

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

PRINTED: 02/20/2024

FORM APPROVED

OMB NO. 0938-039

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 01/30/2024	
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 353 TYLER ST GARY, IN 46402			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00423872, IN00424458 and IN00425781. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00423872 - Federal/State deficiencies related to the allegations are cited at F559.</p> <p>Complaint IN00424458 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00425781 - Federal/State deficiencies related to the allegations are cited at F692.</p> <p>Survey dates: January 29 and 30, 2024</p> <p>Facility number: 000369 Provider number: 155530 AIM number: 100275190</p> <p>Census Bed Type: SNF/NF: 81 Total: 81</p> <p>Census Payor Type: Medicare: 1 Medicaid: 74 Other: 6 Total: 81</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/1/24.</p>			F 0000			
F 0559 SS=D	483.10(e)(4)-(6) Choose/Be Notified of Room/Roommate						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Philip Birn

Administrator

02/14/2024

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 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 30 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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Bldg. 00	<p>Change</p> <p>§483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.</p> <p>§483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.</p> <p>§483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed.</p> <p>Based on record review and interview, the facility failed to notify the resident and/or the resident's Responsible Party in writing of an intrafacility transfer, as well as the lack of notification of a new roommate, for 2 of 4 residents reviewed for infection control. (Residents B and H)</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 1/29/24 at 12:00 p.m. Diagnoses included, but were not limited to, dementia with behaviors, Alzheimer's disease, depressive disorder, adult failure to thrive, mood disorder, anxiety and high blood pressure.</p> <p>The 12/27/23 Annual Minimum Data Set (MDS) assessment, indicated the resident was moderately impaired for decision making.</p> <p>A Nurses' Note, dated 12/6/23 at 6:28 p.m., indicated the resident left the facility with her daughter and would return later that evening.</p>			F 0559	<p>F 559 Choose/Be Notified of Room/Roommate Change</p> <p>Based on record review and interview, the facility failed to notify the resident and/or the resident's Responsible Party in writing of an intrafacility transfer, as well as the lack of notification of a new roommate, for 2 of 4 residents reviewed for infection control. (Residents B and H)</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Both residents / resident's responsible party were notified, in writing and orally, of current room</p>		02/15/2024

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	<p>On 12/7/23, the resident received a new roommate, however, there was no documentation in the clinical record, informing the resident she was getting a new roommate.</p> <p>On 12/8/23, the roommate tested positive for COVID-19, and they moved Resident B to a different room, however, there was no documentation in the clinical record she was moved, nor was there an intrafacility transfer form completed at the time of the move.</p> <p>During an interview on 1/29/24 at 3:38 p.m., the Infection Preventionist, indicated a resident on another unit was sent out to the hospital and tested positive for COVID-19, so she started testing the residents on her unit. After several residents tested positive, she decided to test the entire facility, and Resident B's roommate tested positive. She called the resident's Responsible Party and told her they were moving her to a different room due to COVID-19, however, it was not documented in the clinical record.</p> <p>During an interview on 1/30/24 at 11:00 a.m., the Director of Nursing indicated there was no documentation the resident was to receive a new roommate, nor was there an intrafacility transfer form completed for the room change on 12/8/23.</p> <p>2. The record for Resident H was reviewed on 1/29/24 at 2:15 p.m. Diagnoses included but were not limited to, stroke, heart disease, type 2 diabetes, high blood pressure, major depressive disorder, pressure ulcers, and adult failure to thrive.</p> <p>The 12/19/23 Quarterly Minimum Data Set (MDS) assessment, indicated the resident was severely impaired for decision making.</p>				<p>and voiced satisfaction with current room.</p> <p>Both residents and residents receiving room mates were notified, in writing and orally, of current roommate and voiced satisfaction with current roommate.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>Audit of all intrafacility room transfers in the past 30 days will be conducted to ensure that the intrafacility policy was followed and that all residents / residents responsible parties were notified, in writing, of the room move</p> <p>Audit of all residents who received a new roommate in the past 30 days will be completed to ensure that all residents / residents responsible parties were notified, in writing, of a new roommate.</p> <p>SS will be educated on the change of room or roommate policy</p> <p>Nursing will be educated on the change of room or roommate policy</p> <p>What measures will be put into</p>		

