

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

PRINTED: 04/01/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155840		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/04/2025	
NAME OF PROVIDER OR SUPPLIER IGNITE MEDICAL RESORT DYER LLC.				STREET ADDRESS, CITY, STATE, ZIP COD 1532 CALUMET AVENUE DYER, IN 46311			
(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 Complaints IN00450991, IN00453717, IN00453895, and IN00453976.</p> <p>Complaint IN00450991 - Federal/State deficiencies related to the allegations are cited at F880.</p> <p>Complaint IN00453717 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00453895 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00453976 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: March 3 & 4, 2025</p> <p>Facility number: 013462 Provider number: 155840</p> <p>Census Bed Type: SNF: 93 Residential: 30 Total: 123</p> <p>Census Payor Type: Medicare: 51 Other: 42 Total: 93</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<p>Ignite Medical Resorts 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>This facility respectfully requests a desk review for the given citations in this survey. Please see all attached documentation for your consideration.</p>		

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

TITLE

(X6) DATE

Megan Matula

General Manager

03/21/2025

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 30 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 0580 SS=D Bldg. 00	<p>Quality review completed on 3/7/25.</p> <p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Denial/Room, etc.)</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified in a timely manner of a medication that was unavailable for 1 of 3 residents reviewed for notification of change. (Resident E)</p> <p>Finding includes:</p> <p>Resident E's record was reviewed on 3/3/25 at 11:23 a.m. Diagnoses included, but were not limited to, heart failure, gout (increase level of uric acid), muscle weakness, and chronic obstructive pulmonary disease (COPD).</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 2/19/25, indicated the resident was cognitively intact for daily decision making.</p> <p>A Physician's Order, dated 2/12/25, indicated the resident was to receive Vericiguat (chronic heart failure medication) 10 milligram (MG) oral tablet once a day for heart failure.</p> <p>A Nurse's Note, dated 2/14/25 at 12:29 p.m., indicated Vericiguat oral tablet was not available and pharmacy was aware.</p> <p>A Nurse's Note, dated 2/15/25 at 9:50 a.m., indicated Vericiguat oral tablet was pending delivery from pharmacy.</p> <p>A Nurses Note, dated 2/16/25 at 6:24 p.m., indicated the nurse and the physician notified the resident's spouse of the vericiguat medication being a high cost medication and requested she</p>			F 0580	<p>POC for F580 – Notify of Changes (Injury/Denial/Room, etc.)</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No harm came to any residents related to this alleged deficient practice.</p> <p>Resident E no longer resides in 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 have the potential to be affected by this alleged deficient practice.</p> <p>MAR-to-cart audit completed to ensure that all</p>		03/21/2025

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	<p>bring the prescription in.</p> <p>There was no documentation prior to 2/16/25 of the physician being notified of the delayed medication order.</p> <p>During an interview on 3/3/25 at 1:42 p.m., the Director of Nursing (DON) indicated he received notification from the pharmacy on 2/18/25 at 1:20 p.m. that vericiguat was a high cost medication and required approval. He approved the medication the same day and the resident's family did not have to supply the medication. He indicated a physician should be notified of a medication delay after 48 hours of not receiving a medication.</p> <p>During an interview on 3/4/25 at 10:18 a.m., the DON indicated there was no documentation indicating the physician was notified prior to 2/16/25.</p> <p>A facility policy for medications on back-order, dated 11/2024 and received from the DON as current, indicated if the medication was not available in the Emergency/Convenience Boxes, the staff nurse was to call the physician for a possible and/or appropriate alternative.</p> <p>3.1-5(a)(2)</p>				<p>ordered medications are on-hand and available for administration.</p> <p>Full house audit was completed to ensure that physician was notified in a timely manner for any unavailable medications.</p> <p>What measures 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 ensuring that physician is notified in a timely manner when an ordered medication is not available for immediate administration.</p> <p>How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>CNO/designee will monitor progress notes daily in clinical meeting to ensure that physician notification is documented for any unavailable medications.</p>		

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F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>Based on observation, interview, and record review, the facility failed to ensure correct Personal Protective Equipment (PPE) was used by staff member (CNA 1) when providing care to a resident (Resident G) who was in Enhanced Barrier Precautions (EBP) for 1 of 4 residents reviewed for EBP.</p> <p>Finding includes:</p> <p>During an observation on 3/3/25 at 9:04 a.m., there was a container on Resident G's outside door that contained PPE of gowns, gloves, and masks. There was a sign on the door frame that indicated the resident required EBP. Resident G was lying in bed, was uncovered and wore a clean incontinent brief. A family member was assisting the resident to lie on his right side and CNA 1 was on the left side of the bed and placed a clean and rolled incontinent pad under the resident. The resident was then rolled to the left side and the incontinent pad was pulled through to be placed under the</p>		F 0880	<p>CNO/Designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audit will continue.</p> <p>Date of compliance: 03/21/2025</p> <p>POC for F880 – Infection Prevention & Control</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident G suffered no ill effects from this alleged deficient practice.</p> <p>Resident G no longer resides in facility.</p> <p>CNA1 immediately educated on ensuring correct PPE is used when providing care to residents on Enhanced Barrier</p>		03/21/2025	

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	<p>resident. CNA 1 was not wearing a gown. She then started to leave the room to find assistance to position the resident in the bed. At that time, she indicated a gown should have been worn during care.</p> <p>During an interview on 3/4/25 at 8:41 a.m., the resident's family member indicated CNA 1 had answered the call light and provided incontinent care when observed on the morning of 3/3/25.</p> <p>Resident G's record was reviewed on 3/3/25 at 2:43 p.m. The diagnoses included, but were not limited to, stroke.</p> <p>A Physician's Order, dated 1/20/25, indicated EBP was required due to a feeding tube being present.</p> <p>A facility EBP policy, dated 3/2024 and identified as current by the Director of Nursing, indicated staff were to don a gown and gloves during high-contact resident care. EBP PPE was to be used for residents with a feeding tube.</p> <p>This citation relates to Complaint IN00450991.</p> <p>3.1-18(b)</p>				<p>Precautions.</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>Any resident on isolation or EBP have the potential to be affected by this alleged deficient practice.</p> <p>House audit completed to review all residents requiring isolation, including but not limited to EBP, to ensure proper signage in place and PPE available.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Facility staff educated to ensure staff understand meaning of each type of isolation sign, when a resident meets criteria for EBP or other types of isolation, and appropriate PPE to use when entering a room and/or providing</p>		

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			<p>care.</p> <p>Nursing staff educated to ensure staff understand which high-contact care activities would require PPE for residents in Enhanced Barrier Precautions.</p> <p>Staff educated on new isolation signage for EBP with listed high-contact care activities that would require PPE.</p> <p>How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>CNO/Designee will audit 10 staff members weekly on random shifts to ensure appropriate PPE is worn based on isolation status.</p> <p>CNO/Designee to test 10 staff members weekly on random shifts to ensure they understand which high-contact care activities would require PPE for residents in EBP.</p> <p>CNO/Designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the</p>		

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					Quality Assurance committee that further monitoring is needed, audit will continue. Date of compliance: 03/21/2025		