	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155474	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 10/04/2024		
	PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZIP COD 316 WOODIES LANE BREMEN, IN 46506				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
F 0000							
Bldg. 00	This visit was for t	the Investigation of Complaint	F 0000				
		33084- Federal/State deficiencies ations are cited at F580, F623, 594.					
	Survey dates: Oct	ober 4, 2024					
	Facility number: (Provider number: AIM number: 100	155474					
	Census Bed Type: SNF/NF: 57 Total: 57						
	Census Payor Typ Medicare: 3 Medicaid: 38 Other: 16 Total: 57	e:					
	These deficiencies accordance with 4	reflect State Findings cited in 10 IAC 16.2-3.1.					
	Quality Review co	ompleted on 10/10/2024					
F 0580 SS=D Bldg. 00	483.10(g)(14)(i)-(Notify of Change	(iv)(15) s (Injury/Decline/Room, etc.)					
.3. 33	failed to notify the PICC line (a perip is a long, thin tube in the arm and pas	physician of a removal of a herally inserted central catheter that is inserted through a vein sed through to the larger veins d resident discharge and failed	F 0580	F 580 It is the intent of Signat of Bremen to provide notificat changes immediately inform t resident; consult with the resident's physician; and notificonsistent with his or her	ion of he		
LABORATOR	RY DIRECTOR'S OR PRO	OVIDER/SUPPLIER REPRESENTATIVE'S S	IGNATURE	TITLE	(X6) DATE		

Linda Lewis Administrator 10/18/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients (see instructions.) Except for pursing homes, the findings stated above are disclosable.

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: COMZ11 Facility ID: 000506 If continuation sheet Page 1 of 13

