

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

PRINTED: 09/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155176		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/11/2023	
NAME OF PROVIDER OR SUPPLIER GLENBROOK REHABILITATION & SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3811 PARNELL AVE FORT WAYNE, IN 46805			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 4, 5, 6, 10 and 11, 2023</p> <p>Facility number: 000092 Provider number: 155176 AIM number: 100266090</p> <p>Census Bed Type: SNF/NF: 53 Total: 53</p> <p>Census Payor Type: Medicare: 2 Medicaid: 42 Other: 9 Total: 53</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 17, 2023</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after November 3, 2023. Glenbrook Rehabilitation and Skilled Nursing Center is requesting paper IDR review.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on interview and record review the facility failed to ensure resident assessment was completed after a change in status for 1 of 2 residents reviewed. (Resident 3).</p> <p>Findings include:</p> <p>Resident 3's record was reviewed on 10/10/23 at 10:53 am. Diagnoses included cerebral palsy, neurogenic bladder, obstruction of the bladder</p>			F 0684	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident 3 is participating in therapy. Resident has been seen by facility Nurse Practitioner x 3 since hospital return. Resident has had no complications.</p>		11/02/2023

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

TITLE

(X6) DATE

Christopher Adams

Executive Director

10/31/2023

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 disclosable 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>and reflux of urine. Resident 3 had been admitted to the hospital on 9/24/23 and returned to the facility on 10/5/23.</p> <p>Resident 3's current quarterly Minimum Data Set (MDS) dated 7/27/23 indicated their Basic Interview for Mental Status (BIMS) score was 8 (cognitively impaired). The MDS indicated the resident did not exhibit signs of pain. The MDS indicated Resident 3 had not been administered pain medication. The MDS indicated Resident 3 had a urinary catheter.</p> <p>Resident 3's current care plan for an indwelling urinary catheter dated 6/21/21 with a goal date of 11/2/23 indicated the resident had a risk of infection due to catheter usage. Interventions included monitoring and reporting nausea, vomiting, abdominal pain and low back pain.</p> <p>A progress note dated 9/18/23 at 6:01 AM indicated Resident 3 felt constipated. The resident's abdomen was soft and non-tender.</p> <p>A progress note dated 9/19/23 at 10:12 AM indicated Resident 3 had vomited on 9/18/23. There was no note of the characteristics or an assessment of the resident's abdomen.</p> <p>A physician order dated 9/20/23 indicated Resident 3 was to have an x-ray of their kidneys, ureter and bladder (KUB).</p> <p>A physician order dated 9/20/23 indicated Resident 3 was to have blood collected for a complete blood count (CBC) and a basic metabolic panel (BMP).</p> <p>A progress note dated 9/20/23 at 11:33 AM indicated Resident 3 was to have a KUB</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:</p> <p>All resident with change in condition have the potential to be affected by this alleged deficient practice.</p> <p>Facility activity report reviewed by Director of Nursing Services on 10/24/2023 to ensure no other residents are triggering for a change in condition.</p> <p>All licensed staff to be in-serviced per Director of Nursing Services/Designee by 10/31/23 on resident change in condition policy, documentation, vital signs, and assessments.</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>All licensed staff to be in-serviced per Director of Nursing Services/Designee by 10/31/23 on resident change in condition policy, documentation, vital signs, and assessments.</p> <p>All new hire nurses will receive education on resident change in condition policy, documentation,</p>		

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	<p>completed STAT (urgently).</p> <p>A progress note dated 9/20/23 at 3:15 PM indicated Resident 3 had been moaning and was medicated for pain. The progress note indicated the resident's urinary catheter was irrigated with 60 milliliters (ml) of acetic acid and was draining. The progress note indicated Resident 3 was awaiting IV placement and a KUB. The progress note did not indicate where the resident's pain was located. The progress note did not include an assessment of thier abdomen or note the characteristics of the urine.</p> <p>Resident 3's vital sign record for September 2023 indicated the resident's vital signs had been assessed on 9/14/23 and 9/21/23. There were no vital signs documented related to the residents complaints of pain or vomiting episode.</p> <p>Resident 3's Medication Administration Record (MAR) dated September 2023 indicated on 9/20/23 at 6:33 the resident had not been administered their medications due to severe abdominal pain. The MAR indicated on 9/20/23 at 6:34 PM the resident had not received an evening snack due to severe abdominal pain. The MAR indicated Resident 3 had been medicated for pain on 9/17/23. The MAR indicated Resident 3 had been medicated for back pain on 9/18/23 at 7:59 PM. The MAR indicated Resident 3 had been medicated for nausea on 9/18/23 at 10:44 PM. Resident 3's record did not indicate an assessment was completed for the resident's episodes of pain or nausea.</p> <p>A physician order dated 9/21/23 indicated Resident 3 was to have an intravenous (IV) catheter placed for hydration.</p>				<p>vital signs, and assessments.</p> <p>Director of Nursing Services will review Facility activity report daily in clinical meeting to identify any residents with a change in condition, ensure assessment has been completed and documented and MD/NP follow up is completed, if indicated.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will no recur, what quality assurance program will be put into place:</p> <p>Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held monthly and is overseen by the Executive Director.</p> <p>CQI tool identified as change in condition will be completed weekly x 4 weeks, monthly x 6 months, and quarterly thereafter until compliance is achieved.</p> <p>If threshold of 100% is not met, an action plan will be developed to ensure compliance.</p> <p>By what date the systemic changes will be completed: 11/2/2023</p>		

