

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155218	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2022
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NAME OF PROVIDER OR SUPPLIER GREAT LAKES HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN 46311
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F 0000 Bldg. 00	<p>This visit was for the investigation of complaint IN00373254.</p> <p>Complaint IN00373254 - Substantiated. Federal/State deficiencies related to allegation are cited at F684.</p> <p>Unrelated deficiency cited at F888.</p> <p>Survey date: March 1, 2022</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Census Bed Type: SNF/NF: 89 Total: 89</p> <p>Census Payor Type: Medicare: 6 Medicaid: 68 Other: 15 Total: 89</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 3/7/22.</p>	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 the federal and state law. The facility respectfully requests a desk review for this plan of correction.	
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the</p>			

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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	<p>facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview, the facility failed to complete ongoing assessments and ensure prompt treatment of injuries after a resident experienced falls for 1 of 3 residents reviewed for falls. (Resident B)</p> <p>Finding includes:</p> <p>The record for Resident B was reviewed on 3/1/22 at 10:40 a.m. The resident was admitted on 11/9/21. Diagnoses included, but were not limited to, intracranial abscess and granuloma, type 2 diabetes, protein malnutrition, altered mental status, alcohol abuse, stroke, seizures, and cerebral edema.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 1/20/22, indicated the resident was not cognitively intact. He was an extensive assist with a 2 person physical assist for bed mobility and total dependent on staff with a 2 person assist for transfers. The resident had a history of falls.</p> <p>The Care Plan, revised on 12/1/21, indicated the resident was at risk for falls related to cognitive status, brain abscess, brain compression, cerebral edema, seizures, weakness, decline in status, incontinence, non-verbal, and unable to make needs known.</p> <p>Nurses' Notes, dated 1/25/22 at 7:15 p.m., indicated the resident was on the floor and not on the mat at bedside. There was bleeding coming from the right eyebrow. The sister was informed</p>	F 0684	<p>F684 Quality of Care</p> <p>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.</p> <p>The facility cordially requests paper compliance regarding alleged deficient practices.</p> <ol style="list-style-type: none"> Resident B was not harmed by the alleged deficient practice. The facility wound nurse/designee has assessed and treated Resident B according to physician order and care plan. Any resident that sustains an injury requiring follow-up assessments has the potential to be affected by same alleged deficient practice. A skin assessment has been conducted on all residents, and any alterations in skin integrity have appropriate follow up. 	03/25/2022

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	<p>and wanted the resident sent to the hospital.</p> <p>Nurses' Notes, dated 1/26/22 at 2:18 a.m., indicated the resident had returned from ER. The resident was noted with an abrasion to right eyebrow with no active bleeding or swelling noted at this time. The resident was in a recliner chair for close observation.</p> <p>There was no follow up assessment of the abrasion to the right eyebrow after 1/26/22.</p> <p>Nurses' Notes, dated 1/29/22 at 9:38 a.m., indicated the resident was noted to be confused and unable to follow commands this morning. Resident attempted to stand on his own without assistance and fell to the floor next to the chair. A full physical assessment completed and the resident's middle finger on the right hand was noted to be swollen and bent backward. This nurse called EMS immediately and the resident was sent to the hospital for evaluation and treatment.</p> <p>There was no follow up assessment of the resident's finger after 1/29/22.</p> <p>Nurses' Notes, dated 2/4/22 at 6:53 p.m., indicated the resident was observed sitting on the floor on the buttocks next to the chair in common area. Resident noted with a round skin tear to the left cheek area under the eye and the right knee with an open area.</p> <p>There was no follow up assessment or documentation of the resident's injuries from the fall.</p> <p>Physician's Orders, dated 2/10/22, indicated apply Bacitracin ointment to right knee, left</p>		<p>3. The licensed nursing staff have been educated on the "Skin Care & Wound Management Overview" policy with emphasis on follow-up assessments, documentation, and on-going treatment of the affected area.</p> <p>4. DON/Designee will observe 5 residents' skin weekly for one month, and after will observe 2 residents weekly for one month, and then 5 residents monthly for one month to ensure that any alterations in skin integrity and/or any areas of concern have the appropriate follow up. The weekly skin assessments will be audited for completion Monday-Friday as this is an on-going facility practice.</p> <p>5. ED/Designee will report on audits monthly to the interdisciplinary team for 6 months during QAPI Meeting. Determination will be made as to whether audits will remain ongoing as necessary thereafter after 6 months.</p> <p>Date of completion: 03/19/2022</p>	

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F 0888 SS=A Bldg. 00	<p>knee, right arm, and left under eye daily for skin tear. Cleanse with normal saline first and leave open to air under eye and right arm, cover with dry dressing both knees.</p> <p>The Physician's Orders for the injuries were not obtained until 6 days after the fall.</p> <p>Interview with Director of Nursing on 3/1/22 at 4:15 p.m., indicated there was no follow up documentation or assessment of the resident's injuries or skin tears after the falls.</p> <p>This Federal tag relates to Complaint IN00373254.</p> <p>3.1-37(a)</p> <p>483.80(i)(1)-(3)(i)-(x) COVID-19 Vaccination of Facility Staff §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>§483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility</p>			

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	<p>and/or its residents:</p> <ul style="list-style-type: none"> (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement. <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff:</p> <ul style="list-style-type: none"> (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section. <p>§483.80(i)(3) The policies and procedures must include, at a minimum, the following components:</p> <ul style="list-style-type: none"> (i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose 			

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	<p>COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically</p>			

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	<p>contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>Based on observation, record review, and interview, the facility failed to ensure unvaccinated staff were implementing the facility's extra precautions for preventing the spread of COVID-19, related to wearing a N95 face mask during their shift when residents were present for 1 of 38 employees with religious</p>	F 0888	This citation does not require a plan of correction.	03/25/2022

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	<p>exemptions. (Employee 1)</p> <p>Finding includes:</p> <p>On 3/1/22 at 1:00 p.m., Employee 1 was observed standing by the West Unit Nurses' station. At that time, she was wearing a surgical face mask over her mouth and nose.</p> <p>Interview with Employee 1 at that time, indicated she had completed documentation for a religious exemption from the COVID-19 vaccine. She was tested 2 times a week, but was unsure if she needed to wear a N95 face mask and/or face shield due to being unvaccinated because the guidance has changed so much.</p> <p>Interview with the Director of Nursing on 3/1/22 at 3:30 p.m., indicated all unvaccinated employees were to be wearing a N95 face mask at all times.</p> <p>The revised and current 1/19/22 "Employee COVID-19 Required Vaccination" policy, provided by the Assistant Director of Nursing on 3/1/22 at 11:30 a.m., indicated "Unvaccinated or partially vaccinated employees must wear a N95 mask for source control, regardless of whether they are providing direct care to or otherwise interacting with patients.</p>			