

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

PRINTED: 07/22/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155653		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/20/2024	
NAME OF PROVIDER OR SUPPLIER HARBOR HEALTH & REHAB				STREET ADDRESS, CITY, STATE, ZIP COD 5025 MCCOOK AVE EAST CHICAGO, IN 46312			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00433123 and IN00434134.</p> <p>Complaint IN00433123 - No deficiencies are cited.</p> <p>Complaint IN00434134 - Federal/state deficiencies related to the allegations are cited at F656 and F684.</p> <p>Survey dates: June 19 and 20, 2024.</p> <p>Facility number: 000108 Provider number: 155653 AIM number: 100267410</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 4 Medicaid: 53 Other: 2 Total: 59</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 21, 2024.</p>			F 0000			
F 0656 SS=D Bldg. 00	483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2)						

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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>and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the</p>						

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	<p>comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.</p> <p>Based on observation, record review and interview, the facility failed to ensure fall interventions were care planned for a resident with a history of falls for 1 of 5 care plans reviewed. (Resident E)</p> <p>Finding includes:</p> <p>During an observation on 6/19/24 at 9:54 a.m., Resident E was observed in bed. The bed was in low position and there was a mat on the floor next to him.</p> <p>During observations on 6/20/24 at 9:05 and 9:55, the resident was observed in bed in the low position with a mat on the floor next to him.</p> <p>The resident's record was reviewed on 6/20/24 at 9:40 a.m. The resident was admitted on 6/7/24. Diagnoses included, but were not limited to, dysphagia (difficulty swallowing), Diabetes Mellitus and hypertension.</p> <p>The Admission Minimum Data Set assessment was in progress. The Brief Interview for Mental Status, dated 6/12/24, indicated the resident was cognitively intact. The Baseline Care Plan, dated 6/7/24, indicated the resident was two person assist for bed mobility.</p> <p>A Post Fall Observation, dated 6/8/24, indicated the resident had fallen while trying to reach for something. No injury had occurred.</p> <p>The Fall Care Plan indicated the resident was at risk for injury related to falls. Interventions were to continue interventions on the at-risk care plan,</p>		F 0656	<p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>The facility requests paper compliance for this citation.</p> <p>F656 Develop/Implement Comprehensive Care Plan It is the policy of Harbor Healthcare to ensure that fall interventions are care planned for its residents with a history of falls</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident E remains in the facility and has all fall interventions in place as outlined in his post fall plan of care.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents at risk for falls have</p>		06/28/2024	

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	<p>educate resident/ caregivers about safety reminders and what to do if a fall occurs, pharmacy consult to evaluate medications, PT (physical therapy) to evaluate and treat as ordered and reach assist bar. There were no interventions to have the bed low or a mat on the floor.</p> <p>During an interview with the Director of Nursing, on 6/20/24 at 10:17 a.m., she indicated the care plan had been updated after the fall to include the reach assist bar, a grabbing tool. The care plan did not have interventions of low bed or mat on the floor.</p> <p>This citation relates to Complaint IN00434134.</p> <p>3.1-35(a)</p>				<p>the potential to be affected by the same alleged deficient practice.</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; Staff were in-serviced on:</p> <p>Care planning of fall interventions. Ensuring fall interventions are in place as care planned.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; The DON /designee will audit 5 residents with fall interventions weekly to ensure fall interventions are in place and care planned. Audits will be completed weekly for 6 months. The DON /designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly</p> <p>Harbor Healthcare</p> <p>Informal dispute resolution</p>		

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			<p>Survey dates: June 19 and 20, 2024.</p> <p>Facility number: 000108 Provider number: 155653 AIM number: 100267410 Complaint IN00434134 - Federal/state deficiencies related to the allegations are cited at F656 and F684.</p> <p>We are writing to formally dispute the F656 citation received by Harbor healthcare on 6/25/2024 related to the implementation of a fall precaution not being care planned as an intervention for a resident at risk for falls. Harbor healthcare would like to provide clarification and context regarding the issued citation.</p> <p>Observations made on 6/19 and 6/20 by the state surveyor were additional precautionary measures in place for Resident E that were not on his post fall care plan (refer to 2567 pg. 3 of 6 through 4 of 4)</p> <p>"During an observation on 6/19/24 at 9:54 a.m., Resident E was observed in bed. The bed was in low position and there was a mat on the floor next to him. During observations on 6/20/24 at 9:05 and 9:55, the resident was observed in bed in the low position with a mat</p>		