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to notify the physician of low blood glucose levels for 2 of 3 residents reviewed for physician notification. (Residents B & C). Findings include: 1. The record for Resident B was reviewed on 10/4/2024 at 10:49 A.M. Diagnoses included, but were not limited to, amputation of left lower leg, diabetes, hypertension, Bipolar disorder and infection of left lower stump. Resident B had been admitted on 8/21/2024 and was discharged on 8/28/2024. Physician Orders for Resident B, dated 8/21/2024, included Vancomycin (antibiotic) 1.5 gram/250 ml (milliliter) intravenous. A Nursing Progress Note, dated 8/22/2024, indicated a PICC (peripherally inserted central catheter) was inserted in the resident's right upper arm. A Nursing Progress Note, dated 8/26/2024 at 7:57 A.M., indicated the PICC line tubing was out approximately 20 cm (centimeters) from the insertion site in the residents arm. Nursing staff removed the PICC line replaced. A Social Service Progress Note, dated 8/26/2024 at 3:58 P.M., indicated Resident B would be discharging back to her previous residency on 8/28/2024. A Nursing Progress Note, date 8/27/2024 at 7:30 P.M., indicated the IV antibiotics were continued.	PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI	COMPLETION
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approximately 20 cm (centimeters) from the insertion site in the residents arm. Nursing staff removed the PICC line. Nursing staff called (Name of IV Company) to have the PICC line replaced. A Social Service Progress Note, dated 8/26/2024 at 3:58 P.M., indicated Resident B would be discharging back to her previous residency on 8/28/2024. A Nursing Progress Note, date 8/27/2024 at 7:30					•	_
insertion site in the residents arm. Nursing staff removed the PICC line. Nursing staff called (Name of IV Company) to have the PICC line replaced. A Social Service Progress Note, dated 8/26/2024 at 3:58 P.M., indicated Resident B would be discharging back to her previous residency on 8/28/2024. A Nursing Progress Note, date 8/27/2024 at 7:30 P.M., indicated the IV antibiotics were continued. recur; Re-education of the licensed nurses completed by the Director of Nursing including the need for to follow physician orders and complete notification of the physician related to discharges and needed orders for discharge. Education was also completed on the importance of following blood sugar physician notification and			_		1	
removed the PICC line. Nursing staff called (Name of IV Company) to have the PICC line replaced. A Social Service Progress Note, dated 8/26/2024 at 3:58 P.M., indicated Resident B would be discharging back to her previous residency on 8/28/2024. A Nursing Progress Note, date 8/27/2024 at 7:30 A Nursing Progress Note, date 8/27/2024 at 7:30 P.M., indicated the IV antibiotics were continued. Re-education of the licensed nurses completed by the Director of Nursing including the need for to follow physician orders and complete notification of the physician related to discharges and needed orders for discharge. Education was also completed on the importance of following blood sugar physician notification and		1			· ·	TIOL
of IV Company) to have the PICC line replaced. A Social Service Progress Note, dated 8/26/2024 at 3:58 P.M., indicated Resident B would be discharging back to her previous residency on 8/28/2024. A Nursing Progress Note, date 8/27/2024 at 7:30						
of Nursing including the need for to follow physician orders and complete notification of the physician related to discharges and needed orders for discharge. Education was also completed on the importance of following blood sugar physician notification and			-			tor
A Social Service Progress Note, dated 8/26/2024 at 3:58 P.M., indicated Resident B would be discharging back to her previous residency on 8/28/2024. A Nursing Progress Note, date 8/27/2024 at 7:30 P.M., indicated the IV antibiotics were continued. follow physician orders and complete notification of the physician related to discharges and needed orders for discharge. Education was also completed on the importance of following blood sugar physician notification and		or iv company) to	have the Free line replaced.			
3:58 P.M., indicated Resident B would be discharging back to her previous residency on 8/28/2024. A Nursing Progress Note, date 8/27/2024 at 7:30 P.M., indicated the IV antibiotics were continued. complete notification of the physician related to discharges and needed orders for discharge. Education was also completed on the importance of following blood sugar physician notification and		A Social Service Pr	rogress Note, dated 8/26/2024 at			0, 10
discharging back to her previous residency on 8/28/2024. physician related to discharges and needed orders for discharge. Education was also completed on the importance of following blood sugar physician notification and			_			
8/28/2024. and needed orders for discharge. Education was also completed on the importance of following blood sugar physician notification and					1 .	
A Nursing Progress Note, date 8/27/2024 at 7:30 P.M., indicated the IV antibiotics were continued. Education was also completed on the importance of following blood sugar physician notification and			rising residency on		1	
A Nursing Progress Note, date 8/27/2024 at 7:30 the importance of following blood sugar physician notification and					1	
P.M., indicated the IV antibiotics were continued. sugar physician notification and		A Nursing Progress	s Note, date 8/27/2024 at 7:30			
					_	
i i pogrimio dideis io moniloi didod i		,			obtaining orders to monitor bloo	
A Nursing Progress Note, dated 8/28/2024 at 9:03 sugar levels with insulin		A Nursing Progress	s Note, dated 8/28/2024 at 9:03		_	

