

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

PRINTED: 03/04/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155764		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/18/2025	
NAME OF PROVIDER OR SUPPLIER SPRING MILL HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 101 W 87TH AVE MERRILLVILLE, IN 46410			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00452202, IN00452516 and IN00453660.</p> <p>Complaint IN00452202 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00452516 - Federal/State deficiencies related to the allegations are cited at F757.</p> <p>Complaint IN00453660 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: February 17 & 18, 2025</p> <p>Facility number: 010739 Provider number: 155764 AIM number: 200856890</p> <p>Census Bed Type: SNF/NF: 19 SNF: 37 Residential: 15 Total: 71</p> <p>Census Payor Type: Medicare: 25 Medicaid: 15 Other: 16 Total: 56</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/19/25.</p>			F 0000			

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

TITLE

(X6) DATE

Alisha Boler

RN BSN RNC

03/03/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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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F 0620 SS=D Bldg. 00	<p>483.15(a)(1)-(7) Admissions Policy</p> <p>Based on record review and interview, the facility failed to implement the admission policy, related to an Admission Agreement not explained and signed by a resident who had been admitted into the facility for 1 of 1 resident reviewed for Admission Agreement implementation. (Resident D)</p> <p>Finding includes:</p> <p>Resident D's record was reviewed on 2/18/25 at 10:53 a.m. The diagnoses included, but were not limited to, chronic respiratory failure.</p> <p>The Census History indicated the resident was admitted into the facility on 8/24/24. A transfer/discharge to an acute care hospital occurred on 9/25/24 and a return re-admission occurred on 9/30/24. A transfer/discharge to an acute care hospital occurred on 10/2/24 with a return re-admission on 10/8/24. A transfer/discharge to an acute care hospital occurred on 11/14/24 with a return re-admission on 11/18/24. The resident was discharged to another facility on 1/16/25.</p> <p>A Quarterly Minimum Data Set assessment, dated 11/24/24, indicated an intact cognitive status.</p> <p>There was no signed Admission Agreement that included, but was not limited to, the consent for treatment, explanations of resident rights, characteristics and services of the facility, conditions for transfer discharges, bed hold policies, room changes, personal property, financial responsibilities, which included Medicare and Medicaid services, the daily basic</p>			F 0620	<p>F 620 Admissions Policy</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>The Facility respectfully requests paper compliance for this survey.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident D no longer resides in the facility.</p> <p>How will the facility identify other residents who have the potential to be affected by the same alleged deficient practice?</p> <p>The deficient practice has the potential to affect all facility residents.</p>		03/03/2025

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	<p>rate and what was covered by the basic rate and what was not covered by the basic rate, physician services, grievance procedures, safe guarding personal property, and other terms of agreements.</p> <p>During an interview on 2/18/25 at 1:20 p.m., the Admission's Manager indicated the resident had not signed the Admission Agreement and she had not explained the items in the agreement to the resident. She indicated the resident seemed confused when he came back from dialysis and she did not feel comfortable going over the paperwork and having the resident sign the agreement since there was a lot of information in the Admission Agreement. No further information was provided when asked why the Admission Agreement had not been completed on the non-dialysis days.</p> <p>During the interview on 2/18/15 at 1:20 p.m., the Administrator indicated the Admission Agreement was to be completed for all admissions.</p> <p>3.1-4(a)</p>				<p>What corrective measures will the facility take or will alter to ensure that the problem will not recur?</p> <p>The admissions Coordinator was educated and will ensure an admission agreement is presented to and signed by all residents who are admitted to the facility within 72hours.</p> <p>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent?</p> <p>Admission Coordinator/ designee will audit 5 residents weekly x 6 months.</p> <p>The Admission Coordinator/designee will present a summary of the audits to the QA committee monthly for 6 months. Thereafter, if determined by the QA committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be ongoing.</p> <p>By what date the systemic changes will be completed: 3/3/25</p> <p>F 620 Admissions Policy</p>		

