

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

PRINTED: 04/28/2025

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 03/31/2025	
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 IN00451276.</p> <p>Complaint IN00451276 - Federal/State deficiencies related to the allegations are cited at F580 and F689.</p> <p>Survey date: March 31, 2025</p> <p>Facility number: 000236 Provider number: 155344 AIM number: 100287700</p> <p>Census Bed Type: SNF/NF: 88 Total: 88</p> <p>Census Payor Type: Medicare: 21 Medicaid: 51 Other: 16 Total: 88</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 4/3/25.</p>			F 0000	<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 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.</p>		
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.)</p> <p>Based on record review and interview, the facility failed to ensure the responsible party was notified of a unwitnessed fall in a timely manner for 1 of 3 residents reviewed for accidents. (Resident B)</p> <p>Finding includes:</p>			F 0580	<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</p>		04/18/2025

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

TITLE

(X6) DATE

terri phillips

executive director

04/16/2025

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>Resident B's record was reviewed on 3/31/25 at 10:47 a.m. Diagnoses included, but were not limited to, fracture of the left femur, hypertension (high blood pressure), depression, chronic kidney disease, history of falling and dementia.</p> <p>A Nurse's Note, dated 1/8/25 at 12:25 a.m., indicated Resident B was noted on the floor in her room by the CNA. The resident was assessed and was alert and oriented to situation and self. The resident was noted to have a bruise to the left frontal side of her head with a small bump. The resident had also complained of soreness to her left hip and back. The resident refused pain medication and refused to go to the hospital. A message was left to notify the Nurse Practitioner.</p> <p>A Nurse's Note, dated 1/8/25 at 1:04 a.m., indicated medication was given for pain in the left hip and lower back.</p> <p>A Nurse's Note, dated 1/8/25 at 3:12 a.m., indicated the resident's son was called and notified about the situation and indicated to send the resident to the hospital.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 1/13/25, indicated the resident was severely impaired for daily decision making. The resident had impairment on both sides of her lower extremities. Supervision and touching assistance was required for eating, oral hygiene, upper body dressing, and personal hygiene. The resident required substantial/maximum assistance with toilet hygiene, shower/bathing, putting on footwear and lower body dressing. The resident transferred from sit to stand, chair to bed, toilet transfer and roll left to right with partial/moderate assistance.</p>				<p>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. F580 notification of changes</p> <p>What corrective actions will be accomplished for those residents found to be affected by this deficient practice:</p> <ol style="list-style-type: none"> 1. Resident B's family was notified of fall on 1/8/25. Nursing staff that failed to make timely notification is no longer employed here. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken 1. The DON completed a full house audit on 4/10/2025 and no additional residents were identified that the family had failed to be notified of a change. What measures and what systemic changes will be made to ensure the practice does not recur 1. All licensed nursing staff were 		

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F 0689 SS=D Bldg. 00	<p>During an interview on 3/31/25 at 2:15 p.m., the Executive Director (ED) indicated she understood the concern regarding delayed notification after a fall.</p> <p>During an interview on 3/31/25 at 2:12 p.m., the Director of Nursing (DON) indicated the nurse at the time of the resident's fall did not feel there was anything concerning regarding the resident's hip, she was more focused on the neurological assessments and that is why she had waited to call the resident's son. She understood the concern and had nothing further to add.</p> <p>The current 2024 "Changes in Resident's Condition or Status " policy, provided by the Executive Director on 3/31/25 at 10:45 a.m., indicated " ... A facility must immediately inform the resident, consult with resident's physician, and notify, consistent with his or her authority , the resident representative when there is (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention..."</p> <p>This citation relates to Complaint IN00451276.</p> <p>3.1-5(a)(2)</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices Based on observation, record review, and interview, the facility failed to ensure fall interventions were updated to prevent injury for a resident with multiple falls for 1 of 3 residents reviewed for accidents. (Resident D)</p> <p>Finding includes:</p>			F 0689	<p>inserviced by the SDC on 4/9/2025 on family notification of any significant changes immediately.</p> <p>2. New licensed nursing staff will receive this education prior to working.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur.</p> <p>1. The DON or designee will audit all nursing notes to verify that notification occurred as required for changes 5X weekly for 6 months.</p> <p>2. The results of these reviews will be discussed monthly at the QAPI meeting for a total of 3 months and then quarterly thereafter once compliance is at 100%.</p> <p>Frequency and duration of the reviews will be increased as needed if compliance falls below 100%. Compliance date: 4/18/25</p> <p>F689 free from accidents hazards What corrective actions will be accomplished for those residents found to be affected by this deficient practice:</p> <p>1. Resident D's care plan was updated on 4/1/2025 to include fall</p>		04/18/2025

