

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

PRINTED: 10/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155153		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/22/2023	
NAME OF PROVIDER OR SUPPLIER  HEALTHWIN				STREET ADDRESS, CITY, STATE, ZIP COD 20531 DARDEN RD SOUTH BEND, IN 46637			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 the Investigation of Complaints IN00414031, IN00410181 and IN00409445.</p> <p>Complaint IN00414031 - Federal/State deficiency related to the allegations are cited at F689.</p> <p>Complaint IN00410181 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00409445 - Federal/State deficiency related to the allegations are cited at F689.</p> <p>Survey dates: September 21 &amp; 22, 2023</p> <p>Facility number: 000073 Provider number: 155153 AIM number: 100288820</p> <p>Census Bed Type: SNF/NF: 110 SNF: 9 Total: 119</p> <p>Census Payor Type: Medicare: 7 Medicaid: 73 Other: 39 Total: 119</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 9/25/23.</p>			F 0000	<p><b>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. The facility respectfully requests a desk review in lieu of a post-survey revisit.</b></p>		
F 0689 SS=G Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices</p>						

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

TITLE

(X6) DATE

Anne Knouse

Administrator

10/13/2023

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>§483.25(d) Accidents. The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observations, record review and interviews, the facility failed to ensure, two of three residents, reviewed for falls were provided safe transfer assistance. This deficient practice resulted in significant injuries for both residents which required transfers to acute care centers for treatment. (Residents E and G)</p> <p>Findings include:</p> <p>1. The clinical record for Resident E was reviewed, on 9/21/2023 at 11:49 A.M. Resident E was admitted to the facility, on 10/16/2022, with diagnosis including, but not limited to: paroxysmal atrial fibrillation, type 2 diabetes mellitus, asthma, sleep apnea, hypertensive heart and chronic kidney disease, depression, dizziness and giddiness, insomnia, hemiparesis dominant side following cerebral vascular accident and anxiety disorder.</p> <p>The most recent Quarterly Minimum Data Set (MDS) assessment, completed on 9/11/2023 indicated the resident was alert and oriented and required the extensive assist of two staff for bed mobility, transfers and toilet use. The resident was non ambulatory and required one person extensive assistance for wheelchair mobility.</p> <p>The quarterly MDS assessment, completed on 3/27/2023, indicated the resident was alert and</p>			F 0689	<p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; <b>All residents who are a transfer status of 2 person are potentially impacted. C.N.A.s are trained upon hire and annually, however, additional training was completed by October 12, 2023.</b></p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; <b>All C.N.A.s were retrained throughout the organization to assure all staff are aware of how to transfer residents who require two people. All C.N.A.s were retrained on the use of the C.N.A. assignment sheet to find the current transfer status of each resident. Training was completed on 10/12/23. The interdisciplinary team will continue to monitor outcomes through the Safety Committee.</b></p>		10/13/2023

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	<p>oriented and required the extensive assist of two staff for transfers and toilet use. The resident was non ambulatory and required one person extensive assistance for bed mobility, dressing and wheelchair locomotion.</p> <p>A Fall risk assessment, completed on 6/16/2023, indicated she was at risk for falls.</p> <p>The current care plan related to activities of daily living needs included an intervention to utilize two staff for transfer assistance. The denotation of two staff was initiated, on 12/10/2021 and continued with each review.</p> <p>A Nursing Progress Note, dated 4/30/2023 at 7:51 P.M., indicated the resident fell during a transfer from her wheelchair into the recliner. The note indicated the resident lost her balance and the CNA was unable to correct. The resident fell on her left side and suffered a laceration to her forehead above the left eye. The resident was sent to the acute care emergency room for an evaluation.</p> <p>The Emergency Room Report, dated 4/30/2023, indicated the resident was diagnosed with a concussion, a facial laceration, facial swelling and sprain of the left elbow and left shoulder.</p> <p>The facility investigation #352, dated 5/1/23, indicated the resident's injuries consisted of a 2.0 cm (centimeter) by .4 cm laceration above the left eye and a missing tooth. Subsequent nursing progress notes indicated the resident continued to have swelling and a hematoma formation above the left eye.</p> <p>The Director of Nurses provided a copy of the CNA assignment work sheets, which indicated the</p>				<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> <p><b>Random transfer observations will be conducted weekly x 4 and monthly x 5 thereafter by Director of Nursing/designee. The Director of Nursing/designee will report the results to the quarterly Safety committee.</b></p> <p>By what date the systemic changes for each deficiency will be completed</p> <p><b>The changes have been implemented as of October 13, 2023.</b></p>		

