

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

PRINTED: 10/07/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155344		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/11/2024	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MICHIGAN CITY				STREET ADDRESS, CITY, STATE, ZIP COD 802 US HIGHWAY 20 EAST MICHIGAN CITY, IN 46360			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00439115 and IN00442864.</p> <p>Complaint IN00439115 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442864 - Federal/state deficiencies related to the allegations are cited at F661 and F757.</p> <p>Survey dates: September 11, 2024</p> <p>Facility number: 000236 Provider number: 155344 AIM number: 100287700</p> <p>Census Bed Type: SNF/NF: 85 Total: 85</p> <p>Census Payor Type: Medicare: 13 Medicaid: 59 Other: 13 Total: 85</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 9/16/24.</p>			F 0000			
F 0661 SS=D Bldg. 00	<p>483.21(c)(2)(i)-(iv) Discharge Summary</p> <p>Based on record review and interview, the facility failed to ensure a discharge summary was completed at the time of discharge for a resident</p>			F 0661	<p>This plan of correction is prepared and executed because the provisions of state and federal law</p>		10/04/2024

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

TITLE

(X6) DATE

Terri Phillips

Executive Director

09/25/2024

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>going home who required home health services for 1 of 3 residents reviewed for discharge (Resident B).</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 9/11/24 at 9:43 a.m. The diagnoses included, but were not limited to, paraplegia (paralysis of lower body), chronic kidney disease stage 3, and high blood pressure.</p> <p>The Discharge Minimum Data Set assessment, dated 9/1/24, indicated the resident was cognitively intact for daily decision making. He was totally dependent on staff for toileting, bathing, and transfers. He had an indwelling catheter and an ostomy (an artificial opening). He was taking antipsychotic, antidepressant, and anticoagulant medications.</p> <p>Resident B's Care Plans upon discharge included, but were not limited to, the resident would be long term care, had an ostomy, required extensive assistance for his activities of daily living (ADL) tasks for bed mobility, transfers, and toileting, had an indwelling Foley (urinary) catheter, and had oxygen therapy.</p> <p>A Physician's Order, dated 7/16/24, indicated the resident was on continuous oxygen therapy at 4 liters per minute via nasal cannula.</p> <p>The Discharge Summary Information assessment, dated 8/28/24 at 4:23 p.m., indicated the resident was discharged to home by ambulance. The reason for discharge was left blank. The clothing and valuables were not marked as received or stored.</p> <p>Physical assessment on discharge and</p>				<p>require it and not because Life Care Center of Michigan City agrees with the allegations and citations listed. Life Care Center of Michigan City maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review. F 661-Discharge Summary What Corrective Action will be accomplished for those residents found to have been affected by this deficient practice:</p> <p>1. Resident B no longer resides at facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>1. DON/designee to complete an in house audit of all residents with a scheduled discharge date within 1 week to ensure completion of discharge summary by date of compliance.</p> <p>What measures and what systemic changes will be made to</p>		

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	<p>instructions were listed as follows:</p> <ul style="list-style-type: none"> - Physical and Mental Functioning Status: assist with one with ADLs and bed mobility, mechanical lift for transfers - Nutritional Status: regular diet with thin liquids and feeds self with set up - Special treatments and procedures: Colostomy 2.75 or 70 millimeter size appliance and catheter 20 french with 5 milliliter bulb - Mental, Psychosocial, and Behavior Status: alert and oriented - Continence: incontinent of bladder, resident colostomy with ostomy care per staff - Skin Condition: warm and dry no open areas noted - Resident established his own in home nursing, physical and occupational therapy as well as his own ADL assistance through a home health agency - Medications: Pre-discharge and post-discharge medications that have been reconciled with attached medications to take after discharge from the facility was blank - Recapitulation of Stay: Nursing was blank - Copy of instructions given to: was blank - Name of patient/patient representative giving consent: was blank - Received by and date: was blank <p>The Discharge Summary Information assessment did not address the resident being on oxygen therapy and was incomplete.</p> <p>During an interview on 9/11/24 at 1:04 p.m., the Director of Nursing indicated the Discharge Summary Information assessment should have been completed and oxygen should have been addressed on the form. The resident had set everything up for his own discharge as he decided that he was going to leave that weekend</p>				<p>ensure that the deficient practice doesn't recur:</p> <ol style="list-style-type: none"> 1. DON/Designee will educate licensed nursing staff and IDT members on appropriately completing discharge summary by date of compliance. 2. New licensed nurses and IDT members hired will complete this education in orientation. <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</p> <ol style="list-style-type: none"> 1. Discharge summary of all residents scheduled to discharge will be audited 5 days weekly by IDT to ensure discharge summary is complete. This is to be ongoing. 2. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter. <p>Compliance date: 10.4.24. The Administrator at Life Care Center of Michigan City is responsible in ensuring compliance in this Plan of Correction.</p>		

