

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

PRINTED: 01/06/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155176		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/02/2022	
NAME OF PROVIDER OR SUPPLIER GLENBROOK REHABILITATION & SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3811 PARNELL AVE FORT WAYNE, IN 46805			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 28, 29, 30, and December 1, and 2, 2022</p> <p>Facility number: 000092 Provider number: 155176 AIM number: 100266090</p> <p>Census Bed Type: SNF/NF: 54 Total: 54</p> <p>Census Payor Type: Medicare: 3 Medicaid: 48 Private: 1 Other: 2 Total: 54</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 5, 2022</p>			F 0000	<p>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. Due to the scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after December 22, 2022. Glenbrook Rehabilitation and Skilled Nursing Center is requesting paper IDR review</p>		
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,</p>						

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

TITLE

(X6) DATE

Christopher T. Adams

HFA

12/22/2022

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 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 the residents' choices. Based on observation, interview, and record review the facility failed to implement treatments as ordered for 2 of 2 residents reviewed. (Residents 35 and 311).</p> <p>Findings include:</p> <p>1. On 11/30/22 at 11:50 AM, Resident 35 was observed ambulating in the hall without an assistive device. The resident walked with a shuffling gait. He had swelling to both feet and ankles. The resident was not wearing compression wraps.</p> <p>A record review on 11/30/22 at 9:45 AM indicated the resident's diagnoses included traumatic brain injury, seizure disorder, hypertension, hemiplegia, non-Alzheimer's dementia, depression, and psychotic disorder.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 10/27/22 indicated the resident had no cognitive deficit.</p> <p>A physician order dated 11/7/22 indicated the resident was to have compression wraps applied on each leg from his toes to his knees every morning and removed every evening related to edema.</p> <p>The resident's care plan indicated the resident was at risk for ineffective tissue perfusion related to hypertension. A goal dated 5/16/22 indicated the resident was to maintain adequate tissue perfusion as evidenced by no edema. An intervention dated 5/16/22 indicated the resident was to be observed for edema and the presence of edema was to be documented. The resident's care plan did not include compression wraps to his</p>		F 0684	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> Resident 36 was scheduled an appointment with cardiology on 12/14/22 related to edema and refusals of TED hose Resident 36's orders, care plan, and C.N.A assignment sheet were updated to accurately reflect the use of TED hose PRN as resident will allow Resident 311 was provided with an appropriately fitting cervical collar <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</p> <ul style="list-style-type: none"> All residents with orders for TED hose have the potential to be affected – DNS/designee will review all residents with orders for TED hose to ensure they are being placed as ordered, care plans/C.N.A sheets are accurate, and tx is being documented appropriately in emar All residents utilizing cervical collars have the potential to be affected. No other residents utilizing cervical collars at this time <p>What measures will be put in place and what systemic</p>		12/31/2022	

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	<p>lower legs as an intervention to control edema.</p> <p>A medication administration record (MAR) dated 11/1/11 through 11/30/22 indicated compression wraps had been applied to the resident's lower legs daily.</p> <p>During an interview on 12/1/22 at 12:12 PM Resident 35 indicated he did not recall compression wraps being utilized recently.</p> <p>During an interview on 12/1/22 at 3:09 PM Licensed Practical Nurse (LPN) 1 indicated the nurse was responsible for applying compression wraps. She indicated the resident often refuses the compression wraps. She viewed the MAR and indicated she had signed the compression wraps before applying. She indicated the MAR should not be signed until the wraps were applied.</p> <p>During an interview on 12/2/22 at 9:24 AM, the Health Facility Administrator (HFA) indicated the resident frequently removed the compression wraps.</p> <p>During an interview on 12/2/22 at 9:31 AM, the Director of Nursing indicated she was aware LPN 1 had signed the MAR prior to applying the resident's compression wraps. She indicated the MAR should be signed after the application was completed. She indicated the resident often refused the compression wraps. She indicated she was aware no refusals were being documented in the MAR.</p> <p>During an interview on 12/2/22 at 11:26 AM, the HFA indicated the facility did not have a policy for compression wraps.</p> <p>A current policy titled "Resident Refusal of</p>				<p>changes will be made to ensure that the deficient practice does not recur</p> <p>1. All Nurses will be educated on cervical collar care including application and fit</p> <p>2. All nurses will be educated on following physician's orders, providing txs as ordered, documenting in emar only once treatment has been completed, documenting all episodes of refusals, and notifying the NP of refusals</p> <p>3. DNS/designee will assess any resident with a new order for a cervical to ensure it fits appropriately</p> <p>4. DNS/designee will review emar documentation daily to ensure treatments are being provided per order and documented accurately in the treatment record</p> <p>5. DNS /designee will conduct rounds each day to ensure residents with order for compression wraps are applied as ordered or refusal documented in resident record</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>1. The Physician's Orders QAPI tool will be completed by the DNS/designee weekly x 4 weeks, then monthly x 6 months, and</p>		

