

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/28/2021
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NAME OF PROVIDER OR SUPPLIER  EAST LAKE NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1900 JEANWOOD DR ELKHART, IN 46514
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00353702, IN00352813, IN00351244 and IN00350888.</p> <p>Complaint IN00353702 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00352813 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550.</p> <p>Complaint IN00351244 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550.</p> <p>Complaint IN00350888 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550.</p> <p>Survey dates: May 26, 27 &amp; 28, 2021</p> <p>Facility number: 000169 Provider number: 155269 AIM number: 100267100</p> <p>Census Bed Type: SNF/NF: 97 Total: 97</p> <p>Census Payor Type: Medicare: 9 Medicaid: 65 Other: 23 Total: 97</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>East Lake Nursing and Rehabilitation Center requests additional evidentiary information be considered to delete F 684 from the 2567. The current statement of deficiencies on the 2567 omits significant facility information and therefore misrepresents the care and services administered by the provider to its residents.</p> <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. Due to the low scope and severity of these findings we respectfully request a desk review in lieu of a traditional revisit.</b></p>	
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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 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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F 0550 SS=E Bldg. 00	<p>Quality Review was completed on June 7, 2021.</p> <p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p>			

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	<p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on observation interview and record review, the facility failed to ensure call lights were answered timely, causing 4 of 6 residents interviewed, to soil their briefs and have negative feelings related to the soiled episodes. (Resident B, Resident C, Resident H and Resident M)</p> <p>Findings include:</p> <p>1. During an interview and observation, on 5/27/21 at 10:31 A.M., Resident B was observed sitting in his room, in a wheelchair. He was currently in contact isolation due to an infection. The resident was alert and oriented to person, place and time. He indicated he used the bed pan, but was currently in a brief. He indicated prior to his admission he was able to take himself to the restroom. He currently was having issues with his stomach. The resident indicated when he has to have a BM (bowel movement) he needs to use the bedpan now. He indicated at times it takes the staff over 30 minutes to answer his call light, so he has to relieve himself in his diaper. He indicated he "feels bad" when that happens, he wasn't sure if the facility was short staffed or what the problem was, but they were just not getting to him, quick enough, to spare him the embarrassment of having to have a bowel movement in his pants.</p> <p>On 5/27/21 at 1:33 P.M., a review of the clinical record for Resident B was conducted. The record indicated the resident was admitted on 4/15/21. The resident's diagnoses included, but were not</p>	F 0550	<p><b>F550 – Resident Rights/Exercise of Rights</b></p> <p>It is the practice of this facility to ensure call lights are answered timely.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>Resident B – all residents will be interviewed/observed weekly related to call light wait times Resident C – all residents will be interviewed/observed weekly related to call light wait times Resident H – all residents will be interviewed/observed weekly related to call light wait times Resident M - all residents will be interviewed/observed weekly related to call light wait times</p> <p><b>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></p> <p>All residents have the potential to be affected by this finding. All resident call lights will be monitored to ensure they are answered timely.</p> <p><b>What measures will be put into place or what systemic</b></p>	06/18/2021	

