incontinent care is provided timely on alternating shifts. Any identified issues will be addressed immediately. The audits will be discussed during our monthly QA meeting. QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated.</p> <p>5. Completion date systemic changes will be completed:</p> <p>9/6/16</p>	

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	<p>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 incontinence care was provided in a timely manner for 3 of 3 dependent residents reviewed for activities of daily living. (Residents #B, #C and #D)</p> <p>Findings include:</p> <p>1. On 8/10/16 at 5:04 a.m., CNA #1 entered Resident #C's room to check the resident for incontinence. The resident was soiled with urine and stool. The resident's pants as well as the pad underneath the resident were wet. The CNA provided incontinence care for the resident at this time.</p> <p>Interview with the CNA at the time, indicated that she worked on the 2nd floor and then comes downstairs and works the back hall. She indicated that she was supposed to come down to the first floor around 2:00 a.m. to complete rounds but she got "hung up" on the second floor and didn't make it down to the first floor until 3:40 a.m. The CNA indicated this was the first time she had been able to check on the resident since her shift started.</p>	F 0312	<p>F 312 PLAN OF CORRECTION Please accept the following as the facility's plan of correction. 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>1. The corrective action taken for the resident found to have been affected by the deficient practice: Resident #B, #C and #D received incontinent care.</p> <p>2. The corrective action for those residents having the potential to be affected by the same deficient practice: All residents that are incontinent are at risk for this alleged deficient practice. All these residents were immediately checked and any incontinent issues were addressed immediately.</p> <p>3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur: CNA #1 was re-educated immediately regarding incontinent care on 8/11/16. Nursing staff were re-educated regarding incontinent care on 8/11/16, 8/17/16, 8/23/16 & 8/24/16.</p> <p>4. To ensure the deficient practice does not reoccur, the monitoring system</p>	09/06/2016

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	<p>The record for Resident #C was reviewed on 8/11/16 at 1:11 p.m. The resident's diagnoses included, but were not limited to, cerebral palsy, history of falling and cellulitis of left and right lower limbs.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 5/12/16, indicated the resident was extensive assist with two person assist for toilet use. The MDS also indicated the resident was frequently incontinent of urine and bowel.</p> <p>The plan of care dated 6/14/16, indicated the resident was limited in functional status in regards to the ability to toilet self. The resident was incontinent of bowel and bladder and required the use of pads/briefs. The interventions included, but were not limited to, observe resident for incontinence as needed and provide incontinence care/toilet assistance as needed.</p> <p>Interview with the Director of Nursing on 8/11/16 at 11:19 a.m., indicated the standard of practice was for the residents to be checked and changed every two hours.</p> <p>2. On 8/10/16 at 6:45 a.m., CNA #1 entered Resident #B's room to provide a complete bed bath. The CNA donned a</p>		<p>established is to: DON / Designee will monitor 15 residents weekly for 4 weeks, then 7 weekly for any incontinence issues to ensure incontinence care is provided timely on alternating shifts. Any issues will be addressed immediately. The audits will be discussed during our monthly QA meeting. QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated. 5. Completion date systemic changes will be completed: 9/6/16</p>	

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	<p>pair of clean gloves to both of her hands and prepared the resident for her complete bed bath.</p> <p>At that time, the CNA indicated she had not been in the resident's room to provide incontinence care since 3:00 a.m. The CNA proceeded to give the resident her bed bath. At 7:20 a.m., she removed the resident's incontinent brief. The brief was saturated with urine.</p> <p>The record for Resident #B was reviewed on 8/11/16 at 10:27 a.m., The resident's diagnoses included, but were not limited to, quadriplegic, multiple sclerosis, muscle weakness, lupus, and urinary retention.</p> <p>The Annual Minimum Data Set (MDS) assessment dated 7/1/16 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was alert and oriented. The resident needed extensive assist with a 2 person physical assist with bed mobility, toilet use, and transfers. The resident had impairment in range of motion for both her upper and lower extremities. The resident was frequently incontinent of bowel and bladder.</p> <p>The current plan of care updated 7/20/16 indicated the resident was limited in</p>			

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F 0431 SS=D Bldg. 00	<p>functional status in regards to the ability to toilet self. The Nursing approaches were to keep the call light in reach, observe resident for incontinence as needed, provide assistance with toileting as needed, and provide incontinence care as needed.</p> <p>The current plan of care updated 7/21/16 indicated the resident had episodes of bowel and bladder incontinence with a diagnosis of urinary retention. The Nursing approaches were to provide peri care after incontinent episodes.</p> <p>Interview with the Director of Nursing on 8/11/16 at 11:09 a.m., indicated the resident should have been checked and/or changed at least every 2 hours for incontinence.</p> <p>This deficiency was cited on 6/20/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-38(a)(2)(C)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in</p>			