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			<p>The Admissions Coordinator/Designee will observe 5 residents weekly for 6months, to ensure agreements are explained and signed by all residents admitted to the facility with in 72 hours.</p> <p>Resident Initials</p> <p>Admission Date</p> <p>Admission Agreement Uploaded? Yes/No</p> <p>Any barriers to getting the admission agreement signed? Yes/No</p> <p>If a barrier is identified, is it documented? Yes/No</p>		

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	<p>Finding includes:</p> <p>Resident B's record was reviewed on 2/18/25 at 9 a.m. The diagnoses included, but were not limited to, stroke and diabetes mellitus.</p> <p>A Quarterly Minimum Data Set assessment, dated 11/4/24, indicated a severely impaired cognitive status and received insulin in the past seven days.</p> <p>A Physician's Order, dated 11/13/24, indicated the blood sugars were to be obtained before meals and at bedtime and Humalog insulin was to be administered if the blood sugar was 151 or higher. The doses of insulin was to be given per the results of the blood sugar results (sliding scale).</p> <p>The Medication Administration Record (MAR), dated 12/2024, indicated the blood sugar was not obtained to determine if insulin was required on 12/1/14 at 9 p.m., 12/8/24 at 11:30 a.m., 5:30 p.m., and 9 p.m., 12/21/24 at 9 p.m., and 12/28/24 at 5:30 p.m. and 9 p.m.</p> <p>The MAR, dated 1/2025, indicated the blood sugar was not obtained to determine if insulin was required on 1/8/25 at 9 p.m., 1/11/15 at 9 p.m., 1/13/24 at 9 p.m., 1/15/25 at 9 p.m., 1/27/25 at 9 p.m., 1/29/25 at 11:30 a.m., and 1/30/25 at 5:30 p.m. and 9 p.m.</p> <p>The Director of Nursing (DON) was informed of the missed blood sugar monitoring on 2/18/25 at 11 a.m. No further information was provided at end of the Exit Conference on 2/18/25 at 3:42 p.m.</p> <p>A facility glucose testing policy, dated 1/2/21 and</p>				<p>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>The Facility respectfully requests paper compliance for this survey.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B suffered no ill effects from the medication not being administered and monitored. Resident B's blood sugar is being monitored and her medication as ordered.</p> <p>How will the facility identify other residents who have the potential to be affected by the same alleged deficient practice?</p> <p>The deficient practice has the potential to affect all facility residents.</p> <p>What corrective measures will the facility take or will alter to ensure that the problem will</p>		

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	<p>received as current from the DON, indicated the Physician's Order was to be reviewed prior to the testing and all results of the testing were to be recorded on the MAR.</p> <p>A facility medication administration policy, dated 2/17/20 and received as current from the DON, indicated medications were to be administered in accordance with the Prescriber's orders.</p> <p>This citation relates to Complaint IN00452516.</p> <p>3.1-48(a)(3)</p>				<p>not recur?</p> <p>Licensed Nurses and Qualified Medication Aides were educated on ensuring medications are administered as ordered. Emphasis was given related to documentation of Blood glucoses and administration of insulin if required.</p> <p>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent?</p> <p>DON/ designee will audit 10 residents weekly x 6months on various shifts to ensure Nurses and QMA's are administering and monitoring medications per Physicians orders.</p> <p>The DON/designee will present a summary of the audits to the QA committee monthly for 6 months. Thereafter, if determined by the QA committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be ongoing.</p> <p>By what date the systemic changes will be completed: 3/3/25</p> <p>F757 Audit Tool</p>		

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			DON/ designee will audit 10 residents a week x 6months on various shifts to ensure Nurses and QMA's are assessing and documenting blood glucose and insulin administration as ordered Date Residents Initial and Room number Does the resident have orders for blood glucose monitoring Y/N If yes, has the residents' blood Glucose been documented? Y/N If yes, is there an order for insulin administration? Y/N If yes, has insulin dose been administered as ordered ? Y/N		

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