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F 0757 SS=D Bldg. 00	<p>with family. Social Services had talked with the home health company and others involved with his care at home to ensure he had the equipment he needed and was set to move home, however it was not documented.</p> <p>A Policy titled, "Area of Focus: Discharge Process and Bed Holds," noted as current, indicated, "...How...In the event that the resident requires transfer or discharge the documentation in the medical record should include:...7. A discharge summary must be completed for discharges."</p> <p>This citation relates to Complaint IN00442864.</p> <p>3.1-36(a)(1) 3.1-36(b)</p> <p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs</p> <p>Based on record review and interview, the facility failed to ensure there was an adequate indication for use of a scheduled antifungal powder for 1 of 3 residents reviewed for non-pressure skin conditions (Resident B)</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 9/11/24 at 9:43 a.m. The diagnoses included, but were not limited to, paraplegia (paralysis of lower body), chronic kidney disease stage 3, and high blood pressure.</p> <p>The Discharge Minimum Data Set assessment, dated 9/1/24, indicated the resident was cognitively intact for daily decision making. He was totally dependent on staff for toileting,</p>			F 0757	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Life Care Center of Michigan City agrees with the allegations and citations listed. Life Care Center of Michigan City maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is if of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in</p>		10/04/2024

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	<p>bathing, and transfers.</p> <p>A Physician's Order, dated 7/16/24, indicated nystatin external powder (antifungal powder) 100,000 unit/gram, apply to right and left skin folds topically every shift for skin irritation.</p> <p>The July and August 2024 Medication and Treatment Administration Record indicated the nystatin powder was administered three times each day to the groin area.</p> <p>A Weekly Skin Assessment was completed on 7/20, 7/27, 8/3, 8/10, 8/17, 8/24, and 8/31/24. There were no skin abnormalities noted to the groin or any other areas on the assessments.</p> <p>During an interview on 9/11/24 at 11:22 a.m., the Assistant Director of Nursing indicated she was unable to locate documentation related to any type of skin conditions and the nystatin powder should have just been an as needed order for any new skin condition that was observed.</p> <p>This citation relates to Complaint IN00442864.</p> <p>3.1-48(a)(4)</p>				<p>compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · Resident B no longer resides at facility. <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> <ul style="list-style-type: none"> · DON/designee completed a facility audit on September 12, 2024 to ensure adequate indication for use on all antifungal orders. No additional residents were identified. <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> <ul style="list-style-type: none"> · DON/designee will educate licensed nursing staff on ensuring there is an adequate indication for use on all antifungal orders by date of compliance. <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> <ul style="list-style-type: none"> · The Order Listing Report will be reviewed by DON/designee to ensure identification of any residents receiving antifungal 		

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			medications weekly x 8 weeks, then monthly x 3 months. · DON/Designee will review 24/72 hour report 5 times weekly to ensure antifungal orders have adequate indication for use x 6 months. · The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter. QAPI will determine need for further audits. Compliance date: 10.04.24 The Executive Director at Life Care Center of Michigan City is responsible for ensuring compliance in the plan of correction.		