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	<p>sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to ensure each resident's medications were securely stored for 1 of 2 medication carts on the First Floor of the two floors in the facility. (Cart A)</p> <p>Finding includes:</p> <p>On 8/10/16 at 5:20 a.m., LPN #1 was observed parking his medication cart</p>	F 0431	<p>F 431</p> <p>PLAN OF CORRECTION</p> <p>Please accept the following as</p>	09/06/2016

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	<p>outside of Room 101. The LPN then walked away from the medication cart leaving a basket of multi-dose Insulin (a blood sugar medication) vials on top of the medication cart unattended.</p> <p>Interview with the Director of Nursing on 8/10/16 at 6:03 a.m., indicated the LPN should not have left the Insulin on top of the cart unattended.</p> <p>This deficiency was cited on 6/20/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-25(m)</p>		<p>the facility's plan of correction. 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>1. The corrective action taken for the resident found to have been affected by the deficient practice:</p> <p>LPN#1 locked insulins in med cart as directed. No residents were found to be effected by this alleged deficient practice</p> <p>2. The corrective action for those residents having the potential to be affected by the same deficient practice:</p> <p>Any residents up out of their rooms at 5:20am would be at risk for this alleged deficient practice. No residents were found to be</p>		

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			<p>effected by this alleged deficient practice</p> <p>3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur:</p> <p>LPN#1 was given 1:1 education. All nurses were re-educated on 8/23 & 8/24 regarding securing of meds. On 8/30/16 Mac RX Pharmacist is scheduled to conduct an in-service training regarding securing med carts.</p> <p>4. To ensure the deficient practice does not reoccur, the monitoring system established is to:</p> <p>DON / Designee will monitor 12 nurses weekly for 4 weeks, then 7 nurses weekly for 3 months on alternating shifts to ensure meds are secure. Any issues identified will be addressed immediately. The audits will be discussed during our monthly QA meeting.</p> <p>QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive</p>	

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F 0441 SS=E Bldg. 00	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with</p>		<p>months. This plan to be amended when indicated.</p> <p>5. Completion date systemic changes will be completed:</p> <p>9/6/16</p>	

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	<p>a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review and interview, the facility failed to ensure infection control practices were maintained related to uncovered linen carts on 1 of 2 units as well as ensuring gloves were changed after incontinence care and soiled linens were handled properly for a resident in isolation for 5 of 5 residents reviewed for infection control. (Residents #B, #C, #1, #11, and #16, The First floor)</p> <p>Findings include:</p> <p>1. On 8/10/16 at 4:17 a.m., the linen cart on the First floor located next to the therapy room was uncovered.</p> <p>At 4:22 a.m., CNA #1 left the linen cart uncovered and entered Resident #11's room. The CNA washed her hands, applied gloves, and provided incontinence care for the resident. After</p>	F 0441	<p>F 441 PLAN OF CORRECTION Please accept the following as the facility's plan of correction. 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>1. The corrective action taken for the resident found to have been affected by the deficient practice: C.N.A #1 & #2 received 1:1 re-education regarding handwashing, changing gloves after given peri-care and linen handling on 8/11/16. 2. The corrective action for those residents having the potential to be affected by the same deficient practice: All residents have the potential to be effected by this alleged deficient practice. No residents were found to be adversely affected.</p> <p>3. The measures put into place and a systemic change made to ensure the deficient practice</p>	09/06/2016

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	<p>cleaning the resident's peri area, the CNA took off the resident's glasses and repositioned her so she could clean her back side. She did not change gloves after cleansing the resident's peri area. The resident was soiled with a small amount of stool at this time. After incontinence care was completed, the CNA repositioned the resident in bed and adjusted the resident's bed with the bed control. The CNA had on the same pair of gloves that she had worn to provide incontinence care.</p> <p>At 4:37 a.m., the CNA entered Resident #1's room. The linen cart remained uncovered at this time. The CNA proceeded to wash her hands and apply clean gloves. The CNA provided incontinence care to the resident at this time. After the incontinence care was completed, the CNA adjusted the resident's bed with the bed remote, rearranged items on his over bed table and placed the resident's pad of paper and pencils next to him in bed. The CNA was wearing the same pair of gloves that she used to provide pericare.</p> <p>At 4:47 a.m., the CNA proceeded to another room and left the linen cart uncovered.</p> <p>At 5:04 a.m., the CNA entered Resident</p>		<p>not reoccur: Nursing staff were re-educated on 8/11/16, 8/23 & 8/24 regarding hand washing and linen handling. Staff were educated on 8/17 during All Staff Meeting regarding hand washing and linen handling. DON/ADON will observe all C.N.A's return demonstrate proper handwashing and infection control practices prior to compliancy date. The facility Medical Director will conduct an Infection Control in-service training on 8/30/16 and Dr. Joshi is scheduled to conduct an Infection Control in-service training on 9/1/16. 4. To ensure the deficient practice does not reoccur, the monitoring system established is to: DON / Designee will monitor 15 staff members weekly for 4 weeks, then 7 staff members weekly for 3 months to ensure proper handwashing and linen handling on all shifts /alternating shifts. Any issues will be addressed immediately. The audits will be discussed during our monthly QA meeting. QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated. 5. Completion date systemic changes will be completed: 9/6/16</p>	

