

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

PRINTED: 10/09/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155844		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/03/2024	
NAME OF PROVIDER OR SUPPLIER IGNITE MEDICAL RESORT CHESTERTON				STREET ADDRESS, CITY, STATE, ZIP COD 2775 VILLAGE POINT CHESTERTON, IN 46304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 Complaint IN00432281.</p> <p>Complaint IN00432281 - Federal/state deficiencies related to the allegations are cited at F684 and F760.</p> <p>Survey date: June 3, 2024</p> <p>Facility number: 013688 Provider number: 155844 AIM number: 201352370</p> <p>Census Bed Type: SNF/NF: 15 SNF: 46 Residential: 26 Total: 87</p> <p>Census Payor Type: Medicare: 22 Medicaid: 12 Other: 27 Total: 61</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/7/24.</p>		F 0000	<p>This plan of correction shall serve as this facilities' credible allegation of compliance Preparation, submission, and implementation of the plan of corrections does not constitute an admission of or agreement with the facts and conclusions set forth in this survey report Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. The facility respectfully requests paper compliance Thank you for your consideration,</p> <p>Respectfully,</p> <p>Kevin Mehay 317-525-3537</p>			
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on record review and interview, the facility failed to ensure a resident received the necessary care and treatment related to a wound treatment not provided as ordered for 1 of 3 residents</p>		F 0684	<p>POC for F684-Quality of Care What corrective action(s) will be accomplished for those resident(s) found to have been</p>		06/05/2024	

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 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 disclosed 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>reviewed for non-pressure wound care. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's closed record was reviewed on 6/3/24 at 9:02 a.m. The resident was admitted to the facility on 3/4/24 and was discharged on 4/5/24. Diagnoses included, but were not limited to, infection and inflammatory reaction of right knee prosthesis, Diabetes Mellitus and hypertension.</p> <p>The Admission Minimum Data Set assessment, dated 3/11/24, indicated the resident was cognitively intact, had a surgical wound, and received surgical wound care.</p> <p>A Physician's Order, dated 3/23/24, indicated to cleanse the right knee with 0.9% normal saline, apply xeroform gauze and apply a cover dressing daily and as needed for soilage or dislodgment.</p> <p>The March 2024 Treatment Administration Record lacked documentation the dressing change had been completed on 3/24, 3/26 and 3/28. The progress notes lacked documentation indicating if the dressing had been completed.</p> <p>A Care Plan, dated 3/5/24, indicated the resident was admitted with a surgical incision to the right knee. Interventions included, but were not limited to, treat per Physician's orders.</p> <p>During an interview on 6/3/24 at 3:17 p.m. with the Director of Nursing, she indicated she was unable to locate documentation related to the dressings being completed on the above dates.</p> <p>This citation relates to Complaint IN00432281.</p>				<p>affected by the deficient practice?</p> <p>No harm came to resident B due to alleged deficient practice. Resident B no longer resides here in the facility.</p> <p>How will you 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 with treatment orders have the potential to be affected by this alleged deficient practice.</p> <p>A full house audit was completed of current treatment administration record to ensure all treatments including non-pressure wound treatments were administered and documented that they were completed.</p> <p>What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Nursing staff educated on proper documentation of wound treatments that are rendered.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place?</p> <p>DON/Designee will randomly monitor 10 residents with wound</p>		

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F 0760 SS=D Bldg. 00	<p>3.1-37(a)</p> <p>483.45(f)(2) Residents are Free of Significant Med Errors</p> <p>Based on record review and interview, the facility failed to ensure a resident was free of significant medication errors related to missed doses of an antibiotic for 1 of 3 residents reviewed for infections. (Resident C)</p> <p>Finding includes:</p> <p>Resident C's record was reviewed on 6/3/24 at 12:08 p.m. The resident was admitted to the facility on 4/24/24. Diagnoses included, but were not limited to, mechanical complication of other vascular grafts, localized infection of the skin and subcutaneous tissue and peripheral vascular disease.</p> <p>The Admission Minimum Data Set assessment, dated 5/1/24, indicated the resident was cognitively intact, had a surgical wound, and received surgical wound care.</p> <p>A Physician's Order, dated 4/25/24, indicated to</p>			F 0760	<p>treatment orders weekly to ensure treatments are rendered and proper documentation is completed.</p> <p>DON/Designee will present summaries of the audit to the Quality Assurance Committee monthly for six months. Thereafter, if determined by Quality Assurance Committee that further monitoring is needed, audits will continue.</p> <p>Date of compliance: 6-5-2024</p> <p>POC for F760 Resident are Free of Significant Med Errors What corrective action(s) will be accomplished for those resident(s) found to have been affected by the deficient practice?</p> <p>No harm came to Resident C related to alleged deficient practice.</p> <p>Resident C was assessed and shows no sign of increase in infection due to alleged deficient practice.</p> <p>How will you 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 have the potential to be affected by this</p>		06/05/2024

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	<p>give meropenem (an antibiotic) 1 gram intravenously every 8 hours for a wound infection for 8 weeks.</p> <p>The May 2024 Medication Administration Record lacked documentation the antibiotic was given on 5/7 x 2 doses, 5/14, 5/22 and 5/28. The there was no documentation in the progress notes related to the medication not being given.</p> <p>A Care Plan, dated 4/25/24, indicated the resident was on antibiotic therapy related to local infections of the skin and subcutaneous tissue. Interventions included, but were not limited to, administer the medication as ordered.</p> <p>During an interview with the Director of Nursing on 6/3/24 at 2:18 p.m., she indicated she had spoken on the phone to 4 of the 5 nurses who had not signed out the medication and they claim they had given the medication but had not signed it out. She indicated the medication should have been signed out if given.</p> <p>This citation relates to Complaint IN00432281.</p> <p>3.1-48(c)(2)</p>				<p>alleged deficient practice.</p> <p>A full house audit was completed of current medication administration record to ensure all medications including but not limited to antibiotics were administered and documented that they were given.</p> <p>What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Nursing staff was educated on ensuring all medications, including but not limited to antibiotics, are administered and proper documentation is completed.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place?</p> <p>DON/Designee will randomly check 10 resident charts weekly to ensure all medications that are ordered, are administered and documented appropriately.</p> <p>DON/Designee will present summaries of the audit to the Quality Assurance Committee monthly for six months. Thereafter, if determined by Quality Assurance Committee that further monitoring is needed, audits will continue.</p> <p>Date of compliance: 6-5-2024</p>		