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	<p>A progress note dated 9/22/23 at 3:10 PM indicated a significant change in Resident 3's condition had been identified. The progress note did not include a resident assessment of their pain, abdominal status or the characteristics of their urine.</p> <p>A progress note dated 9/22/23 at 10:07 PM indicated Resident 3's urinary catheter had been irrigated and was draining. There was no documentation of the characteristics of the resident's urine.</p> <p>A progress note dated 9/23/23 at 3:05 PM indicated Resident 3 had vomited that morning when taking their medications. The progress note did not include a resident assessment of abdominal status or pain.</p> <p>A progress note dated 9/24/23 at 4:25 PM indicated Resident 3 reported they had vomited blood. The progress note indicated the resident was nauseated, had abdominal distension, severe abdominal pain and kidney pain. The progress note indicated Resident 3 was transferred to the hospital.</p> <p>A progress note dated 9/25/23 at 3:42 PM indicated the Nurse Practitioner (NP) reviewed Resident 3's KUB, CBC and BMP results.</p> <p>A progress note dated 10/5/23 at 3:36 PM indicated Resident 3 had been hospitalized due to a urinary tract infection and constipation.</p> <p>A hospital laboratory report dated 9/24/23 at 10:01 PM indicated Resident 3's urine was turbid (cloudy). The laboratory report indicated the resident's urine contained 2+ bacteria, 31-50 white blood cells and 3+ leukocyte esterase. The</p>						

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	<p>presence of bacteria, white blood cells and leukocyte esterase in a catheter urine sample are indicative of a UTI (Bono et. al., 2022).</p> <p>Resident 3's hospital discharge summary dated 10/5/23 at 2:53 PM indicated while hospitalized, the resident had completed a course of antibiotics for a UTI.</p> <p>In an interview on 10/10/23 at 2:45 PM Registered Nurse (RN) 4 indicated symptoms of a urinary tract infection could include nausea, vomiting, abdominal pain and kidney pain. RN 4 indicated a urine test could have been analyzed at the facility. RN 4 indicated an assessment should be completed upon a resident who had vomited. RN 4 indicated a resident assessment should include vital signs and general condition. RN 4 indicated the facility did not have a policy related to when a resident assessment is necessary or when an assessment should be reported to the physician.</p> <p>In an interview on 10/11/23 at 9:41 AM the Director of Nursing (DON) indicated Resident 3's IV had been placed to assist the resident in having a bowel movement. The DON indicated the reference to a significant change in the progress note dated 9/22/23 at 3:10 PM had been entered by the MDS team but a significant change assessment could not be located. The DON indicated they were unaware of when the NP was notified of the resident's STAT x-ray results or blood tests due to the NP notification log had been shredded. The DON indicated there would be no reason to call the NP for negative results. The DON indicated they were aware the resident had continued to have symptoms. The DON indicated Resident 3's symptoms were not constant as there had been progress notes reflective of the resident's comfort. The DON</p>				

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	<p>indicated a urine test had not been performed due to the resident having had clear yellow urine. The DON indicated nausea, vomiting, back pain and abdominal pain could be signs of a UTI. The DON indicated a resident assessment should be completed when a resident experienced vomiting. The DON indicated the assessment should include the resident's vital signs. The DON indicated Resident 3's urinary catheter had been routinely flushed with acetic acid due to sediment and mucous in the urine. The DON indicated the presence of a urinary catheter and frequent catheter irrigations could have increased Resident 3's risk of contracting a UTI. The DON indicated Resident 3 had not been diagnosed with a UTI at the hospital. The DON indicated Resident 3 had been treated with an antibiotic at the hospital as a precautionary measure and a UTI had been ruled out.</p> <p>In an interview on 10/11/23 at 10:11 AM RN 3 indicated the facility did not have a policy for urine testing. RN 3 indicated physician order for urine tests were requested based on a resident's assessment and signs of a UTI. RN 3 indicated a resident assessment should include vital signs, general condition and the presence or absence of pain. RN 3 indicated nausea, vomiting, abdominal pain and back pain could be signs of a UTI. RN 3 indicated the presence of a urinary catheter could increase a resident's risk of UTI.</p> <p>A current policy dated 11/2018 provided by RN 4 indicated the licensed nurse would document all symptoms and unusual signs in the medical record and promptly notify the attending physician. The policy indicated the licensed nurse would continue assessment and documentation every shift until the resident's condition had stabilized.</p>						