A.M., indicated the Nurse had explained to the

administration. Education was

10/23/2024 PRINTED: FORM APPROVED

OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 10/04/2024 155474 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 316 WOODIES LANE SIGNATURE HEALTHCARE OF BREMEN BREMEN, IN 46506 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE resident her insurance had given her extra time to completed 10.7.2024. An audit will put in an appeal for more covered time in the be completed on 5 residents, as facility. She had explained the importance of her available, for notification of receiving the full treatment of the IV antibiotics physician upon discharge and 5 and explained the consequences of not finishing residents, as available for the antibiotics. Resident B indicated she had a appropriate blood sugar monitoring ride home set up already and planned to leave the related to the administration of facility around 11:00 A.M. insulin. Audit to occur 5 days a week times 4 then weekly times 5 A Nursing Progress Note, dated 8/28/2024 at 11:10 months by the Director of A.M., indicated the resident had been discharged Nursing/Designee of physician to home. Ther PICC IV line had been pulled at this orders and notifications. Audit of time prior to her dischargr from the facility. A new admissions with Diabetes or sterile dressing was applied to the residents arm presence of PICC line, as where the PICC line had been removed. available, for all associated orders are in place from physician and The record lacked the documentation to show that resident and/or responsible party the physician had been notified of the PICC notified to be completed weekly x intravenous line had been removed and that the 6 months. resident had been discharged.2. A record review How the corrective action(s) for Resident C was completed on 10/4/2024 at will be monitored to ensure the 10:37 A.M. Diagnoses included, but were not deficient practice will not recur, limited to: diabetes mellitus and multipe freactures. i.e., what quality assurance Resident C's blood sugar results indicated a blood program will be put into place; and sugar reading of "low" on 7/18/2024 at 5:14 P.M. As a measure of ongoing There was no documentation the physician was compliance, audit results will be notified of this low blood glucose level. submitted to the campus administrator, or designee, for Resident C had the following physician orders: review by the Quality Assurance -Humalog (short-acting insulin) 5 units twice Performance Improvement daily, starting 7/3/2024. Committee until substantial -Humalog 10 units before meals and at bedtime, compliance is achieved. The QAPI starting 7/6/2024. committee has the right to modify -Lantus (long-acting insulin) 25 units daily, or extend monitoring times starting 7/3/2024. according to outcomes of audits. Physician Orders could not be found for the treatment of hypoglycemia, parameters for

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physician notification for blood sugars out of the normal range (below 60mg/dl and above 400mg/dl)

Event ID:

COMZ11

Facility ID: 000506

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPI	LETED
		155474	B. W	ING		10/04	/2024
		1		STREET 4	ADDRESS, CITY, STATE, ZIP COD	1	
NAME OF P	ROVIDER OR SUPPLIEF	3			OODIES LANE		
SIGNATU	JRE HEALTHCARE	OF BREMEN			EN, IN 46506		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE	IATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		iliter) and blood glucose checks					
	routinely or as needed.						
	A current Care Plan, initiated on 7/22/2024,						
		C had a diagnosis of diabetes					
	and was at risk for						
		ded, but were not limited to: be					
	alert for signs and symptoms of						
		a and blood sugar monitoring					
	as ordered.						
	A policy titled, "Notification of Change of						
	Condition"was provided, on 10/4/2024 at 2:42						
	•	tive Director and she indicated					
	-	one currently used by the					
		indicated, " To ensure					
		uals are notified of change in					
		facility must inform the					
		e resident's physician, and					
		ith his or her authority, the					
	-	rive(s) when there is:b. A					
	_	in the resident's physical,					
		ocial statusc. A need to alter					
		ntlyd. Decision to transfer or					
	_	t from the facility2.					
	_	notification or notification					
	attempts should be	recorded in the resident					
	-	record3. The resident and/or					
	resident representat	ive (if applicable), and medical					
	provider should be	notified of a change in					
	condition. The med	lical provider will provide					
	guidance related to	the change in condition"					
	This citation relates	s to Complaint IN00443084.					
	3.1-5(a)(2)						
	3.1-5(a)(2)						
	3.1-5(a)(4)						

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Event ID:

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PRINTED: 10/23/2024 FORM APPROVED

CENTERS FO	R MEDICARE & MEDIC	AID SERVICES				OM	B NO. 0938-039
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155474	(X2) MUL A. BUIL B. WING	DING	INSTRUCTION 00	(X3) DATE COMPL 10/04/	ETED
	PROVIDER OR SUPPLIER			316 WC	ADDRESS, CITY, STATE, ZIP COD OODIES LANE EN, IN 46506		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	.ΤΕ	(X5) COMPLETION DATE
F 0623 SS=D Bldg. 00	failed to ensure a traprovided for 1 of 3 and discharge. (Res Finding includes: A record review for 10/4/2024 at 10: 37 were not limited to: fracture of the neck and right humerus. A Nursing Progress A.M., indicated at 1 transferred a to loca found unresponsive Assistant) and wher Resident C was fou with pupils non-reabreathing and weak blood sugar was 49 deciliter). A Nursing Progress A.M., indicated Reshospital. A Nursing Progress P.M., indicated Reshospital.	e view and interview, the facility ansfer/discharge form was residents reviewed for transfer ident C) Resident C was completed on A.M. Diagnoses included, but diabetes mellitus type 2, lumbar and thoracic vertebra Note, dated 7/13/2024 at 1:14 2:23 A.M., Resident C was all hospital. Resident C was by a CNA (Certified Nursing assessed by the nurse, and to be cold, clammy, and crive to light, labored hand grips. Resident C's mg/dL (milligrams per Note, dated 7/13/2024 at 3:17 sident C returned from the	F 062	3	F623-It is the intent of Signatur Healthcare of Bremen to comparity with providing notice before transfer by notifying the reside and the resident's representate the transfer or discharge and treasons for the move in writing in a language and manner the understand. 1 What corrective action(s) be accomplished for those residents found to have been affected by the deficient practic Resident C no longer resides the facility. 2 How other residents having the potential to be affected by same deficient practice will be identified and what corrective action(s) will be taken; An audit for the last 30 days of transfers and/or discharges were completed to review for completed f	ent vive of the g and ey will vice; in eg the es eletion ce eleted es ed. ut re	10/21/2024

