| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155218 | A. BUILDING 00<br>B. WING | 07/12/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| GREAT LAKES HEALTHCARE CENTER | 2300 GREAT LAKES DR<br>DYER, IN 46311 |

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| F 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaints IN00383330, IN00383459, and IN00384321.<br><br>Complaint IN00383330 - Substantiated. Federal/State deficiencies related to the allegations are cited at F804.<br><br>Complaint IN00383459 - Substantiated. No deficiencies related to the allegations are cited.<br><br>Complaint IN00384321 - Substantiated. No deficiencies related to the allegations are cited.<br><br>Unrelated deficiency is cited.<br><br>Survey dates: July 11 & 12, 2022<br><br>Facility number: 000123<br>Provider number: 155218<br>AIM number: 100266720<br><br>Census Bed Type:<br>SNF/NF: 99<br>Total: 99<br><br>Census Payor Type:<br>Medicare: 6<br>Medicaid: 79<br>Other: 14<br>Total: 99<br><br>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality review completed on 7/13/22. | F 0000 | The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The facility respectfully requests a desk review for this plan of correction. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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 disclo 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 0677<br>SS=D<br>Bldg. 00 | 483.24(a)(2)<br>ADL Care Provided for Dependent Residents<br>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;<br>Based on observation, record review, and interview, the facility failed to ensure a resident who required extensive to dependent assistance of staff for activities of daily living (ADL's) received incontinence care in a timely manner for 1 of 1 resident observed/reviewed for ADL's. (Resident C)<br><br>Finding includes:<br><br>During an observation on 7/12/22 at 9:29 a.m., CNA 2 and CNA 3 assisted Resident C from the bed to the shower chair. The resident's gown had dried brown liquid stains. The brief appeared to be saturated. The lift sheet, which was under the resident, had dried brown stain and the bottom sheet had dried stains. There was a strong odor of urine in the room. CNA 3 indicated she had started work at 7:30 a.m. and it had been time for breakfast, so she had not checked the resident for incontinence. She indicated the resident does not like to be bothered until after breakfast was completed. CNA 2 indicated the resident would pull the brief off, then she acknowledged the resident's brief was still in place and on correctly.<br><br>The resident was then transported to the shower room, the brief was removed and had been saturated with urine and bowel movement.<br><br>Resident C's record was reviewed on 7/12/22 at 12:11 p.m. The diagnoses included, but were not limited to, Dementia | F 0677 | **F667**<br>**ADL Care Provided for Dependent Residents**<br><br>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.<br>**The facility cordially requests paper compliance regarding alleged deficient practices.**<br><br>1. Resident C was not harmed by the alleged deficient practice. The DON/designee has reviewed resident C's ADL care plan, and has assessed Resident C to ensure incontinence care has been provided.<br><br>2. All residents have the potential to be affected by same alleged deficient practice. An incontinence care audit has been conducted on dependent residents, and incontinence care | 08/01/2022 |

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| | A Quarterly Minimum Data Set assessment, dated 6/15/22, indicated a severely impaired cognitive status. There were no behaviors, she required extensive assistance of two for bed mobility, toileting and hygiene, was dependent on two staff for transfers, and was always incontinent of bowel and bladder.<br><br>A Care Plan, dated 2/2/22, indicated incontinence of bowel and bladder was present. The interventions included the resident was to be checked for incontinence and incontinent care was to be provided as needed.<br><br>3.1-38(a)(3) | | is being provided in a timely manner.<br><br>3. All staff have been re-educated on the "Nurse Aid Rounds" policy, with emphasis on "monitor and attend to toileting needs including incontinence needs" to ensure dependent residents are provided incontinence care in a timely manner.<br><br>4. DON/Designee will observe incontinence care on 5 dependent residents 5 x weekly for 4 weeks, then 5 residents 3 x weekly for 4 weeks, and 5 residents weekly for 4 weeks to ensure that incontinence care is being provided in a timely manner for dependent residents. DON/Designee will report on audits monthly to the interdisciplinary team for 6 months during QAPI Meeting. The IDT will determine if the audits are necessary to continue after 6 months with 100% compliance achieved. | |
| F 0804 SS=E Bldg. 00 | 483.60(d)(1)(2)<br>Nutritive Value/Appear, Palatable/Prefer Temp<br>§483.60(d) Food and drink<br>Each resident receives and the facility provides-<br><br>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and | | | |