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NAME OF PROVIDER OR SUPPLIER LAKE COUNTY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5025 MCCOOK AVE EAST CHICAGO, IN 46312
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	<p>#C's room to provide incontinence care. The resident had been incontinent of urine and stool. The resident's pants were wet along with the pad underneath the resident. After completing incontinence care, the CNA placed the resident's pants inside the bed pad and rolled them up. The CNA opened the door to the resident's room and noticed the bags tied to the linen cart had been removed. The CNA then proceeded down the hall wearing her gloves and carrying the soiled laundry that was not contained in a bag and entered the soiled utility room.</p> <p>Interview with the Director of Nursing (DON) on 8/11/16 at 11:19 a.m., indicated the CNA should have kept the linen cart covered. The DON also indicated the CNA should have removed her gloves before touching the resident's personal items and she should have asked for someone to bring her a bag instead of carrying soiled linen down the hallway.</p> <p>2. On 8/10/16 at 6:45 a.m., CNA #1 entered Resident #B's room to provide a complete bed bath. The CNA donned a pair of clean gloves to both of her hands and prepared the resident for her complete bed bath. The CNA was observed to wash her with soap and water and rinse off the resident's face, upper body, her legs and her peri area. After finishing the resident's front side, she</p>			
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	<p>dried the resident off with a clean towel. The CNA applied lotion to the resident's upper body including her chest, neck, and arms. She also applied deodorant to her under arms. The CNA applied lotion to both of her legs as well. During this time, the CNA did not change her gloves and was using the same pair of gloves she had used to clean the resident including providing pericare. The CNA rolled the resident onto to her right side and washed the resident's back, buttocks, and the back of her legs. At that time, she had not changed her gloves. She applied lotion to the resident's back and to the back of her legs with the same pair of gloves she had used to wash the resident. The CNA emptied the water basin and proceeded to put the resident's incontinent brief on and rolled her back over onto her back. The CNA had used the same pair of gloves for the entire bed bath.</p> <p>Interview with the Director of Nursing on 8/11/16 at 11:09 a.m., indicated the CNA should have changed her gloves after providing pericare and before applying lotion to the resident's body.</p> <p>3. On 8/10/16 at 5:25 a.m., CNA #2 was observed entering the room of Resident #16. There was a precaution sign and isolation cart outside of the bedroom door. Interview at the time with the CNA indicated, "He has a urine infection."</p>			

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	<p>The CNA entered the room and donned clean gloves, she then proceeded to check the resident for incontinence. At that time, she indicated the resident's brief was wet then removed her gloves. The CNA then donned clean gloves, she gathered two wet wash cloths and placed them on the resident's bedside table, she was not observed donning additional personal protective equipment (PPE). The CNA removed the resident's brief and provided incontinence care. After wiping the resident's peri area she folded each individual towel inside-out and placed them back onto the bedside table. She then rolled the resident onto his side and with the two wet towels she removed stool from the resident's buttocks. The two soiled towels were then placed in a clear plastic garbage bag and disposed of into a red bio-hazard bin located along the wall in the resident's room.</p> <p>Interview with LPN #3 on 8/10/16 at 10:35 a.m., indicated the resident was on contact isolation for an infection in his urine.</p> <p>The record for Resident #16 was reviewed on 8/11/16 at 2:29 p.m. The resident's diagnoses included, but were not limited to, chronic kidney disease, dementia and ESBL (extended spectrum beta-lactamase, a type of organism) of the</p>			

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	<p>urine.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 8/3/16 indicated the resident had a Brief Interview of Mental Status (BIMS) score of 99, indicating he was unable to complete the interview.</p> <p>The resident was frequently incontinent of bowel and bladder.</p> <p>The current and updated 8/2016 care plan indicated the resident had a urinary tract infection with ESBL requiring isolation and antibiotics. The interventions included, but were not limited to, contact isolation and keep peri area clean and dry.</p> <p>Interview with the Director of Nursing on 8/10/16 at 6:03 a.m., indicated the CNA did not follow proper infection control protocol.</p> <p>This deficiency was cited on 6/20/16.</p> <p>The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-18(b)(1)</p>			