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P.M., indicated Resident C was admitted to the

Event ID:

COMZ11 Facility ID: 000506

recur;

If continuation sheet Page 5 of 13

DEPARTMENT OF HEALTH AND HUMAN SERVICES STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED 155474 B. WING 10/04/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 316 WOODIES LANE SIGNATURE HEALTHCARE OF BREMEN **BREMEN. IN 46506** (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE hospital. Re-education of the license nursing staff for related to A Nuring Progress Note, dated 7/22/2024 at 5:19 completion, documentation, and P.M., the note indicated Resident C would be resident being provided the transferring to another hospital for surgery due to notification of transfer or discharge a large hematoma. to resident and resident representative as required. There was no documentation that a Education was conducted by transfer/discharge form was provided by the Director of Nursing, completed facility for either transfer. 10.7.2024. An audit will be completed weekly of any transfers During an interview, on 10/4/2024 at 12:49 P.M., or discharges for the prior week to the Director of Nursing indicated transfer ensure that required notifications documentation included a transfer/discharge form. are complete. The audit will be completed weekly by Director of A policy was provided by the Executive Director, Nursing /Designee times 6 on 10/4/24 at 2:42 P.M. The policy titled, months. 4. How the corrective action(s) will "Transfer/Discharge Notice", indicated, " ... The appropriate notice will be provided to the resident be monitored to ensure the and/or resident representative, along with other deficient practice will not recur, required organizations, if it is necessary to i.e., what quality assurance transfer or discharge a resident from the facility program will be put into place; and" As a measure of ongoing compliance, audit results will be This citation relates to Complaint IN00443084. submitted to the campus administrator, or designee, for 3.1-12(a)(6)(A) review by the Quality Assurance Performance Improvement

F 0625 SS=D Bldg. 00

483.15(d)(1)(2)

Notice of Bed Hold Policy Before/Upon Trnsfr

Based on record review and interview, the facility failed to ensure a bed hold form was provided for 1 of 3 residents reviewed transfer and discharge.

F 0625

Facility ID: 000506

Committee until substantial compliance is achieved. The QAPI committee has the right to modify or extend monitoring times according to outcomes of audits.

F 625 It is the intent of Signature

Healthcare of Bremen to provide

Bed-hold notice upon transfer.