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	<p>Medications/Treatments" provided by the HFA on 12/2/22 at 11:26 am indicated refusal of treatments would be documented in the MAR.2. During an observation on 11/28/22 at 11:43 AM, Resident 311 was observed lying in bed with a cervical collar over her mouth. Resident 311's nose was about one centimeter above the chin plate of the cervical collar.</p> <p>During an interview on 11/28/22 at 11:45 AM, Licensed Practical Nurse (LPN) 2, indicated she was not sure how to adjust the collar and would get therapy to assist.</p> <p>Occupational Therapist (OT) 3 came into the room on 11/28/22 at 11:50 AM and indicated the resident was not on his caseload and he did not know her. He indicated he would check with a facility nurse.</p> <p>Registered Nurse (RN) 4 assisted LPN 2 to adjust the collar. After the adjustment, the collar was angled to the right. LPN 2 indicated Resident 311's chin should rest evenly on the chin plate, and she was unable to achieve that position completely.</p> <p>During an observation on 11/28/22 at 1:41 PM, Resident 311 was observed with her chin below the chin plate of the collar. Nurse Consultant 5 came into the room and indicated he would adjust the collar.</p> <p>During an interview on 11/28/22 at 3:04 PM, the Administrator indicated no specific training on cervical collar application had been done.</p> <p>A record review conducted on 11/28/22 at 2:10 PM indicated Resident 311 had diagnoses including spondylosis without myopathy or radiculopathy,</p>				<p>then Quarterly as indicated by the Quality Assurance Tool Calendar. This will be presented and reviewed by the Interdisciplinary Team at the QAPI meeting each month.</p> <p>By what date the systemic changes for each deficiency will be completed.</p> <p>The systemic changes for each deficiency will be completed by December 31 2022</p>		

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F 0695 SS=D Bldg. 00	<p>cervical region, cerebral vascular accident, and chronic systolic heart failure.</p> <p>The Minimum Data Set (MDS) dated 11/7/22 indicated Resident 311 was cognitively impaired and unable to be interviewed.</p> <p>A physician's order dated 11/2/22 indicated the cervical collar should be off for meals, then reapplied.</p> <p>No records reviewed indicated refusal of cervical collar care.</p> <p>No facility policy specific to cervical collar application was available for review.</p> <p>3.1-37</p> <p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on observation, interview and record review, the facility failed to ensure oxygen tubing was changed in 2 of 2 residents reviewed (Resident 51 and Resident 54).</p> <p>Findings include:</p> <p>1. During an interview with Resident 51 on</p>			F 0695	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>· Resident 51 and 54 were provided with new O2 tubing – no adverse effects noted from alleged</p>		12/31/2022

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	<p>11/28/22 at 9:44 AM, Resident 51 indicated a staff member came in and changed the oxygen tubing attached to his bedside concentrator that morning, but it had been a long time since the tubing attached to portable tanks had been changed. Resident 51 indicated he had lived in the facility for 6 months and this was the third time any of his tubing had been changed since admission. The nasal cannula attached to his bedside oxygen concentrator was dated 11/28/22. The tubing attached to his portable oxygen tank attached to his chair was not dated. The tubing attached to a green cylinder tank was not dated.</p> <p>During a record review conducted on 11/28/22 at 10:31 AM a Minimum Data Set (MDS) dated 10/13/22 indicated Resident 51 had diagnoses including chronic obstructive pulmonary disease (COPD), respiratory failure, and sleep apnea. The MDS indicated Resident 51 had a Brief Interview for Mental Status (BIMS) score of 15/15. He was cognitively intact and able to be interviewed.</p> <p>A physician's order dated 9/20/22 indicated oxygen was ordered to be administered at 2 liters per minute by nasal cannula and tubing should be changed weekly on Sundays.</p> <p>2. During an observation on 11/28/22 at 02:18 PM, Resident 54 was observed seated in her wheelchair in the hallway with a nasal cannula in place attached to a portable oxygen tank. The nasal cannula attached to the portable oxygen tank for Resident 54 was not dated.</p> <p>During an observation on 11/29/22 at 9:10 AM, the nasal cannula attached to Resident 54's portable tank was not dated.</p> <p>During an observation on 11/30/22 at 10:12 AM,</p>				<p>deficient practice</p> <ul style="list-style-type: none"> Resident 51 and 54's physician's orders were reviewed to ensure they reflected the need for O2 tubing to be changed weekly <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</p> <ul style="list-style-type: none"> All residents with orders Oxygen have the potential to be affected by the alleged deficient practice All residents utilizing Oxygen will be audited to ensure O2 tubing has been changed and dated weekly as ordered <p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur</p> <ol style="list-style-type: none"> All Nurses will be educated on ensuring O2 tubing is changed weekly, dated, and documented in emar as indicated DNS/designee will check weekly to ensure O2 tubing has been changed as ordered for all residents utilizing Oxygen DNS/designee will review emar documentation daily to ensure documentation accurately reflects that O2 tubing has been changed weekly as ordered <p>How the corrective action(s) will be monitored to ensure the deficient practice will not</p>		

