

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

PRINTED: 09/13/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155218		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/19/2024	
NAME OF PROVIDER OR SUPPLIER GREAT LAKES HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2300 GREAT LAKES DR DYER, IN 46311			
(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00439972. Complaint IN00439972 - Federal/state deficiencies related to the allegations are cited at F583 and F744. Survey date: 8/19/24 Facility number: 000123 Provider number: 155218 AIM number: 100266720 Census Bed Type: SNF/NF: 114 Total: 114 Census Payor Type: Medicare: 7 Medicaid: 74 Other: 33 Total: 113 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 8/23/24.			F 0000	Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. Facility respectfully requests paper compliance.		
F 0583 SS=D Bldg. 00	483.10(h)(1)-(3)(i)(ii) Personal Privacy/Confidentiality of Records Based on interview and record review, the facility failed to ensure a resident's privacy was respected, related to Employee 1 using her private cell phone to take a video of the cognitively impaired resident (Resident B), without the			F 0583	The facility cordially requests paper compliance regarding alleged deficient practices. 1 Resident B was followed by social services and psych services		09/05/2024

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

TITLE

(X6) DATE

Jason Eastlund

Executive Director

09/04/2024

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>approval of the resident's Court Appointed Guardian for 1 of 1 residents reviewed for privacy.</p> <p>Finding includes:</p> <p>During an interview on 8/19/24 at 8:45 a.m., the Administrator indicated Receptionist 1 had taken a Snapchat video of Resident B. The video had been sent to one of the Housekeeping Supervisors. The resident had given approval for the facility to take pictures and/or videos.</p> <p>During an interview on 8/19/24 at 8:58 a.m. Receptionist 1 indicated Resident B came to the Receptionist Desk often and visited. On 7/10/24, she asked the resident if she could make a video about what she was going to do over the weekend and the resident agreed. The resident was usually funny and told jokes. When asked by Receptionist 1 what she was going to do over the weekend, the resident indicated, "I don't know. I may just kill myself". The video was ended after the statement was made and was sent to a Housekeeping Supervisor 2 via "Snapchat" (instant messaging application)</p> <p>Resident B's record was reviewed on 8/19/24 at 8:56 a.m. The diagnoses included, but were not limited to, dementia and depressive disorder.</p> <p>An Indiana Physician's Report, dated 3/19/21, indicated the resident was incapacitated due to dementia and poor judgement.</p> <p>A Court Ordered Guardian was assigned and the court document was signed on 9/28/21.</p> <p>A Photo Release Form, dated 1/3/23 and completed by the Activity Department, indicated permission was given to use recordings or</p>				<p>with no adverse findings noted. Employee 1 was suspended and received counseling/education by the executive director.</p> <p>2 ED/Designee conducted a random audit on Alert residents, from each unit, to ensure that staff were protecting privacy, and that they had no suicidal ideation. No negative findings noted.</p> <p>3 ED/Designee re-educated all staff on resident rights to privacy and guidelines for residents that express suicidal ideation.</p> <p>4 ED/Designee will audit 5 random residents weekly X 12 weeks regarding privacy being respected and any thoughts of suicide. ED/Designee will report on audits monthly to the interdisciplinary team for 6 months during QAPI Meeting. The IDT will determine if the audits are necessary to continue after 6 months with 95% compliance achieved.</p>		

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F 0744 SS=D Bldg. 00	<p>photographs in any medium for education, promotional, advertising, or other purposes that support the mission of the facility and the family of companies to which it belongs. The form was signed by the resident, not the Guardian.</p> <p>A Quarterly Minimum Data Set assessment, dated 7/24/24, indicated a moderately impaired cognitive status, no behaviors, and no mood concerns or feeling of depression.</p> <p>A Nurse Practitioner's Progress Note, dated 7/2/24, indicated poor short and long term memory and moderately impaired judgement.</p> <p>A facility policy, titled, "Unauthorized Disclosure of Resident Images", dated 10/25/22 and received from the Administrator as current, indicated the Health Insurance Portability and Accountability Act (HIPAA) prohibits employees from taking photos and/or distributing photographs in any fashion, outside the medical or safety use for photos, including but not limited to posting on social media sites.</p> <p>This citation relates to Complaint IN00439972.</p> <p>3.1-3(o)</p> <p>483.40(b)(3) Treatment/Service for Dementia</p> <p>Based on record review and interview, the facility failed to act upon a suicidal ideation of a cognitive impaired resident in a timely manner, related to the resident's statement of wanting to kill herself on 7/10/24 and Social Service and the Administrator not notified until 7/23/24, for 1 of 1 dementia resident reviewed with suicidal ideation. (Resident B)</p>			F 0744	<p>F 744 – Treatment/Services for Dementia</p> <p>1 Resident B was followed by social services and psych services with no adverse findings noted. Employee 1 was suspended and received counseling/education by</p>		09/05/2024

