

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

PRINTED: 11/09/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155586		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/02/2023	
NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES				STREET ADDRESS, CITY, STATE, ZIP COD 6701 S ANTHONY BLVD FORT WAYNE, IN 46816			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. This visit also included an Investigation of Complaint IN00417426.</p> <p>Complaint IN00417426 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 26, 27, 28, 29, & October 2, 2023.</p> <p>Facility number: 000283 Provider number: 155586 AIM number: 100275020</p> <p>Census Bed Type: SNF/NF: 96 Residential: 52 Total: 148</p> <p>Census Payor Type: Medicare: 4 Medicaid: 111 Other: 33 Total: 148</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 4, 2023.</p>			F 0000	<p>This Plan of Correction is prepared and executed because it is required by the provisions of the state and federal law and not because Lutheran Life Village Anthony Boulevard agrees with the allegations and citations listed in this statement of deficiencies. Lutheran Life Villages maintains that the alleged deficiency does not jeopardize the health and safety of the residents, nor does it constitute substandard quality of care or limit our capability to render adequate care. Please accept this plan of correction as our credible allegation of compliance. At this time, we are respectfully requesting paper compliance.</p>		
F 0695 SS=D Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including</p>						

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

TITLE

(X6) DATE

Shauna

Shafer

10/30/2023

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 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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	<p>tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident received appropriate oxygen therapy for 1 of 2 residents reviewed for respiratory care. (Resident 74).</p> <p>Findings include:</p> <p>During an observation on 9/26/22 at 11:18 AM, Resident 74 was in her wheelchair with oxygen at 3 liters per minute (LPM) on nasal cannula (tubing used to deliver oxygen through the nostrils) by her portable oxygen concentrator (a light, small and quiet device that allows you to receive supplemental oxygen).</p> <p>During an observation on 9/27/22 at 10:51 AM, Resident 74 was in her wheelchair with oxygen at 3 LPM via nasal cannula.</p> <p>During an observation on 9/28/22 at 9:57 AM, Resident 74 was in her wheelchair with oxygen at 3 LPM via nasal cannula.</p> <p>On 09/29/23 at 10:18 AM, Resident 74's record was reviewed. Diagnoses included chronic obstructive pulmonary disease (COPD), hypothyroidism, obesity, and a personal history of COVID-19.</p> <p>Resident 74's quarterly Minimum Data Set (MDS)</p>			F 0695	<p>1 Resident Impacted: DON/ADON/MANAGER ensured resident #74 had an order that matched the current treatment and physician recommendation. DON/ADON/MANAGER obtained order for 3 LPM flow rate.</p> <p>2 Other Residents: DON/ADON/MANAGER audited all residents who received O2 treatments and confirmed the physician order and the treatment matched. No other residents were impacted.</p> <p>3 Training: Oxygen policy reviewed and no changes were necessary. Nurses were educated on 10.3.2023 and 10.4.2023 regarding O2 use and physician orders.</p> <p>4 Quality: DON/ADON/Designee will audit O2 in relationship to use and physician order alignment. The audit will be completed monthly for 9 months. The audit results will be reviewed with the QAA/QAPI committee on a monthly basis for the duration of the audit.</p>		10/03/2023

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R 0000 Bldg. 00	<p>assessment, dated 7/22/23, indicated the resident's Brief Interview for Mental Status (BIMS) score was 4 (severe impairment) and she was not interviewable. The resident's MDS indicated she wore oxygen.</p> <p>Resident 74's orders, dated 4/14/23, indicated she was to receive oxygen at 2 liters every shift related to COPD.</p> <p>Resident 74's care plan, last reviewed 7/27/23, indicated the resident had altered respiratory status with difficulty breathing related to COPD and the goal was she should have no complications related to her shortness of breath. One intervention, dated 4/14/23, indicated her oxygen settings should be via nasal cannula at 2 liter or more continuously or as needed.</p> <p>In an interview on 9/28/23 at 10:00 AM, RN 4 indicated Resident 74's flow rate was on 3 LPM, but the physician order indicated her oxygen flow rate should be at 2 LPM.</p> <p>In an interview on 9/28/23 at 10:12 AM, the Director of Nursing indicated Resident 74's physician order indicated the resident's oxygen flow rate should be at 2 LPM but her flow rate was on 3 LPM.</p> <p>A current policy titled "Oxygen", revised 2/16/18, provided by the Administrator on 9/28/23 at 11:30 AM indicated the flow rate was to be set per the prescribed LPM of the physician.</p> <p>3.1-47(a)(4)(5)(6)</p>				<p>Artifacts: Education / Signature. Audit Tool</p>		

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