If continuation sheet

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10/21/2024

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u>		COMPLETED	
		155474	B. W	ING		10/04/	2024
		<u> </u>	<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF P	ROVIDER OR SUPPLIE	R			OODIES LANE		
SIGNATU	JRE HEALTHCAR	OF BREMEN	•		EN, IN 46506		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	1	TAG	DEFICIENCY)		DATE
	(Resident C)				What corrective action(s) will		
					accomplished for those reside		
	Finding includes:				found to have been affected b	y the	
	A manama C	" Davidant C vyog os			deficient practice;		
		r Resident C was completed on			Decident Constanting	in	
		A.M. Diagnoses included, but			Resident C no longer resides	in	
	were not limited to: diabetes mellitus type 2, fracture of the neck, lumbar and thoracic vertebra				the facility.		
	and right humerus.	, iumoai anu moracie verteora			How other residents having the potential to be affected by the		
	and right humerus.				same deficient practice will be		
	A Nursing Progress	s Note, dated 7/22/2024 at 12:04			identified and what corrective		
	P.M., indicated Resident C's left abdomen was				action(s) will be taken;		
	swollen and firm with bruising and the resident's				An audit for the last 30 days of	of	
	right arm had increased pain and swelling.				transfers and/or discharges w		
	Resident C was transferred to the emergency				completed to ensure that	۵٥	
	department for evaluation and treatment.				notifications were given and a	nv	
	1				deficiencies noted were corre	•	
	A Nursing Progress	s Note, dated 7/22/2024 at 5:18			and scanned into record or no		
		sident C was admitted to the			recording what was sent by		
	hospital.				discharge nurse. No adverse		
	_				effects noted for all residents		
		s Note, dated 7/22/2024 at 5:19			reviewed.		
	P.M., indicated Res	sident C would be transferred to			What measures will be put int	o	
	another hospital for	r surgery due to a large			place and what systemic char	nges	
	hematoma.				will be made to ensure that th	e	
					deficient practice does not red	cur;	
		mentation a bed hol form was			Re-education of the license		
		to the hospital or provided to			nursing staff by the Director o	f	
		of Attorney (POA) for either			Nursing pertaining to the		
	transfer.				requirement of Bed hold polic	y to	
		10/4/2004			be sent upon transfer and		
	_	v, on 10/4/2024 at 12:49 P.M.,			discharge, completed 10.7.20	24.	
		sing indicated transfer			An audit of 5 residents, as		
	documentation incl	uded a bed hold form.			available, will occur to ensure	tnat	
	A	ded beatles Freezestic D'			notification of transfers and		
		ded by the Executive Director,			discharge and bed hold		
		P.M. The policy titled, "Facility			information to be completed b	-	
		ed, " The Facility will notify			Director of Nursing/designee	or 6	
		resident representative of the			months.	م ما الناب	
	lacinity's bed-hold j	policy at admission and	1		How the corrective action(s) v	viii be	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u> COMPLETED			ETED	
		155474	B. WI	NG		10/04/	2024
				CTREET	ADDRESS CITY STATE ZID COD	<u> </u>	
NAME OF P	ROVIDER OR SUPPLIEF	2			ADDRESS, CITY, STATE, ZIP COD		
SIGNATI	JRE HEALTHCARE	OF BREMEN			EN, IN 46506		
	THE TIET LETTION INC	- OI BILLINEIN		DIVENIE	1		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	•	s transferred to the hospital or			monitored to ensure the defici		
	goes out on therape	utic leave"			practice will not recur, i.e., wh		
					quality assurance program wil	l be	
	This citation relates	s to Complaint IN00443084.			put into place; and		
					As a measure of ongoing		
	3.1-12(a)(26)				compliance, audit results will l	эе	
					submitted to the campus		
					administrator, or designee, for		
					review by the Quality Assuran	ice	
					Performance Improvement		
					Committee until substantial	0.4.51	
					compliance is achieved. The		
					committee has the right to mo	аіту	
					or extend monitoring times		
					according to outcomes of aud	ITS.	
F 0684	483.25						
SS=D	Quality of Care						
Bldg. 00	Quality of Care						
Diag. 00	Based on record rev	view and interview, the facility	F 06	Ω Λ	F 684-It is the intent of Signat	ure	10/21/2024
		der to send a resident to the	1 00	70 -1	Healthcare to provide Quality		10/21/2024
		have adequate orders in place			care a fundamental principle t		
		ement, for 1 of 3 residents			applies to all treatment and ca		
	_	er and discharge. (Resident C)			provided to facility residents.	0	
		2 ()			What corrective action(s) will l	be	
	Finding includes:				accomplished for those reside		
					found to have been affected b		
	1. A Nursing Progr	ess Note, dated 7/13/2024 at			deficient practice;	1	
		d at 12:23 A.M., Resident C					
	was transferred a to	local hospital. Resident C was			Resident B and Resident C no	o	
	found unresponsive	by a CNA (Certified Nursing			longer reside at the facility.		
	Assistant) and when	n assessed by the nurse,					
	Resident C was fou	nd to be cold, clammy, their			How other residents having th	ie	
	pupils were non-rea	active to light, their breathing			potential to be affected by the		
	was labored and she	e had weak hand grips.			same deficient practice will be	;	
		sugar was 49 mg/dL			identified and what corrective		
		iliter). A packet of sugar was			action(s) will be taken;		
		resident with no change in her			An audit was completed for al	I	
	_	Resident C's blood sugar			residents with diabetes to ens		
	increased to 56 mg/	dL.			appropriate orders are in plac	e. An	

