

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

PRINTED: 01/30/2025

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 01/09/2025	
NAME OF PROVIDER OR SUPPLIER  IGNITE MEDICAL RESORT DYER LLC.				STREET ADDRESS, CITY, STATE, ZIP CODE 1532 CALUMET AVENUE DYER, IN 46311			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00447372, IN00450096, IN00450148, IN00450163, and IN00450726.</p> <p>Complaint IN00447372 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450096 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450148 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450163 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450726 - Federal/State deficiencies related to the allegations are cited at F686.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: January 8 and 9, 2025</p> <p>Facility number: 013462 Provider number: 155840 AIM number: 201330210</p> <p>Census Bed Type: SNF: 98 Residential: 30 Total: 128</p> <p>Census Payor Type: Medicare: 51 Other: 47 Total: 98</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

01/22/2025

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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F 0686 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 1/13/25.</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident with a pressure ulcer received the necessary treatment and services to promote healing, related to interventions not in place and a treatment was not completed as ordered and care planned for 1 of 3 residents reviewed for pressure ulcers. (Resident G)</p> <p>Finding includes:</p> <p>During an observation on 1/8/25 at 10:00 a.m., Resident G was lying in bed with the head of the bed elevated. There were heel protectors observed lying on top of the dresser and the resident's heels were lying directly on a regular mattress. There was a low air mattress lying on the floor in the entryway of the room.</p> <p>During an observation on 1/8/25 at 10:18 a.m., LPN 1 and LPN 2 entered the room and provided incontinent care to the resident. After washing the resident, a new brief was applied. The skin barrier cream had not been applied. Upon completion of the incontinent care, the heels remained resting on the mattress of the bed. The low air mattress remained on the floor in the entryway of the room.</p> <p>During an interview on 1/8/25 at 11:14 a.m., Wound Nurse 4 indicated the resident had a DTI (deep tissue injury) (underlying soft tissue</p>			F 0686	<p><b>POC for F686 – Treatment/Svcs to Prevent/Heal Pressure Ulcer</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>Resident G suffered no ill effects from this alleged deficient practice.</p> <p>Resident G's wound care plan was reviewed to ensure wound interventions were in place.</p> <p>Wound Care Nurse 3 and Wound Care Nurse 4 immediately educated on completing wound treatments as ordered and ensuring wound care plan interventions are in place.</p> <p><b>How will you identify other residents having the potential to be affected by the same</b></p>		01/31/2025

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	<p>damage resulting in a discolored area of intact skin) on the right heel.</p> <p>During an observation on 1/8/25 at 11:14 a.m., Wound Nurse 3 and CNA 4 entered the room to provide a pressure ulcer treatment to the DTI on the right heel. Wound Nurse 3 indicated she was unsure why the low air loss mattress was on the floor in the entryway to the room and maybe the mattress needed to be placed on the resident's bed. CNA 4 assisted the resident to turn onto the left side. There was no dressing on the DTI of the right heel and the resident's heels remained directly on the mattress. Wound Nurse 3 indicated the wound was approximately the size of a dime and was a reabsorbed fluid filled blister and a DTI. She indicated the resident's heels were to be off loaded off the mattress (kept off the mattress to prevent pressure to the area). The DTI was purple in color. Wound Nurse 3 then washed the DTI, placed a betadine soaked gauze over the area and covered the gauze with two foam dressings. Two pillows were then placed under the resident's calves to prevent the heels from directly lying on the mattress.</p> <p>During an observation on 1/8/25 at 2:35 p.m., the low air loss air mattress remained on the floor in the entryway of the resident's room.</p> <p>Resident G's record was reviewed on 1/8/25 at 11:55 a.m. The diagnoses included, but were not limited to, diabetes mellitus, peripheral vascular disease, and stroke.</p> <p>An Admission Minimum Data Set assessment, dated 12/12/24, indicated an intact cognitive status, moderate assistance was required for bed mobility, was always incontinent of bowel and bladder, and had no unhealed pressure ulcers.</p>				<p><b>deficient practice and what corrective action will be taken.</b></p> <p>All residents with wounds have the potential to be affected by this alleged deficient practice.</p> <p>House audit completed of all residents with wound care plans to ensure all interventions were in place.</p> <p>CNO rounded with wound care team to ensure scheduled wound treatments were completed according to physician orders.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>Nurses, including wound care team, were educated that wound treatments need to be completed according to physician orders.</p> <p>Nurses, including wound care team, educated that care plan interventions related to wounds need to be in place.</p>		