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F 0742 SS=D Bldg. 00	<p>3.1-37</p> <p>483.40(b)(1) Treatment/Srvcs Mental/Psychosocial Concerns</p> <p>Based on observation, interview and record review the facility failed to monitor behaviors, assure staff awareness of behaviors and revise the care plan for behaviors for 1 of 2 residents reviewed. (Resident 33).</p> <p>Findings include:</p> <p>In an interview on 10/5/23 at 11:16 AM Resident 33 indicated they were not interested in the facility's organized activities. Resident 33 made a sexually inappropriate gesture during the interview.</p> <p>Resident 33's record was reviewed on 10/5/23 at 2:39 PM. Diagnoses included diabetes, malnutrition, left lower leg amputation, a wound to the sacrum, chronic pain syndrome, and insomnia.</p> <p>A review of Resident 33's current quarterly Minimum Data Set (MDS dated 9/8/23) indicated their Basic Interview for Mental Status (BIMS) score was 12 (cognitively intact).</p> <p>Resident 33's current care plan for trauma dated 5/3/23 with a goal date of 9/20/23 indicated the resident had a risk for traumatization due to childhood sexual trauma. Interventions included encouragement to meet with a counselor, establishment of open communication and resident/family input in development and revision of the resident's care plan.</p> <p>Resident 33's care plan for behaviors dated</p>		F 0742	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident 33 has mental health diagnosis' documented and IDT has identified the triggers of resident's behavior.</p> <p>Triggers for behaviors have been care planned, which includes a clear problem statement and a person-centered preventative intervention.</p> <p>Residents have had no adverse effects due to 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:</p> <p>All residents with mental health diagnosis' have the potential to be affected by this alleged deficient practice.</p> <p>The Director of Social Services has been educated by the social enrichment and wellness support</p>		11/02/2023	

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	<p>10/3/23 with a goal date of 1/3/24 indicated the resident would masturbate while staff was performing care. Interventions included notification of behaviors to all staff and behavioral health providers, resident education related to inappropriate behaviors and completion of a new and/or worsening behavior assessment.</p> <p>A psychiatry progress note dated 9/27/23 indicated Resident 33 had been evaluated for chronic insomnia. The progress note indicated Resident 33 made sexually inappropriate comments and gestures towards the Psychiatric Nurse Practitioner (NP). The progress note indicated the NP notified the facility staff of Resident 33's inappropriate behavior. The progress note indicated the resident's family history had been reviewed and there had been no contributing family history to the resident's current presentation. The progress note did not indicate the NP had been aware of Resident's history of childhood sexual trauma.</p> <p>A psychotherapy progress note date 8/11/23 indicated Resident 33 was referred to psychotherapy services due to symptoms of depression. The progress note indicated the resident displayed symptoms of grief, loss, sadness and social isolation. The progress note indicated the resident's family history had been reviewed and there had been no contributing family history to the resident's current presentation. The progress note did not indicate the NP had been aware of Resident 33's history of childhood sexual trauma.</p> <p>A psychotherapy progress note date 10/5/23 indicated Resident 33 was referred to psychotherapy services due to symptoms of depression. The progress note indicated the</p>				<p>regional by 11/2/2023 on the behavior management policy, trauma care policy, assessing and care planning the resident's triggers.</p> <p>All residents with mental health diagnosis' have been identified, mental health diagnosis' documented, residents with mental health diagnosis' assessed for triggers, and care planned, as indicated.</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>All residents with mental health diagnosis' will have diagnosis' documented, assessed for triggers, and will have triggers care planned, as indicated.</p> <p>The Director of Social Services will receive ongoing education on trauma policy, behavior management policy, and mental health diagnosis', as needed.</p> <p>The IDT will complete chart reviews for all newly admitted residents and residents with change in condition affecting mental health and pull forward mental health diagnosis' to identify triggers and update plan of care.</p>		