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Event ID:

COMZ11 Facility ID: 000506

If continuation sheet Page 8 of 13

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPLETED	
		155474	B. W	'ING		10/04/2	2024
		<u> </u>		STREET /	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	8			OODIES LANE		
SIGNATI	JRE HEALTHCARE	OF BREMEN			EN, IN 46506		
			1		, I	Т	
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		(X5)
PREFIX	·	CY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG		-1	DATE
	A Niversia o Des ousses	Note deted 7/12/2024 at 2.17			additional audit of the last 30 of	- 1	
		Note, dated 7/13/2024 at 3:17			of discharges was completed	to	
		sident C had returned from the			ensure that all residents that		
	hospital.				discharged have an order in p		
	Tel 1 ''				Any deficiency was reported a	and	
		notified, but an order was not			orders to correct received, if	NI -	
		ident C to the emergency			indicated, from the physician.	NO	
	department.				adverse effects noted for all		
	,	lers for Resident C, related to			residents reviewed.		
	_	sis, included the folloiwng			What measures will be put into		
	medications:				place and what systemic char	_	
	• ,	ting insulin) 5 units twice			will be made to ensure that the		
daily, starting 7/3/2024.				deficient practice does not rec	cur;		
	-	before meals and at bedtime,			Re-education of the licensed		
	starting 7/6/2024.	. 1: > 25 1 .1			nurses completed by the Direction		
	, -	g insulin) 25 units daily,			of Nursing completed 10.7.24		
	starting 7/3/2024.				Licensed Nurses are expected to		
	DI '' O I	11 (1 6 16 1			notify the physician with any		
	-	ould not be found for the			concerns related to new physi	ician	
		nt C's hypoglycemia (low			orders or potential need for		
		parameters for physician			changes in orders completed.		
		od sugars out of the normal			Additionally, all licensed nurse	es	
	range (below 60 mg	g/dl. and above 400 mg/dl).			were educated on 10.7.24		
		45 25 4 4 5 5 2 2			documenting the discharge or	der	
		dication Administration			obtained when discharging a		
		cated Resident C's blood sugar			resident. An audit will be	,	
		l before the morning, noon and			completed 5 days a week time		
	_	tion of Humalog insulin. A			then weekly times 5 months b	· .	
		r was not obtained prior to			the Director of Nursing/Design	nee	
		outine bedtime insulin.			of physician orders and		
		have orders for blood sugar			notifications. Audit of new		
	monitoring routinel	y or as needed.			admissions with Diabetes or		
	Desir	10/4/2024 + 12 40 B34			presence of PICC line for all		
	-	v, on 10/4/2024 at 12:49 P.M.,			associated orders are in place		
		sing indicated a physicians			from physician and resident a		
		nd should be documented			responsible party notified to be		
		esident to the emergency room.			completed weekly x 6 months		
		sugar checks were completed			How the corrective action(s) w		
	per the physician or				monitored to ensure the defici		
	hypo/hyperglycemi	c signs and symptoms and			practice will not recur, i.e., wh	at	

STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	NSTRUCTION	X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155474	B. W	NG		10/04/2024	
				_			
NAME OF I	PROVIDER OR SUPPLIEF	8			ADDRESS, CITY, STATE, ZIP COD		
					OODIES LANE		
SIGNATURE HEALTHCARE OF BREMEN			BREME	N, IN 46506			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	nurse's should use	e nursing judgement and most			quality assurance program wil	be	
	nurses would check	a blood sugar prior to			put into place; and		
	administering insul	in. She indicated the nursing			As a measure of ongoing		
	staff could question	the physician with any			compliance, audit results will b	e	
	concerns related to the orders and notification of				submitted to the campus		
	the physician for ab	onormal blood sugars should			administrator, or designee, for		
	be part of the resident's physician's orders. She				review by the Quality Assuran		
	indicated the usual physician's orders include to				Performance Improvement		
	notify the physician for blood sugars below 60				Committee until substantial		
	mg/dL and above 400 mg/dL.				compliance is achieved. The 0	QAPI	
					committee has the right to mo		
	A policy for diabete	es management and insulin			or extend monitoring times	•	
		request on 10/4/2024 at 1:02			according to outcomes of audi	ts.	
	P.M. The Director of Nursing indicated at 2:42				ğ		
		not available.2. The record for					
		iewed on 10/4/2024 at 10:49					
	A.M. Diagnoses inc	cluded, but were not limited to,					
	amputation of left left						
	_	ar disorder, and infection of					
		esident B had been admitted on					
	_	harged on 8/28/2024.					
	A Nursing Progress	Note, dated 8/22/2024,					
	indicated a PICC (p	peripherally inserted central					
	catheter) was insert	ed in the residents right upper					
	arm.						
	A Social Service Pr	rogress Note, dated 8/26/2024 at					
	3:58 P.M., indicated	d Resident B would be					
	discharging back to	previous residency on					
	8/28/2024.						
		Note, date 8/27/2024 at 7:30					
	P.M., indicated the	IV antibiotics were continued.					
	4 N . B	N. 4. 14. 19/29/2024 4 2 22					
		Note, dated 8/28/2024 at 9:03					
		e Nurse had explained to the					
		ice had given her extra time to					
		more covered time in the					
	I tacility. She had ex	plained the importance of her					