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	<p>Nurses' Notes, dated 12/15/23 at 12:27 p.m., indicated the resident tested positive for COVID-19. The resident's sister was called and a message was left to return the phone call for an update on a status change.</p> <p>Nurses' Notes, dated 12/15/23 at 2:02 p.m., indicated the resident was transferred to a private room on another unit, related to testing positive for COVID-19</p> <p>The resident was moved from that private room to another room on 12/19/23, still due to COVID-19, and then moved back to her own/original room after she was out of isolation.</p> <p>There was no documentation the resident's Responsible Party was notified of the second room transfer and when she was sent back to her original room. There was no documentation of an intrafacility transfer form when the resident was moved to the second private room and then when she was moved back to her original room.</p> <p>During an interview on 1/30/24 at 12:00 p.m., the Director of Nursing (DON) indicated the resident's Responsible Party was not made aware of the second transfer to the private room on 12/19/23 or when she was sent back to her own room, and there was no intrafacility transfer form completed for both room changes.</p> <p>A current and undated "Change of Room or Roommate" policy, provided as current by the DON on 1/30/24 at 11:00 a.m., indicated, prior to making a room change or roommate assignment, all persons involved in the change, such as residents and their representatives, will be given advance notice of such change as was possible.</p>				<p>place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>SS will be educated on the change of room or roommate policy and documentation requirements.</p> <p>Nursing will be educated on the change of room or roommate policy and documentation requirements.</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.</p> <p>DON / Designee will complete an audit of 5 intrafacility transfers to ensure that the change of room or roommate policy was followed ie.. all residents / residents responsible parties were notified, in writing, of the room move prior to move</p> <p>DON / Designee will be complete an audit of 5 residents receiving a new roommate to ensure that the change of room or roommate policy was followed ie: ensure that all residents / residents responsible parties were notified, in writing, of a new roommate prior to new roommate.</p> <p>Above audits will be completed daily x5, weekly x4 weeks, bi-monthly for 2 months, monthly x6 and then</p>		

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F 0692 SS=D Bldg. 00	<p>The notice of a change in room or roommate will be provided in writing and/or verbal notification, and include the reason why the move or change was required.</p> <p>This citation relates to Complaint IN00423872.</p> <p>3.1-12(a)(15)(A) 3.1-12(a)(16)(A)</p> <p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p>				<p>quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters.</p> <p>The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p> <p>-</p> <p>By what date the systemic changes for each deficiency will be completed. 2/15/24 Facility request per suggestion at exit paper compliance is requested.</p>		

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	<p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on record review and interview, the facility failed to ensure meal consumption logs were completed for a resident with a history of a significant weight loss, for 1 of 3 residents reviewed for a significant change in condition. (Resident C)</p> <p>Finding includes:</p> <p>The record for Resident C was reviewed on 1/30/24 at 9:30 a.m. Diagnoses included, but were not limited to, right humerus fracture, heart disease, high blood pressure, heart failure, pressure ulcer of the sacrum, cardiac pacemaker, vision loss of both eyes, and a history of falls.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 11/21/23, indicated the resident was moderately impaired for decision making, and weighed 88 pounds. The resident needed partial assistance with eating.</p> <p>The resident's weights were as follows: 11/14/23 - 88 pounds 11/22 - 94 pounds 11/22 - 94 pounds 11/29 - 101 pounds 11/29 - 101 pounds 12/6 - 99 pounds 12/13 - 100 pounds 12/14 - 100 pounds 12/20 - 101 pounds 12/30 - 88 pounds 1/3/24 - 84 pounds</p>			F 0692	<p>F 692 Nutrition/Hydration Status Maintenance</p> <p>Based on record review and interview, the facility failed to ensure meal consumption logs were completed for a resident with a history of a significant weight loss, for 1 of 3 residents reviewed for a significant change in condition. (Resident C)</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. This resident no longer resides in the facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. All residents with significant weight loss have the potential to be affected by the alleged deficient practice. An audit of all resident weights will be completed to identify residents with significant weight loss.</p>		02/15/2024

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	<p>The meal consumption logs indicated the breakfast meal was not documented on 11/20, 11/27, 12/5, 12/8, 12/11, 12/7, 12/19, 12/24, 12/25/23, and 1/3/24. The lunch meal was not documented on 11/17, 11/20, 11/27, 12/4, 12/8, 12/10, 12/11, 12/17, 12/19, 12/24, and 12/25/23, and the dinner meal was not documented on 11/15, 11/17, 11/26, 11/28, 12/9, 12/12, 12/17, 12/19, 12/20, 12/21, 12/24, 12/28, and 12/31/23.</p> <p>During an interview on 1/30/24 at 2:15 p.m., the Director of Nursing indicated the meal consumption logs were to be completed after every meal.</p> <p>This citation relates to Complaint IN00425781.</p> <p>3.1-46(a)(1)</p>				<p>An audit of meal consumption logs of residents with significant weight loss will be completed to ensure compliance with documentation.</p> <p>Education to nursing staff of the need / importance of compliance with documentation of meal logs will be provided.</p> <p>Education to nursing staff on the meal consumption policy will be provided.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Education to nursing staff of the need / importance of compliance with documentation of meal logs will be provided.</p> <p>Education to nursing staff on the meal consumption policy will be provided.</p> <p>UMs will be educated on the need to monitor meal consumption documentation on their unit</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.</p> <p>DON / designee will complete audits on 5 random residents with significant weight</p>		

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			<p>loss to ensure that the meal consumption policy is being followed and documented per policy. Above audits will be completed daily x5, weekly x4 weeks, bi-monthly for 2 months, monthly x6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters.</p> <p>The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p> <p>- By what date the systemic changes for each deficiency will be completed.</p> <p>2/15/23</p>		