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	<p>limited to: diabetes, history of falls, cerebral infarction, dementia and Clostridium Difficile (a germ that causes severe diarrhea).</p> <p>The Admission MDS (Minimum Data Set) Assessment, dated 4/21/21, indicated the residents BIMS (Brief Interview for Mental Status) score was 13, intact cognition. The assessment indicated the resident required extensive assistance of 2 persons with transfers, bed mobility, toileting and personal hygiene. The assessment indicated the resident was frequently incontinent of bowel and bladder.</p> <p>An Activity of Daily Living (ADL) care plan, dated 4/14/21 indicated the resident required assistance with ADL's such as, transfer and toileting. The interventions included, but were not limited to: " ...Hoyer lift assist x 2 [2 persons] with transfers as needed ...Assist with toileting and/or incontinent care as needed. Such as upon rising, before or after meals and at bedtime in attempt to develop or maintain a voiding pattern ...."</p> <p>Another care plan, dated 5/15/21, indicated the resident required assistance with toileting due to weakness, CVA (Cerebral Vascular Accident) and seizures. The interventions, included, but were not limited to: " ...Assist with incontinent care as needed ...and check every 2 hours for incontinence."</p> <p>A care plan, dated 5/24/21, indicated the resident was positive for a Clostridium difficile infection and to assist the resident with incontinent care as needed.</p> <p>A Point of Care Bowel/Bladder Category Report ( 7 day look back period), dated 4/15/21 - 4/21/21 indicated the the shift and/or opportunities the</p>		<p><b>changes will be made to ensure that the deficient practice does not recur:</b> All staff will be in-serviced on or before 6/18/2021. This in-service will be conducted by the Executive Director and will include review of the facility policy related to Resident Rights. The Executive Director or Designee will complete the Call Light QAPI Monday – Friday. These audits will ensure that call lights are being answered timely.</p> <p><b>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:</b> Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The Executive Director/designee will be responsible for completing the QAPI Audit tools labeled “Call Lights” daily Monday- Friday. These will be completed until 4 weeks of 100% compliance is achieved then weekly for at least 3 months. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow up.</p> <p><b>By what date the systemic changes will be completed:</b> <b>6/18/2021</b></p>		

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	<p>resident was continent or incontinent. The report indicated the following:</p> <p>4/15 - no data recorded</p> <p>4/16 - Day shift-incontinent of bowel and bladder, Evening shift-incontinent of bowel and bladder and Night shift- no data recorded.</p> <p>4/17 - Day shift-incontinent of bowel and bladder, Evening shift- no data recorded and Night shift incontinent of bladder and no bowel movement.</p> <p>4/18 - Day shift-incontinent of bowel and bladder, Evening shift-incontinent of bowel and bladder and Night shift-incontinent of bowel and bladder x1 and continent of bowel and bladder x1.</p> <p>4/19 - Day shift-incontinent of bowel and bladder, Evening shift and Night shifts-no data recorded.</p> <p>4/20 - Day shift-no data recorded, Evening and Night shift incontinent of bowel and bladder.</p> <p>4/21 - Day shift-no data recorded, Evening shift-incontinent of bowel and bladder and Night shift-no data recorded.</p> <p>During an interview, on 5/28/21 at 11:28 A.M., the MDS Coordinator indicated the "7 day look back period" for each resident's incontinence episodes would not reflect whether the incontinence issues were related to long call light wait times or if the residents were truly incontinent. The MDS Coordinator indicated the 7 day review should have at least have one check for each shift but would not reflect a true time of the incontinent or continent episodes. The MDS Coordinator indicated the look back period did not reflect the opportunities the residents were toileted, per the care plan.</p> <p>2. During an interview and observation, on 5/27/21 at 10:42 A.M., Resident C was alert to person, place and time. He was sitting in his room, in a wheelchair. The resident indicated he used the bed pan for his bowel movement and a urinal for</p>		Compliance Date = 6/18/2021	

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	<p>peeing but needed the staff's assistance to maintain his continence. Resident C indicated it would take staff over 30 minutes or more to answer his call light and he had soiled himself numerous times due to waiting for someone to answer his call light. The resident indicated it made him feel "s*****". He indicated staff tell him all the time they are short of staff.</p> <p>On 5/27/21 at 1:55 P.M., a review of the clinical record for Resident C was conducted. The resident's diagnoses included, but were not limited to: right above knee amputation, diabetes and morbid obesity.</p> <p>The Quarterly MDS Assessment, dated 4/20/2,1 indicated the resident had no problems with short or long term memory and was totally dependent on 2 staff members for bed mobility, transfers and toileting. The assessment indicated he was occasionally incontinent of bowel and bladder.</p> <p>A care plan, dated 8/7/17, indicated resident needed assistance with ADL's including transfers and toilet use related to decreased mobility and weakness. The interventions included, but were not limited to: "...Hoyer mechanical lift with assist x 2 staff members for transfers ...Assist with toileting and/or incontinent care as needed. Offer toileting upon rising, before or after meals and at bedtime in an attempt to develop or maintain a voiding pattern ...."</p> <p>Another care plan, dated 8/15/17, indicated the resident required assistance with toileting due to use of a diuretic medication, diagnoses of morbid obesity and weakness. The interventions included, but were not limited to: "...may use bed pan as needed. Offer to toilet upon rising, before or after meals, at bedtime and prn [as needed] ...."</p>			