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| | appearance;<br><br>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.<br>Based on observation, interview, and record review, the facility failed to ensure a meal was served at an appetizing temperature, related to the temperature of the hot foods served for the breakfast meal for 4 of 6 residents interviewed for food temperature. (Residents J, B, K, and L)<br><br>Finding includes:<br><br>During an interview on 7/11/22 at 4:56 p.m., Resident J indicated the meals were frequently served cold and the staff told her the food could not be warmed up.<br><br>During an interview on 7/11/22 at 5:38 p.m., Resident B indicated the breakfast meal was usually served without the thermal plate warmer around the the plate and the food served was cold.<br><br>A small three tiered cart covered in plastic was observed being delivered to the West Unit on 7/12/22 at 8:24 a.m. Breakfast trays were delivered to six residents. The plates were not sitting in a thermal plate warmer. The thermal plate warmers were being used to cover the plates of breakfast food.<br><br>During an interview on 7/12/22 at 8:30 a.m., Dietary Aide 1 indicated they had run out of the thermal plate covers, so the bottom thermal plate holder was used to cover the food.<br><br>A sample tray was obtained from the Dietary Manager on 7/12/22 at 8:30 a.m. The plate was | F 0804 | **F 804**<br>**Nutritive Value/ Appear, Palatable/Prefer Temperatures**<br><br>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.<br>**The facility cordially requests paper compliance regarding alleged deficient practices.**<br><br>1. An equipment inventory of Thermal plate warmers and thermal plate covers has been completed. Equipment orders have been placed and the facility is waiting for delivery of the equipment.<br><br>2. A mandatory in-service on the Food Preparation Policy will be completed for all Dietary personnel by Monday, August 1, 2022.<br><br>3. ED/Designee will check | 08/01/2022 |

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| | covered with the thermal plate holder and transported to the West Unit Nurses' Station. The Dietary Manager obtained the temperature of the scrambled eggs at 118 F and the dry toast was 84 F. The scrambled eggs were taste tested at a tepid temperature. The toast was cold and the bacon was greasy and cold. The Dietary Manager acknowledged the low temperatures and that the food was not at a warm temperature.<br><br>On 7/12/22 at 8:41 a.m. the Dietary Manager indicated the facility census had increased and there were not enough thermal plate covers.<br><br>On 7/12/22 at 8:47 a.m., Residents B and J indicated their breakfast was served cold.<br><br>On 7/12/22 at 8:57 a.m., Resident K indicated the breakfast was served cold.<br><br>On 7/12/22 at 9:06 a.m., Resident L indicated the breakfast was served cold.<br><br>A facility policy, dated 9/2017, received from the Director of Nursing as current and titled, "Food Preparation", indicated food would not be served under 135 degrees.<br><br>This Federal tag relates to Complaint IN00383330.<br><br>3.1-21(a)(2) | | food tray temperatures for 5 residents 5 times a week for 4 weeks and after will check food tray temperatures for 5 residents 3 times a week for 4 weeks and then will check food tray temperatures weekly for 4 weeks to ensure that the residents are receiving their meal tray with their food being at the correct temperatures. We will check the food tray temperatures for all three meals – Breakfast, Lunch and Dinner. ED/ Designee will report on audits monthly to the interdisciplinary team for 3 months during the QAPI meeting. Determination will be made as to whether audits will remain ongoing as necessary thereafter after 3 months | |