

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

PRINTED: 04/30/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155653		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/08/2025	
NAME OF PROVIDER OR SUPPLIER HARBOR HEALTH & REHAB				STREET ADDRESS, CITY, STATE, ZIP COD 5025 MCCOOK AVE EAST CHICAGO, IN 46312			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 Complaints IN00455030 and IN00456833.</p> <p>Complaint IN00455030 - Federal/state deficiencies related to the allegations are cited at F842.</p> <p>Complaint IN00456833 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: April 7 and 8, 2025</p> <p>Facility number: 000108 Provider number: 155653 AIM number: 100267410</p> <p>Census Bed Type: SNF/NF: 65 Total: 65</p> <p>Census Payor Type: Medicare: 5 Medicaid: 58 Other: 2 Total: 65</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 4/11/25.</p>			F 0000			
F 0695 SS=D Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning</p> <p>Based on observation, record review, and interview, the facility failed to ensure oxygen was</p>			F 0695	Harbor Health and Rehabilitation Plan of Correction		04/18/2025

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

TITLE

(X6) DATE

Dillane Knights

Administrator

04/23/2025

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 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>set at the correct flow rate and signed out on the Medication Administration Record (MAR) for 1 of 3 residents reviewed for respiratory care. (Resident E)</p> <p>Finding includes:</p> <p>On 4/7/25 at 9:08 a.m., Resident E was observed lying in bed. The resident's nasal cannula tubing was sitting under her nose and the oxygen flow rate was set a little above 1.5 liters as the ball was under the 2 liter line.</p> <p>On 4/8/25 at 8:51 a.m., the resident was observed in bed eating breakfast. Resident E was wearing oxygen via nasal cannula and the flow rate was set little over 1.5 liter line.</p> <p>During and interview at the time, LPN 1 indicated the resident was on 2 liters of oxygen. When asked to verify the rate again, LPN 1 verified it was not at 2 liters and moved the ball to the middle line of the 2 liter line.</p> <p>The record for Resident E was reviewed on 4/8/24 at 9:11 a.m. Diagnoses included, but were not limited to, dementia, COPD, high blood pressure, heart failure and anxiety.</p> <p>The 3/3/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was moderately impaired for daily decision making. The resident required set/up and clean up assistance for eating and oral hygiene. The resident required dependent care with toileting, shower/bathing, upper and lower body dressing, putting on footwear and personal hygiene.</p> <p>A Care Plan, dated 3/3/25, indicated the resident required oxygen therapy as needed related to</p>				<p>4/8/2025-F695 <u>Respiratory /Tracheostomy care and suctioning</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident A – Remains in house without any adverse reaction related to the alleged deficit practice. Her oxygen is set at the correct flow rate as per MD orders.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All residents who are in the house and receiving oxygen therapy have the potential to be affected by the alleged deficit practice. All residents have had their oxygen rates and settings verified.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>All staff were educated in how to identify and correctly place oxygen on ordered settings. Return demonstration for all nurses and nurse managers on</p>		

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F 0842 SS=A Bldg. 00	<p>COPD and shortness of breath. Interventions were to, administer oxygen via nasal cannula as ordered by physician and administer, give medications as ordered and monitor for side effects and effectiveness.</p> <p>Physician's Orders, dated 3/23/25, indicated to administer oxygen at 2 liters via nasal cannula as needed for shortness of breath.</p> <p>During an interview on 4/8/25 at 1:32 p.m., the DON indicated the nurses were supposed to be checking oxygen flow rates and had been previously in-serviced about getting down to eye level to ensure the ball is on the correct liter flow. The oxygen rate should have been correct.</p> <p>3.1-47(a)(6)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on record review and interview, the facility failed to maintain clinical records that were complete and accurately documented related to</p>		F 0842	<p>proper oxygen settings</p> <p>Reminders for Clinical /staff to Sign the Mar after verifying oxygen settings</p> <p>Return demonstration for all angel round managers for how to identify oxygen setting and verify correct setting and report to nursing if not</p> <p>How the corrective action(s) will be monitored to ensure that the deficient practice will not recur, i.e., what quality assurance programs will be put into place.</p> <p>DON/designee will audit All residents daily for 2 weeks then weekly for 6 months to ensure that all concentrators are at correct settings per MD orders</p> <p>DON/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months.</p> <p>Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done and presented quarterly at the QA meeting. Monitoring will be on going.</p> <p>Harbor Health and Rehabilitation Plan of Correction 4/8/2025</p>		04/18/2025	