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	<p>A Point of Care Bowel/Bladder Category Report ( 7 day look back period), dated 4/14/21 - 4/20/21 indicated the the shift and/or opportunities the resident was continent or incontinent. The report indicated the following:</p> <p>4/14 - Day shift-no data recorded, Evening shift-no data recorded and Night shift-incontinent of bladder and continent of bowel.</p> <p>4/15 - Day shift-no data recorded, Evening shift-continent of bladder and continent of bowel and Night shift-no data recorded.</p> <p>4/16 - Day shift continent of bladder and bowel, Evening shift-continent of bladder and bowel and Night shift-no data recorded.</p> <p>4/17 - Day shift continent of bladder and bowel, Evening shift-continent of bladder and bowel and Night shift-incontinent of bladder and continent of bowel.</p> <p>4/18 - Day shift-continent of bladder and bowel, Evening shift-continent of bladder and bowel and Night shift-continent of bladder and continent of bowel</p> <p>4/19 - Day shift-incontinent of bladder and bowel, Evening shift-no data recorded and night shift- no data recorded.</p> <p>4/20 - Day shift continent of bladder and bowel, Evening shift-continent of bladder and bowel and night shift- no data recorded.</p> <p>3. During an interview on 5/27/21 at 11:04 P.M., Resident H indicated facility was always short staffed, especially on the weekends. The resident would not answer when asked if she soiled in her brief due to long wait times-or how it made her feel when she did. She did state she did not use a bed pan.</p> <p>On 5/27/21 at 11:37 A.M., a review of the clinical record for Resident H was conducted. The</p>			

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	<p>resident's diagnoses included, but were not limited to: dementia, morbid obesity, heart disease and diabetes</p> <p>A Significant change MDS Assessment, dated 3/6/21, indicated the resident had a BIMS of 14 (normal cognition), required extensive assistance of 2 persons for transfers and toileting and was always incontinent of bowel/bladder.</p> <p>A care plan, dated 8/20/19, indicated the resident required assistance with ADLs-transfers and toileting related to weakness, morbid obesity, and a history of falls. The interventions, included but were not limited to: "...Hoyer lift with Assist x 2 with transfers as needed ...Assist with toileting and/or incontinent care as needed. Resident is frequently incontinent. Toilet upon rising, before or after meals, at bedtime, check and change at night as needed ...."</p> <p>Another care plan, dated 9/27/19, indicated the resident required assistance with toileting due to weakness, history of falls and morbid obesity. The interventions included, but were not limited to: "...may use bed pan as needed ...check every 2 hours for incontinence.</p> <p>A Point of Care Bowel/Bladder Category Report (7 day look back period), dated 2/28/21 - 3/6/21 indicated the the shift and/or opportunities the resident was continent or incontinent. The report indicated the following: 2/28 - Day shift-incontinent of bladder and bowel, Evening Shift incontinent of bladder and bowel and Night shift-no data recorded. 3/1 - Day shift-no data recorded, Evening shift-incontinent of bladder and bowel and Night shift incontinent of bladder and bowel. 3/2 - Day shift-incontinent of bladder and bowel,</p>			