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	<p>Finding includes:</p> <p>During an interview on 8/19/24 at 8:58 a.m. Receptionist 1 indicated on 7/10/24, she asked Resident B if she could record a video of her. Resident B agreed. When resident B was asked what she was going to do over the weekend, the resident answered, "I don't know. I may just kill myself". Receptionist 1 indicated she ended the video and sent the video to Housekeeping Supervisor 2 via Snapchat because she and the resident talked frequently. Receptionist 1 indicated she did not think the resident meant it and Social Service 3 was notified.</p> <p>During an interview, on 8/19/24 at 9:14 a.m., Housekeeping Supervisor 2, indicated she did not look at Snapchat often and saw the video on either 7/14/24 or 7/15/24. The video had been sent by Receptionist 1 on 7/10/24. After she watched the video, she notified Social Service 3. The video was sent to Social Service 3, and she immediately reported it to the Administrator.</p> <p>During an interview on 8/19/24 at 9:20 a.m., Social Service 3 indicated she had not been notified about the video and the statement from the resident. Social Service 3 indicated when she was made aware of the statement, she visited with the resident and the resident was unable to remember making the comment. The resident indicated she was a little depressed and she had no intentions of hurting herself. The resident did not remember making the statement and indicated if she had made the statement, she was only joking. Social Service 3 indicated when a suicide ideation was voiced, they immediately speak to the resident, notify the Director of Nursing, the Administrator, the Guardian, the Physician, and Psychiatric</p>				<p>the executive director.</p> <p>ED/Designee conducted a random audit on Alert residents, from each unit, to ensure that staff were protecting privacy, and that they had no suicidal ideation. No negative findings noted.</p> <p>ED/Designee re-educated all staff on resident rights to privacy and guidelines for residents that express suicidal ideation.</p> <p>ED/Designee will audit 5 random residents weekly X 12 weeks regarding privacy being respected and any thoughts of suicide. ED/Designee will report on audits monthly to the interdisciplinary team for 6 months during QAPI Meeting. The IDT will determine if the audits are necessary to continue after 6 months with 95% compliance achieved.</p>		

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	<p>Services.</p> <p>During an interview on 8/19/24 at 9:20 a.m., the Social Service Director (SSD) indicated she had not been notified until 7/23/24 of Resident B's statement. The video of the resident saying she might just kill herself was sent to her by Housekeeping Supervisor 2 on 7/23/24. The date on the video was 7/10/24. The SSD went immediately to Human Resources and the Administrator. The video was deleted.</p> <p>During an interview on 8/19/24 at 10:13 a.m., Resident B indicated she did not remember making a comment of wanting to hurt herself.</p> <p>During an interview on 8/19/24 at 10:40 a.m., Housekeeper Supervisor 2 indicated she the dates were incorrect in the earlier interview, and she saw the video for the first time on 7/22/24. The video was dated as sent on 8/10/24. She indicated the resident had said she wanted to commit suicide on the video.</p> <p>Resident B's record was reviewed on 8/19/24 at 8:56 a.m. The diagnoses included, but were not limited to, dementia and depressive disorder.</p> <p>An Indiana Physician's Report, dated 3/19/21, indicated the resident was incapacitated due to dementia and poor judgement.</p> <p>A Nurse Practitioner's Progress Note, dated 7/2/24, indicated poor short and long term memory and moderately impaired judgement</p> <p>A Quarterly Minimum Data Set assessment, dated 7/24/24, indicated a moderately impaired cognitive status, no behaviors, and no mood concerns or feeling of depression.</p>						

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	<p>A Care Plan, dated 1/28/21, indicated an impaired cognitive function.</p> <p>A Psychiatric Progress Note, dated 7/11/24, indicated depression, no suicidal ideation or plan to harm self. Memory impairment was present.</p> <p>The Psychiatric Consultant was not made aware of the suicidal ideation statement from 7/10/24.</p> <p>A Social Service Progress Note, dated 7/23/24 at 3:58 p.m., indicated the Guardian was notified of the resident's statement.</p> <p>An undated facility policy for suicide ideations, received as current from the Director of Nursing on 8/19/24 at 9:54 a.m., indicated verbal, expressed thoughts or behaviors of suicidal ideations will be taken seriously by the staff and no dismissed as an insignificant behavior until it has been determined by a qualified professional that the resident was safe and did not wish to harm him/herself. The resident was to have one on one monitoring. The staff were to notify the Administrator and/or Director of Nursing. The resident's mood and behaviors were to be monitored by Social Service and the Physician was to be contacted.</p> <p>This citation relates to Complaint IN00439972.</p> <p>3.1-37</p>						