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155474	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	COM	te survey ipleted 04/2024
	PROVIDER OR SUPPLIER URE HEALTHCARE		316 W	ADDRESS, CITY, STATE, ZIP CO DODIES LANE EN, IN 46506	D	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AP DEFICIENCY)	ULD BE	(X5) COMPLETION
TAG	receiving the full tre and explained the country the antibiotics. Resiride home set up also facility around 11:00. A Nursing Progress A.M., indicated the to home today. PICS Sterile dressing appression to the physician had been being discharged and the physician had been discharged and indicated the policy dated 6/1/2025 and and indicated the policy dated by the facility, the standard of this are followed, review applicable care, being condition related to notify the physician orders or potential of Each resident will he facility in caring resident3. License notify the physician new physician orders	eatment of the IV antibiotics, onsequences of not finishing dent B indicated she had a ready and planned to leave the 0 A.M. Note, dated 8/28/2024 at 11:10 resident had been discharged C IV line pulled at this time. lied and secured with the documentation to show that the en notified of the resident discharged the PICC being pulled. 12 P.M., the Administrator titled, "Physician Orders", a revised date of 11/26/2023, olicy was the one currently. The policy indicated" It is facility that physician orders wed to ensure delivery of an alert for changes in new orders, and need to for adverse effects from new order changes as needed. 1. ave physician orders to guide a for and treating each and Nurses are expected to with any concerns related to res or potential need for	TAG			DATE
F 0694 SS=D	483.25(h) Parenteral/IV Fluid	ds				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	LETED
		155474	B. W	ING		10/04	/2024
NAME OF P	PROVIDER OR SUPPLIER	t			ADDRESS, CITY, STATE, ZIP COD		
CICNIATI	IDE LIEAL TUOADE	OF DDEMEN			DODIES LANE		
SIGNATO	JRE HEALTHCARE	OF BREMEN		BREME	EN, IN 46506		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TF	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
Bldg. 00							
	Based on record rev	view and interview, the facility	F 0	594	F 694- It is the intent of Signat	ure	10/21/2024
	failed to provide dro	essing changes for a PICC (a			Healthcare to provide Parente	ral	
	peripherally inserted central catheter is a long,				fluids consistent with profession		
	thin tube that is inse	erted through a vein in the arm			standards of practice and in		
	and passed through	to the larger veins near the			accordance with physician ord	lers.	
	heart) site for 1 of 3	residents reviewed. (Resident			What corrective action(s) will be		
	D)				accomplished for those reside		
					found to have been affected b		
	Finding includes:				deficient practice;	•	
	The clinical record for Resident E was reviewed on				Resident D no longer reside a	t the	
	10/4/2024 at 11:00 A.M. The diagnoses included				facility.		
	but not limited to: o	osteomyelitis, alcohol abuse					
	with withdrawal, ps	sychoactive substance abuse,			How other residents having th	е	
	_	cillin-resistant staphylococcus	potential to be affected by the				
	aureus (MRSA) info		same deficient practice will be				
	non-compliance.				identified and what corrective		
					action(s) will be taken;		
	The Physician Orde	ers, included, but were not					
	limited to: PICC lin	e dressing changes every week.			An audit was completed for all		
					residents with PICC lines to		
	A Nursing Progress	Note, dated 5/8/2024,			ensure dressing changes are		
	indicated Resident l	D arrived at the facility with a			occurring as ordered. Any		
	PICC line in place.	•			deficiency was reported and		
					orders to correct received fron	n the	
	The May 2024 Med	lication Administration Record			physician and responsible par	ty	
	indicated Resident l	D received a PICC line			notified. No adverse effects we	-	
	dressing change on	5/17/2024, 5/24/2024,			noted.		
	5/31/2024 and 6/4/2	2024.					
					What measures will be put into)	
	A current Care Plan	n, initiated on 5/8/2024,			place and what systemic chan		
	indicated Resident l	D had a Peripherally Inserted			will be made to ensure that the	_	
		d interventions included, but			deficient practice does not rec	ur;	
	not limited to: dress	sing changes as ordered.			Re-education of the licensed	•	
		- -			nurses completed by the Direct	ctor	
	Resident D's clinica	ll record failed to evidence a			of Nursing including need for		
	PICC line dressing	change between the dates of			physician orders for care of,		
	5/8/2024 through 5/				insertion or removal of PICC li	ne.	
	<i>g ç.</i>				Completed 10.7.2024. An aud		

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

PRINTED: 10/23/2024 FORM APPROVED OMB NO. 0938-039

	PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 155474 B. WING		(X3) DATE SURVEY COMPLETED 10/04/2024				
	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 316 WOODIES LANE BREMEN, IN 46506				
(X4) ID PREFIX TAG	During an interviw, Director of Nursing record for Resident documentation for done between the resolution of the PICC line situation before 5/17/2024. On 10/4/2024 at 2:4 policy titled, "Vasc Infusion Therapy P for Vascular Access indicated the policy by the facility. The hand hygieneasse than dressing to be dressing"	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION On 10/4/2024 at 1:53 P.M., the g (DON) indicated the clinical D did not contain any PICC line dressing changes esident 's admission and DN indicated a dressing change e should have been done 40 P.M., the DON provided a ular Access Devices and rocedures: Dressing Change s Devices," dated 8/2021 and r was the one currently used policy indicated "perform ess siteclean an area larger appliedapply transparent		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) new admissions will be comp on 5 residents, as available, we pick line to ensure orders for of, insertion, or removal of completed weekly times 6 most by the Director of Nursing/Designee. How the corrective action(s) we monitored to ensure the deficing practice will not recur, i.e., who quality assurance program with put into place; As a measure of ongoing compliance, audit results will submitted to the campus administrator, or designee, for review by the Quality Assurance Performance Improvement Committee until substantial compliance is achieved. The committee has the right to moor extend monitoring times according to outcomes of audits.	leted vith r care onths vill be ient lat ll be care	(X5) COMPLETION DATE

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