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F 0726 SS=D Bldg. 00	<p>the nasal cannula attached to Resident 54's portable tank was not dated.</p> <p>During a record review on 11/30/22 at 11:16 AM, an MDS dated 11/3/22 indicated Resident 54 had diagnoses including Prader-Willi syndrome, obstructive sleep apnea, and chronic respiratory failure with hypoxia. The MDS indicated Resident 54 was rarely able to make herself understood and was not interviewable.</p> <p>A physician's order dated 10/22/22 indicated oxygen should be administered at 2 liters per minute by nasal cannula and tubing should be changed weekly on Sundays.</p> <p>An MAR dated 11-2022 indicated on 11-6-22 the oxygen tubing and humidifier were changed.</p> <p>During an interview with Licensed Practical Nurse (LPN) 2 on 11/28/22 at 9:56 AM, she indicated tubing should be replaced weekly and as needed and it should be dated when changed. She indicated she was unable to tell how long the undated tubing had been in place as it was not dated.</p> <p>A current policy, undated, title Oxygen Therapy and Devices indicated a nasal cannula used for oxygen delivery should be changed weekly and as needed.</p> <p>3.1-47(a)(6)</p> <p>483.35(a)(3)(4)(c) Competent Nursing Staff §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services</p>				<p>recur, i.e; what quality assurance program will be put into place;</p> <p>1. The Oxygen Therapy QAPI tool will be completed by the DNS/designee weekly x 4 weeks, then monthly x 6 months, and then Quarterly as indicated by the Quality Assurance Tool Calendar. This will be presented and reviewed by the Interdisciplinary Team at the QAPI meeting each month.</p> <p>By what date the systemic changes for each deficiency will be completed.</p> <p>The systemic changes for each deficiency will be completed by December 31 2022</p>		

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	<p>to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff were educated regarding cervical collar care for 1 of 1 resident reviewed (Resident 311).</p> <p>Findings include:</p> <p>During an observation on 11/28/22 at 11:43 AM, Resident 311 was observed lying in bed with a cervical collar over her mouth. Resident 311's</p>	F 0726	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> Resident 311 was provided with an appropriately fitting C-collar <p>How other residents having the potential to be affected by the same deficient practice will be</p>		12/31/2022		

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	<p>nose was about one centimeter above the chin plate of the cervical collar.</p> <p>During an interview on 11/28/22 at 11:45 AM, Licensed Practical Nurse (LPN) 2, indicated she was not trained on use and adjustment of the cervical collar, was not sure how to adjust the collar, but would get therapy to assist.</p> <p>During an interview on 11/28/22 at 11:45 AM, Registered Nurse (RN) 4 indicated she did not have any training on cervical collar application, but she would attempt to help.</p> <p>Occupational Therapist (OT) 3 came into the room on 11/28/22 at 11:50 AM. OT 3 indicated the resident was not on his caseload and he does not know her. He said he would check with a nurse. OT 3 did not provide any verbal or physical assistance to RN 4 and LPN 2 as they adjusted the collar.</p> <p>On 11/28/22 at 11:55 AM when RN 4 and LPN 2 finished, the collar was observed angled to the right. LPN 2 indicated that was the best she could do but she understood the chin should rest evenly on the chin plate.</p> <p>During an observation on 11/28/22 at 1:41 PM, Resident 311 was observed with her chin beneath the chin plate of the cervical collar. Nurse Consultant 5 came into the room and indicated he would adjust the collar.</p> <p>A record review on 11/28/22 at 2:10 PM indicated Resident 311 had diagnoses including spondylosis without myopathy or radiculopathy, cervical region, cerebral vascular accident, and chronic systolic heart failure. A Minimum Data Set (MDS) dated 11/7/22 indicated Resident 311</p>				<p>identified and what corrective action(S) will be taken</p> <ul style="list-style-type: none"> All residents utilizing cervical collars have the potential to be affected. No other residents utilizing cervical collars at this time <p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur</p> <ol style="list-style-type: none"> All Nurses will be educated on cervical collar care including application and fit DNS/designee will assess any resident with a new order for a cervical to ensure it fits appropriately <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> <ol style="list-style-type: none"> The Cervical Collar QAPI tool will be completed by the DNS/designee weekly x 4 weeks, then monthly x 6 months, and then Quarterly as indicated by the Quality Assurance Tool Calendar. This will be presented and reviewed by the Interdisciplinary Team at the QAPI meeting each month. <p>By what date the systemic changes for each deficiency will be completed.</p> <p>The systemic changes for each deficiency will be completed by</p>		

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	<p>was cognitively impaired and unable to be interviewed.</p> <p>A physician's order dated 11/2/22 indicated the cervical collar should be off for meals, then reapplied.</p> <p>During an interview on 11/28/22 at 3:04 PM, the Administrator indicated no training specific to cervical collar application had been done. He indicated there was no specific policy for cervical collar application.</p>				December 31 2022		