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	<p>resident displayed symptoms of anxiety and inappropriate verbal boundaries. The progress note indicated the resident's family history had been reviewed and there had been no contributing family history to the resident's current presentation. The progress note did not indicate the provider had been aware of Resident 33's history of childhood sexual trauma. The progress note did not indicate the provider had been aware of the resident's new onset of sexually inappropriate behaviors.</p> <p>In an interview on 10/6/23 at 3:04 PM Social Service Director (SSD) 7 indicated Resident 33's inappropriate sexual behavior was new. The SSD 7 indicated Resident 33 had denied traumatic events and did not present any signs of trauma at the time of admission. SSD 7 indicated Resident 33 was evaluated by the psychiatric NP on 10/5/23. SSD 7 indicated they had been unable to locate the psychiatric NP's visit note for 10/5/23. SSD 7 indicated Resident 33 had been speaking with a counselor for the last couple of weeks, but no behavior monitoring or tracking for prebehavior triggers had been initiated. SSD 7 indicated they were unaware of any events that could have prompted the counselor visits. SSD 7 indicated they were unaware of any triggers that would lead to Resident 33 presenting with inappropriate sexual behaviors. SSD 7 indicated the resident's care plan entry on 5/3/23 related to trauma had been prompted by the resident's sister having stated the resident had been sexually abused as a child.</p> <p>In an interview on 10/10/23 at 2:15 PM the Administrator indicated Resident 33's sexually inappropriate behavior on 9/27/23 was thought to be a single episode. The Administrator indicated Resident 33 had denied traumatic events upon</p>			<p>How the corrective action(s) will be monitored to ensure the deficient practice will no recur, what quality assurance program will be put into place:</p> <p>Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held monthly and is overseen by the Executive Director.</p> <p>CQI tool identified as behavior management will be completed weekly x 4 weeks, monthly x 6 months, and quarterly thereafter until compliance is achieved.</p> <p>If threshold of 100% is not met, an action plan will be developed to ensure compliance.</p> <p>By what date the systemic changes will be completed: 11/2/2023</p>			

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	<p>admission. The Administrator indicated the loss of a limb and living in a vehicle could be traumatic.</p> <p>In an interview on 10/10/23 at 2:17 PM SSD 6 indicated the resident's root cause for sexual behavior had been determined to be boredom. SSD 6 indicated the facility was addressing Resident 33's sexually inappropriate behavior by allowing the psychiatric NP to evaluate and identify further root causes for the new behavior. SSD 6 indicated there were no clear interventions due to Resident 33's inappropriate behaviors having been so recent. SSD 6 indicated the psychiatric NP believed the inappropriate behavior was an isolated event. The SSD 6 indicated child sexual abuse could be a possible cause for Resident 33's display of inappropriate sexual behavior.</p> <p>In an interview on 10/10/23 at 10/10/23 at 3:20 PM Licensed Practical Nurse (LPN) 2 indicated the behavior binder contained safety check forms and individual resident behaviors to be aware of. LPN 2 indicated there were no behavior tracking forms in the binder for Resident 33. LPN 2 indicated a verbal report of behaviors was relayed to the nursing staff.</p> <p>Review of the behavior binder on 10/10/23 at 3:23 PM indicated the binder contained behavior care plans that included mental illnesses, abnormal behaviors and histories of trauma. The binder did not contain Resident 33's behavior care plan for a history of trauma or inappropriate sexual behavior.</p> <p>In an interview on 10/10/23 at 3:23 PM an anonymous Certified Nurse Aide (CNA) indicated they referred to the behavior binder to determine if behaviors were new or established behaviors. The CNA indicated they were familiar with Resident</p>						

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NAME OF PROVIDER OR SUPPLIER GLENBROOK REHABILITATION & SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 3811 PARNELL AVE FORT WAYNE, IN 46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>33. The CNA indicated they were not aware of Resident 33's display of behaviors. The CNA indicated they did not have access to the resident's care plans in the computer.</p> <p>In an interview on 10/10/23 at 3:30 PM RN 3 indicated the CNAs referred to the behavior binders to make themselves aware of behaviors that were being monitored. RN 3 indicated Resident 33 had been exhibiting inappropriate behaviors for approximately 2 weeks. RN 3 was unable to locate Resident 33's behavior sheet in the binder. RN 3 indicated SSD 7 generally placed the behavior care plans in the binder.</p> <p>In an interview on 10/11/23 at 10:28 AM the Administrator indicated Resident 33's trauma history had been added to the care plan. The Administrator indicated the staff could refer to the resident's care plans.</p> <p>A current policy dated 10/2022 provided by the Administrator indicated the plan of care would be routinely evaluated and revised.</p> <p>3.1-43(a)(1)</p>						