

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155653	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/09/2022
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NAME OF PROVIDER OR SUPPLIER HARBOR HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP COD 5025 MCCOOK AVE EAST CHICAGO, IN 46312
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00372804 and IN00382319.</p> <p>Complaint IN00372804 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00382319 - Substantiated. Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Survey dates: June 8 and June 9, 2022.</p> <p>Facility number: 000108 Provider number: 155653 AIM number: 100267410</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 4 Medicaid: 67 Other: 2 Total: 73</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/13/22.</p>	F 0000	<p>Please reference the enclosed 2567 as "plan of correction" For the complaint survey that was conducted at Harbor Health & Rehab</p> <p>I will submit signature sheets of the in-servicing, content of in-service and audit tools.</p> <p>Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and / or executed solely because it is required by the provision of the Federal State Laws. This facility appreciates the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better our Elders in our community.</p> <p>The Plan of Correction submitted on 6/21/22 serves as our allegation of compliance. The provider respectfully request a desk review on or after 6/17/22. Should you have any questions or concerns regarding our</p>	
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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 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>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 interview, record review, and observation, the facility failed to ensure pressure wound treatments were completed as ordered by the Physician and documented for 2 of 3 residents reviewed for pressure ulcers. (Residents D and B)</p> <p>Finding includes:</p> <p>1. Interview with Resident D on 6/8/22 at 10:15</p>	F 0686	<p>Plan of Correction , please don't hesitate to Contact me. Sherri Shelby RN, HFA</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>F686</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p>	06/17/2022

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	<p>a.m., indicated she was unaware if she still had a wound. The nurse told her she did not have to go to the hospital for her wound, it was just a scratch on her bottom.</p> <p>Resident D's record was reviewed on 6/8/22 at 11:45 a.m. Diagnosis were included, but limited to, Bipolar, Schizophrenia, and a Stage 3 pressure ulcer.</p> <p>The Minimum Data Set (MDS) Significant Change assessment, dated 5/26/22, indicated both of her lower extremities were impaired, she was frequently incontinent of bowel and bladder, and had 1 stage 3 pressure ulcer. She was an extensive, 2 person assist with bed mobility, personal hygiene and a 1 person extensive assist with toileting.</p> <p>A Physician Order, dated 5/12/22, indicated to cleanse the right buttock wound with normal saline, pat dry, apply a duoderm dressing every 3 days on the day shift and as needed if soiled or removed.</p> <p>A Wound Physician Progress Note, dated 6/3/22, indicated the resident had a Stage 3 pressure on her coccyx (buttock) measuring 1.3 cm X 2.4 cm X 0.3 cm (centimeters). Cleanse with normal saline, and hydrocolloid sheet (duoderm-protective dressing to help prevent infection and increase healing) three times a week.</p> <p>On 6/9/22 at 10:26 a.m., with CNA 2 and CNA 3, Resident D was observed to have had a bed bath while in her bed. When the CNA's had rolled the resident to her left side, the pressure ulcer on the coccyx was observed to not have a dressing covering her wound. The bed sheet and pad also was observed to have a bright red substance on</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 and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Resident D treatment to coccyx, and preventative measures are in place per physician orders. Resident B has since been discharged home.</p> <p>2) How the facility identified other residents:</p> <p>All residents with wounds may have the potential to be affected by the alleged deficient practice. Audit was completed and there were no further residents affected by this alleged deficient practice.</p> <p>3) Measures put into place/ System changes:</p> <p>Staff will be re-education on ensuring treatment for pressure ulcer wounds are in place as ordered by physician. Staff will</p>	

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	<p>the them. The Wound Nurse indicated the treatment may had fallen off, and CNA 3 searched thought the bed sheet and pad. There lacked an indication that the wound had previously had on a dressing. Interview with the Wound Nurse at the time indicated the nurse on the day shift duty on 6/5/22 should have completed the wound care.</p> <p>The Treatment Administration Record (TAR), dated June 2022, indicated the right buttock wound care treatment was not signed out as completed on 6/5/22.</p> <p>The June TAR also had no documentation to indicate an "as needed or replaced" dressing change had occurred.</p> <p>The Nurses' Progress notes had no documentation to indicate that the dressing to her buttock had been removed or replaced.</p> <p>A policy titled, "Skin Condition Assessment and Monitoring Pressure and Non-Pressure Wounds," was provided by the Administrator on 6/9/22 at 3:02 p.m. This current policy indicated, "...Wound/Assessment/Measurement:...3. Dressing which are applied to pressure ulcers, skin tears, lesions or incisions shall included the date of the licensed nurse who performed the procedure. Dressing will be checked daily for placement, cleanliness, and sign and symptoms of infection...."</p> <p>2. Resident B's closed record was reviewed on 6/9/22 at 9:04 a.m. Diagnoses included, but were not limited to, malignant neoplasm of rectum, diabetes mellitus, and hyperlipidemia.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 5/16/22, indicated the resident was cognitively intact. Resident B had two</p>		<p>also be in-services on weekly monitoring of resident's skin condition during routine care and skin check schedule. Any abnormalities noted will be assessed, referred to MD/NP for interventions.</p> <p>An audit tool will be developed to ensure that weekly skin treatments for residents is in place. At least five random residents will be selected per audit. This will be completed three times weekly for 4 weeks the 2x weekly for 6 months. Any deficiencies will be corrected immediately.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5) Date of compliance: 06/17/2022</p>	

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	<p>unstageable pressure ulcers present upon admission.</p> <p>A Care Plan, dated 5/11/22, indicated the resident was at risk for impaired skin integrity. Interventions included, but were not limited to, monitor and treat skin injuries and report abnormalities.</p> <p>The Initial Wound Evaluation and Management Summary, dated 5/20/22 at 2:41 p.m., indicated the resident had a deep tissue injury to the left heel measuring 3.0 centimeters (cm) by 3.5 cm. The wound doctor ordered skin prep applied to the left heel once daily for 30 days.</p> <p>A Skin and Wound Evaluation, dated 5/20/22 at 1:21 p.m., indicated the resident had a deep tissue injury to the left heel measuring 3.24 cm by 3.98 cm. The wound was cleansed with normal saline.</p> <p>A Skin and Wound Evaluation, dated 5/26/22 at 11:30 a.m., indicated the resident had a deep tissue injury to the left heel measuring 3.7 cm by 4.5 cm. The wound was cleansed with normal saline.</p> <p>The record lacked documentation to indicate the wound treatments to the left heel were completed as ordered with skin prep.</p> <p>An interview with the Wound Nurse on 6/9/22 at 1:49 p.m., indicated she was unable to provide further documentation of wound treatments completed as ordered.</p> <p>This Federal tag relates to Complaint IN00382319.</p> <p>3.1-40(a)(2)</p>			