

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

PRINTED: 09/24/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155844		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/29/2024	
NAME OF PROVIDER OR SUPPLIER  IGNITE MEDICAL RESORT CHESTERTON				STREET ADDRESS, CITY, STATE, ZIP COD 2775 VILLAGE POINT CHESTERTON, IN 46304			
(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	<p>This visit was for the Investigation of Complaint IN00438622.</p> <p>Complaint IN00438622 - Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: August 29, 2024</p> <p>Facility number: 013688 Provider number: 155844 AIM number: 201352370</p> <p>Census Bed Type: SNF/NF: 11 SNF: 57 Residential: 24 Total: 92</p> <p>Census Payor Type: Medicare: 32 Medicaid: 11 Other: 25 Total: 68</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 9/3/24.</p>			F 0000	<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>Facility respectfully requests desk review for alleged deficient practice.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on record review and interview, the facility failed to ensure correct parameters for a blood pressure medication were followed and medications were administered as ordered for 1 of 3 residents reviewed for unnecessary medications.</p>			F 0684	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p>		09/30/2024

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

TITLE

(X6) DATE

Marnie Davisson

Administrator

09/15/2024

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 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>(Resident B)</p> <p>Finding includes:</p> <p>Resident B's closed record was reviewed on 8/29/24 at 9:36 a.m. Diagnoses included, but were not limited to, pneumonia, sepsis (condition in which the body responds improperly to an infection), type 2 diabetes mellitus, end stage renal disease, hypotension (low blood pressure), heart failure, and dependence on renal dialysis.</p> <p>The Discharge Minimum Data Set (MDS) assessment, dated 7/23/24, indicated the resident was cognitively intact for daily decision making. He received scheduled pain, anti-anxiety, antidepressant, hypnotic, antibiotic, opioid, and antiplatelet medications.</p> <p>The July 2024 Physician's Order Summary indicated the resident received the following medications:</p> <ul style="list-style-type: none"> <li>- ascorbic acid tablet 500 milligrams (mg) once a day</li> <li>- aspirin 81 mg capsule once a day</li> <li>- chlorhexidine gluconate external pad 2% (antiseptic agent) application from neck down once a day</li> <li>- vitamin D3 tablet 1000 unit once a day</li> <li>- digoxin (treatment for irregular heart rhythm/rate) 125 microgram tablet once a day</li> <li>- finasteride 5 mg tablet (benign prostate hyperplasia treatment) once a day</li> <li>- gabapentin 300 mg capsule (for neuropathy) once a day</li> <li>- niacin 1000 mg extended release tablet (cholesterol reducing medication) once a day</li> <li>- pantoprazole sodium 40 mg tablet (heartburn medication) once a day</li> <li>- pravastatin sodium 40 mg tablet (cholesterol</li> </ul>				<p>No harm came to Resident B related to this alleged deficient practice. Resident B no longer resides in the facility.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>Current residents with orders with parameters for medication administration have the potential to be affected by this alleged deficient practice.</p> <p>Residents receiving medications with parameters were reviewed to ensure they were not affected by this alleged deficient practice. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>Nursing staff will be educated on proper medication administration and documentation including but not limited to; Following physician orders as it relates to parameters, and only administering medications when appropriate based on parameters in place. <b>How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p>		

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	<p>reducing medication) once a day</p> <ul style="list-style-type: none"><li>- sertraline 150 mg capsule (antidepressant) once a day</li><li>- vitamin E capsule once a day</li><li>- ativan 0.5 mg tablet (anti-anxiety medication) twice daily</li><li>- ticagrelor 60 mg tablet (anticoagulant) twice daily</li><li>- topiramate (anticonvulsant) 50 mg tablet twice daily</li><li>- midodrine (treats hypotension) 5 mg tablet three times daily if systolic blood pressure (the top number of the blood pressure) is less than 130</li><li>- nystatin 10000 units/milliliter 6 milliliters (ml) four times a day for oral thrush</li><li>- nafcillin sodium injection solution 2000 mg intravenously (IV) every four hours (antibiotic medication)</li></ul> <p>The July 2024 Medication Administration Record (MAR) indicated the medications were not administered on the following dates and times:</p> <ul style="list-style-type: none"><li>- ascorbic acid, aspirin, chlorhexidine gluconate, cholecalciferol, digoxin, finasteride, ticagrelor, topiramate, vitamin E, sertraline, pantoprazole, pravastatin sodium, and gabapentin at 9:00 a.m. on 7/8, 7/10, 7/12, 7/15, 7/17, 7/19, and 7/22/24</li><li>- ativan 0.5 mg tablet at 9:00 a.m. on 7/11/24, 7/12/24, 7/15/24, and 7/17/24, at 2:00 p.m. on 7/22/24, and 5:00 p.m. on 7/11/24.</li><li>- midodrine 5 mg tablet at 6:00 a.m. on 7/19/24, 11:00 a.m. on 7/6, 7/8, 7/10, 7/11, 7/13, 7/15, 7/17, 7/18, 7/19, 7/22, and at 4:30 p.m. on 7/14, 7/18, and 7/19/24.</li><li>- niacin 1000 mg tablet at 9:00 p.m. on 7/3, 7/6, 7/13, and 7/15/24.</li><li>- nystatin 10000 unit/ml at 8:00 a.m. on 7/12 and 7/15, 12:00 p.m. on 7/8, 7/10, 7/11, and 4:00 p.m. on 7/10/24.</li><li>-nafcillin 2000 mg solution at 12:00 a.m. on 7/4, 8:00 a.m. on 7/8, 7/10, 7/12, 7/15, 7/17, 7/19, 7/22,</li></ul>				<p>DON/designee will monitor 10 medication administrations weekly on alternating shifts to ensure that medications with orders including parameters, are being given medications as orders specify.</p> <p>DON/Designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audit will continue.</p>		

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	<p>12:00 p.m. on 7/8, 7/10, 7/15, 7/17, and 7/22/24</p> <p>The July 2024 MAR indicated the midodrine 5 mg tablet was administered outside of the parameters on the following dates and times:</p> <ul style="list-style-type: none"><li>- 7/4/24 at 6:00 a.m., blood pressure (bp) 158/79</li><li>- 7/5/24 at 4:30 p.m., bp 151/57</li><li>- 7/9/24 at 6:00 a.m., bp 140/30</li><li>- 7/10/24 at 4:30 p.m., bp 159/86</li><li>- 7/11/24 at 4:30 p.m., bp 132/64</li><li>- 7/15/24 at 6:00 a.m., bp 162/72</li><li>- 7/15/24 at 4:30 p.m., bp 162/72</li><li>- 7/16/24 at 4:30 p.m., bp 134/78</li><li>- 7/17/24 at 6:00 a.m., bp 150/72</li><li>- 7/17/24 at 4:30 p.m., bp 150/72</li><li>- 7/18/24 at 6:00 a.m., bp 132/78</li></ul> <p>During an interview on 8/29/24 at 1:30 p.m., the Director of Nursing indicated in preparation for the facility's annual survey, they found that some medications were not administered as ordered, especially for their residents who went out to dialysis. They implemented a new admission checklist, which added an order for any medication needing to go with the resident to dialysis and notification to the clinician when verifying the medications. There was no documentation the physician was notified of the missed medications for Resident B. In the case of missed antibiotics, the physician would usually give orders to continue the medication for the amount of missed doses at the end. She believed the medications were administered when the resident returned from dialysis, but was unable to locate documentation.</p> <p>This citation relates to Complaint IN00438622.</p> <p>3.1-37(a)</p>						