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	<p>Evening shift incontinent of bladder and bowel and Night shift incontinent of bladder and no bowel movement.</p> <p>3/3 - Day shift-no data recorded, Evening shift-incontinent of bladder and bowel and Night shift incontinent of bladder and bowel.</p> <p>3/4 - Day shift incontinent of bladder and bowel, Evening shift incontinent of bladder and bowel and Night shift incontinent of bladder and bowel</p> <p>3/5 - Day shift-no data recorded, Evening shift-incontinent of bladder and bowel and Night shift-no data recorded.</p> <p>3/6 - Day shift-no recorded data, Evening shift-incontinent of bladder and bowel and Night shift-incontinent of bladder and bowel.</p> <p>During an interview, on 5/27/21 at 11:20 AM, CNA 3 indicated she had worked at the facility over 5 years. She stated the weekends were awfully short staffed, due to lots of calls offs and Agency staff not showing up. She indicated management sometimes comes in to assist and other times they do not.</p> <p>4. During an interview, on 5/27/21 at 3:35 P.M., Resident M indicated she wears a brief and at times she waits 10- 60 minutes for her call light to be answered. She indicated its "not fun" to have a soiled brief.</p> <p>On 5/28/21 at 12:02 P.M., a review of the clinical record for Resident M was conducted. The resident's diagnoses included, but were not limited to: cerebral palsy, muscle weakness and morbid obesity</p> <p>A Care plan, dated 11/28/12, indicated the resident required assistance with ADLs, such as transfers and toileting related to diagnosis of cerebral palsy. Resident prefers to use the older version of</p>			

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	<p>Hoyer lift and prefers to have the lift pad underneath self when up in her wheelchair. The interventions included, but were not limited to: "...assist with toileting/Incontinence care as needed ...Hoyer with with assist x 2 for transfers ...."</p> <p>Another care plan, dated 11/28/12, indicated the resident was incontinent of bowel and bladder related to diagnoses of cerebral palsy and bladder spasms. The interventions included but were not limited to: "...check and change every 2 hours and prn [as needed] for incontinence ...."</p> <p>A Point of Care Bowel/Bladder Category Report ( 7 day look back period), dated 4/29/21 - 5/5/21 indicated the the shift and/or opportunities the resident was continent or incontinent. The report indicated the following:</p> <p>4/29 - Day shift-incontinent of bladder and bowel, Evening shift incontinent of bladder and bowel and Night shift-no recorded data.</p> <p>4/30 - Day shift-incontinent of bladder and bowel, Evening and Night shift-no recorded data.</p> <p>5/1 - Day shift-incontinent of bladder and bowel, Evening shift-incontinent of bladder and bowel and Night shift-no recorded data.</p> <p>5/2 - Day shift-no recorded data, Evening shift-incontinent of bladder and bowel and Night shift-incontinent of bladder and bowel.</p> <p>5/3 - Day shift-incontinent of bladder and bowel, Evening shift-incontinent of bladder and bowel and Night shift-no recorded data.</p> <p>5/4 - Day shift-incontinent of bladder and bowel, Evening shift-incontinent of bladder and bowel and Night shift-no recorded data.</p> <p>5/5 - Day shift-incontinent of bladder and bowel, Evening shift-incontinent of bladder and bowel and Night shift-no recorded data.</p>			

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

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	<p>During an interview, on 5/28/21 at 11:28 A.M., the MDS Coordinator indicated Resident M was truly incontinent, however her look back period should reflect at least a check/change of brief each shift.</p> <p>On 5/27/21 at 3:52 P.M., the Administrator provided a policy titled, "Resident Rights", dated 8/1998 and revised on 11/2016, and indicated the policy was the one currently used by the facility. The policy indicated "...All staff members recognize the rights of residents at all times and residents assume their responsibilities to enable person dignity, well being and proper delivery of care...."</p> <p>This Federal tag relates to complaints IN00352813, IN00351244 and IN00350888.</p> <p>3.1-3(a)</p>				