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	<p>pain medication for 1 of 3 residents reviewed for medication administration. (Resident B)</p> <p>Finding includes:</p> <p>The record for Resident B was reviewed on 4/7/25 at 12:20 p.m. Diagnoses included, but were not limited to, hypertension (high blood pressure), diabetes, depression, and anxiety.</p> <p>The 1/21/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was cognitively intact, used an opioid, and had scheduled pain medication.</p> <p>A Care Plan, dated 11/19/24 and reviewed on 2/3/25, indicated the resident was at risk for pain related to spinal cord compression, sacral wound, and immobility. Interventions included, but were not limited to, administer analgesia as ordered and to document side effects and effectiveness.</p> <p>A Physician's Order, dated 12/9/24, indicated to administer 7.5 milligrams (mg) - 325 milligrams (mg) of Hydrocodone-Acetaminophen (pain medication) by mouth three times a day for pain.</p> <p>A Nurse's Progress Note, dated 2/17/25 at 6:37 p.m., indicated Hydrocodone-Acetaminophen Oral Tablet 7.5-325 MG was unavailable and awaiting pharmacy.</p> <p>A Nurse's Progress Note, dated 2/18/25 at 8:04 a.m., indicated Hydrocodone-Acetaminophen Oral Tablet 7.5-325 MG was on order due to billing issues.</p> <p>A Nurse's Progress Note, dated 2/18/25 at 12:37 p.m., indicated Hydrocodone-Acetaminophen Oral Tablet 7.5-325 MG was on order.</p>				<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><u>F842</u> <u>Resident Records- Identifiable Information</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident B remains in house with no adverse reactions to alleged deficiency and is receiving all medications as scheduled.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents who receive medication (Narcotics) have had Confirmation of narcotic medication availability and administration for all in-house residents was completed.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>		

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	<p>A Nurse's Progress Note, dated 2/19/25 at 10:29 a.m., indicated Hydrocodone-Acetaminophen Oral Tablet 7.5-325 MG was unavailable.</p> <p>The February 2025 Medication Administration Record (MAR) indicated Hydrocodone-acetaminophen was signed out as given on 2/18/25 for the 6:00 p.m. dose. The Hydrocodone-acetaminophen was not given and charted to see progress notes on the following dates: 2/17/25 for 6:00 p.m. dose 2/18/25 for 6:00 a.m. and 1:00 p.m. doses 2/19/25 for 6:00 a.m. dose</p> <p>During an interview on 4/8/25 at 3:30 p.m., the Director of Nursing (DON) indicated the 6:00 p.m. dose on 2/18/25 was signed out incorrectly. Resident E was out of his scheduled pain medication on 2/18/25.</p> <p>This citation relates to Complaint IN00455030.</p> <p>3.1-50(a)(2)</p>		<p>practice does not recur. All nursing staff have been educated on the process of medications administration with focus on not pre-signing medication without confirming availability of medication and administration.</p> <p>How the corrective action(s) will be monitored to ensure that the deficient practice will not recur, i.e., what quality assurance programs will be put into place.</p> <p>DON/designee will audit 5 residents 3x a week for 2 weeks then weekly for 6 months to ensure that proper medication administration is being completed and documented. DON/designee will observe nursing medication administration 3 x week for 2 weeks then weekly x 6 months to ensure proper medication administration and documentation. DON/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring</p>		

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