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			<p>on the floor next to him.”</p> <p>On 6/8 /2024 Resident E experienced a fall while trying to reach for something. His post fall interventions were to continue interventions on the at-risk care plan, educate resident/ caregivers about safety reminders and what to do if a fall occurs, pharmacy consult to evaluate medications, PT (physical therapy) to evaluate and treat as ordered and reach assist bar (Reacher /Grabber). However, NOT Stated in the 2567 was the surveyor's acknowledgement and observation of the Reach assist bar (Reacher/Grabber) at the resident's bedside which was care planned in response to Resident E's incident on 6/8/2024 and Thus Compliant with its care planning process. Refer to Exhibit A (copy of the resident's post fall IDT note and Care plan)</p> <p>During this recent survey it was noted that fall precautions Low bed and a bedside mat were observed but not placed on a resident's care plan. This was because they were not interventions implemented related</p>		

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			<p>to a specific fall but additional precautionary measures. As it relates to healthcare, an intervention is a deliberate action in response to a specific situation i.e. (Reach Assist Bar) to address an incident that occurred while reaching. Precautions are preventative are put in place to reduce risk of an occurrence and are the standard i.e. low bed, bedside mat for Resident E who is at Risk for falls.</p> <p>We believe this citation was issued in error as our facility has consistently followed proper care planning procedures as evidenced by the surveyor's own observation (refer to 2567 pg. 3 of 6)</p> <p>"Based on observation, record review and interview, the facility failed to ensure fall interventions were care planned for a resident with a history of falls for 1 of 5 care plans reviewed."</p> <p>Harbor Healthcare maintains that we have taken all necessary steps to ensure the safety and well-being of our residents and request that this citation be considered for deletion.</p>		

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F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview, the facility failed to ensure resident received the necessary care and services related to lack of blood glucose parameters in place and Physician notification of elevated blood glucose levels for 1 of 3 residents reviewed for diabetic care. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 6/19/24 at 1:45 p.m. Diagnoses included, but were not limited to, Diabetes Mellitus, heart failure and hypertension.</p> <p>The Quarterly Minimum Data Set assessment, dated 4/12/24, indicated the resident was cognitively intact and received insulin.</p> <p>Current Physician Orders indicated the resident was to receive Insulin lispro, 8 units, three times a day and Lantus (long acting insulin) 20 units at bedtime. There were no parameters in place when to notify the Physician of low or high blood glucose levels.</p> <p>A Progress Note, dated 5/31/24, indicated the resident's blood glucose level was 422 (milligrams per deciliter). The resident received an additional 8</p>			F 0684	<p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>The facility requests paper compliance for this citation.</p> <p>F684 Quality of Care It is the policy of Harbor Healthcare to ensure that its residents receive the necessary care and service related to lack of blood glucose parameters in place and physician notification of elevated blood glucose.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B remains in the facility</p>		06/28/2024

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	<p>units of lispro.</p> <p>A Progress Note, dated 6/10/24, indicated the resident's blood glucose level was 509. The resident received an additional 8 units of lispro.</p> <p>On the following days, the resident's blood glucose was above 400:</p> <p>5/13/24- 422 5/20/24- 412 6/3/24- 401 6/5/24- 434 6/9/24- 409 6/17/24- 484</p> <p>There was no documentation the Physician had been notified of the elevated blood glucose levels on the above dates.</p> <p>During an interview with RN 1, on 6/19/24 at 2:18 p.m., he indicated unless there were specific Physician orders, the Physician should be notified if the blood glucose was over 400.</p> <p>During an interview with the Director of Nursing, on 6/20/24 at 10:17 a.m., she indicated if there were no Physician's orders in place the general rule was to notify the Physician if the blood glucose level was less than 60 or above 400. She also indicated she had noted several residents without parameters in place the previous day, but that had been corrected.</p> <p>The current policy, "Diabetes Mellitus Guidelines", indicated, "...1. An abnormal lab or blood glucose must be called to the physician. Results are to be recorded in the nurse's notes..."</p> <p>This citation relates to Complaint IN00434134.</p>				<p>without any s/s of hyper/hypoglycemia. The resident's chart has been updated to reflect blood glucose parameters.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents with a dx of diabetes have the potential to be affected by the same alleged deficient practice.</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; Staff were in-serviced on:</p> <p>Ensuring that all residents with a Dx of diabetes have ordered parameters. Ensuring that physicians are notified of all incidences of abnormal blood glucoses per the ordered parameters.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; The DON /designee will audit 5</p>		

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	3.1-37				diabetic residents daily for 2 weeks then weekly for 6 months to ensure documentation of physician notification of abnormal blood glucoses. The DON /designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and presented quarterly		