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	<p>On 3/31/25 at 12:09 p.m., Resident D was not observed in his room. There was a mattress leaning on the side of the wall, there was a touch pad call light, gym shoes by the bedside, and the bed had two half side rails.</p> <p>Resident D's record was reviewed on 3/31/25 at 1:17 p.m. The diagnoses included, but were not limited to, dementia, chronic obstructive pulmonary disease (COPD), hypertension (high blood pressure), stroke, and hemiplegia (paralysis on one side of the body).</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 1/16/25, indicated the resident was severely impaired for daily decision making. The resident required substantial/maximum assistance for bed mobility, transferring and toileting.</p> <p>A Care Plan, last updated on 1/31/25, indicated the resident was at risk for falls related to decreased mobility, weakness, high blood pressure, depression, and hemiparesis/hemiplegia affecting right side of the body. Approaches were to assist with ADL's (activities of daily living) as needed, have a mattress on the floor at bedside, call light within reach, complete a fall risk assessment, and orient resident to room.</p> <p>The last two months were reviewed and the resident had four falls on the following dates: 2/3/25 3/2/25 3/13/25 3/25/25</p> <p>A Health Status Note, dated 3/2/25 at 11:10 a.m., indicated the resident was seen leaning in her</p>				<p>interventions.</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. The MDS Coordinator completed a full house audit on 4/16/25 all residents that have had falls to verify the fall interventions were placed in the care plan. No additional residents were identified whose care plans lacked interventions.</p> <p>What measures and what systemic changes will be made to ensure the practice does not recur</p> <p>1. MDS was inserviced by the DON on updating care plans to reflect current interventions on 4/10/25</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur.</p> <p>1. The MDS coordiantor will audit all residents care plans that have had a fall to verify current interventions are in place weekly for3 months and then monthly for 3 months.</p> <p>2. The results of these reviews will be discussed monthly at the QAPI meeting for a total of 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of the reviews will be increased as needed if compliance falls below 100%. Compliance date: 4/18/25</p>		

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	<p>wheelchair and the nurse assisted the resident to sit up in the chair. When the writer walked away and came back several minutes later, the resident was lying on the floor. Assessments were completed and the resident had a small bump to the back of her head.</p> <p>A Health Status Note, dated 3/13/25 at 2:36 p.m., indicated the resident was seen lying on her right side on the floor in front of her wheelchair near the nurse's station. Two nurses assessed the resident and the resident bumped the side of her right head and had a small abrasion to the right outer elbow.</p> <p>A Health Status Note, dated 3/25/25 at 7:26 a.m., indicated the resident was sitting in her wheelchair by the nurses' station and the nurse observed the resident leaning over. Before the nurse could reach the resident, she fell onto her left side and hit her head on the floor. Swelling and bruising were noted to the left forehead.</p> <p>There was no documentation in the resident's record to indicate the facility added interventions to address the resident's wheelchair use or positioning after the resident's multiple falls from her wheelchair.</p> <p>During an interview on 3/31/25 at 2:34 p.m., the Executive Director (ED) indicated there was no updated care plan for Resident D's recurrent falls.</p> <p>The current 2022 "Fall Management" policy, provided by the Executive Director on 3/31/25 at 10:45 a.m., indicated "...4. The interdisciplinary team will review and revise the care plan, if indicated, upon completion of each comprehensive, significant change and quarterly MDS, upon a fall event and as needed</p>						

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	thereafter..." This citation relates to Complaint IN00451276. 3.1-45(a)(2)						