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	<p>resident required the extensive physical assistance of two persons for transfer status. The CNA involved in the accident was re-educated regarding following the CNA assignment sheets for transfer needs.</p> <p>During an interview with CNA 3, on 9/22/2023 at 11:00 A.M., she indicated she checks the CNA assignment sheets to know how to transfer residents on the unit. She indicated the facility does a good job of keeping the form updated</p> <p>2. The clinical record for Resident G was reviewed on 9/21/2023 at 2:19 P.M. Resident G was admitted to the facility on 1/14/2014, with diagnoses including, but not limited to: hemiparesis and hemiplegia s/p CVA, chronic obstructive pulmonary disease, heart failure and atrial fibrillation.</p> <p>The most recent Quarterly MDS assessment, completed on 6/14/2023, indicated the resident was alert and oriented, and required the extensive assistance of one staff for bed mobility, transfers and toileting needs.</p> <p>A Fall Risk Assessment, completed on 6/20/2023, indicated the resident was a high risk for falls.</p> <p>The current care plan indicated she required the extensive assistance of one staff member for transfers, however, a nursing progress note, dated 8/30/2023, indicated the resident had a new transfer status of two person assistance.</p> <p>A Nursing Progress Note, dated 9/5/2023 at 3:13 A.M., indicated at the beginning of the shift, the resident had reported to the nurse she had fallen during a transfer in the bathroom and landed on</p>						

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	<p>her knees. The nurse noted a new bruise to her left knee. The resident complained of pain to the knee and the nurse administered pain medication and notified the physician of the issue.</p> <p>A Nursing Progress Note, dated 9/5/2023 at 6:08 A.M., indicated there was swelling noted to the left knee and the resident was in "so much pain when the leg is touched or moved." An order was received for an x-ray of the left knee. The X-ray result indicated the resident had incurred a distal femur fracture. The resident was discharged to an acute care facility for treatment .</p> <p>A Hospital Progress Note, dated 9/8/23, indicated the resident was brought into a local hospital, on 9/5/23, with complaints of left leg pain, following a fall while transferring yesterday (9/4/23). An x-ray confirmed a left femur fracture. The patient was admitted for management of the fracture, with an orthopedic consult and evaluation. It was determined the resident had additional comorbidities and had not ambulated for the last 8 years therefore the family wished to proceed with conservative management with immobilization</p> <p>Facility investigation #356, dated 9/8/23, regarding the fracture for Resident G, indicated nursing administration had identified the CNA who had transferred the resident on the evening of 9/4/2023. During an interview with the CNA, he reported he had transferred the resident by himself. The staff member indicated the resident had not fallen but the transfer was "very difficult." The staff member admitted to not checking the assignment sheet and was not aware of the updated need for two staff for transfers. The employee was counseled and re-educated regarding the facility policies and procedures</p>						

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	<p>On 9/22/23 at 10:02 A.M., the Director of Nursing (DON) provided a policy titled, "Fall Management Program", dated 5/10/23, and indicated the policy was the one currently used by the facility. The policy indicated " ...Each resident will be assessed for the risks of falling using the Fall Risk Assessment and will receive care and services in accordance with the level of risk to minimize the likelihood of falls. The program will include measures, which determine the individual needs of each resident by assessing the risk for falls and implementation of appropriate interventions to provide necessary supervision and assistive devices to be utilized as necessary ...."</p> <p>This Federal tag relates to complaints IN00409445 and IN00414031.</p> <p>3.1-45(a)</p>						