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	<p>A Nurse's Progress Note, dated 12/29/24 at 3:33 p.m., indicated the resident was admitted into the hospital for hypoglycemia, chronic kidney disease, and vomiting.</p> <p>A Nurse's Progress Note, dated 1/6/25 at 10:03 p.m., indicated the resident was re-admitted into the facility.</p> <p>The Nursing Re-admission Evaluation, dated 1/6/25, indicated a DTI was present on the right heel and there was redness to the coccyx.</p> <p>A Skin/Wound Note, dated 1/7/25 at 2:30 p.m., indicated there was a DTI to the right heel. The Physician was notified and treatment orders were received.</p> <p>The Wound Round Progress Notes, dated 1/7/25, indicated the DTI on the right heel was 1.2 centimeters (cm) by 1 cm and the skin was intact.</p> <p>A Care Plan, dated 1/7/25, indicated a DTI was present on the right heel. The interventions included, an air mattress would be utilized and offloading the heels would be considered with heel protectors or other offloading devices. Moisture barrier cream after each incontinence episode would be used.</p> <p>A Physician Order, dated 1/6/25, indicated barrier cream was to be used after incontinence care as needed.</p> <p>Physician's Orders, dated 1/7/25, indicated a low air loss mattress was to be placed on the bed for pressure reduction and the right heel DTI was to be cleansed with normal saline, patted dry, painted with betadine and was to be covered with</p>				<p><b>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?</b></p> <p>CNO/designee will audit 10 wound care treatments weekly to ensure that treatment is completed as ordered.</p> <p>CNO/designee will audit 10 wound care plans weekly to ensure that documented interventions are in place.</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 Quality Assurance committee that further monitoring is needed, audit will continue.</p> <p><b>Date of compliance: 01/31/2025</b></p>		

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F 0880 SS=D Bldg. 00	<p>a dry dressing daily and as needed.</p> <p>The Treatment Administration Record, dated 1/2025, indicated the low air loss mattress was present as ordered on 1/7/25, night shift.</p> <p>During an interview with the Administrator and the Director of Nursing (DON) on 1/8/25 at 3:01 p.m., the DON indicated he would ensure the low air loss mattress would be placed on the resident's bed.</p> <p>A facility wound policy and procedure, dated 3/2020 and received from the DON as current, indicated wounds would be assessed and interventions implemented and documented in the resident's clinical record.</p> <p>This citation relates to Complaint IN00450726.</p> <p>3.1-40(a)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control</p> <p>Based on observation, interview, and record review, the facility failed to ensure correct Personal Protective Equipment (PPE) was used by staff members (LPN 1 and LPN 2) when providing care to a resident (Resident G) who was in Enhanced Barrier Precautions (EBP) for one random observation for infection control.</p> <p>Finding includes:</p> <p>During an observation on 1/8/25 at 10:18 a.m., LPN 1 and LPN 2 entered Resident G's room to provide incontinent care. The LPN's applied gloves, stood on each side of the bed and assisted the resident in turning from side to side. LPN 2 provided</p>			F 0880	<p><b>POC for F880 – Infection Prevention &amp; Control</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>Resident G suffered no ill effects from this alleged deficient practice.</p>		01/31/2025

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	<p>washing of the skin and a clean brief was applied. LPN 1 and LPN 2 had not donned a gown prior to providing the care.</p> <p>During an observation and interview on 1/8/25 at 10:32 a.m., there was a sign on the door that indicated the resident required PPE due to EBP and a cart was located inside the door to the room with the PPE. LPN 1 acknowledged the sign on the door and indicated PPE should have been used. LPN 1 was unsure why the resident required EBP. LPN 2 indicated PPE for the EBP should have been utilized.</p> <p>Resident G's record was reviewed on 1/8/25 at 11:55 a.m. The diagnoses included, but were not limited to, diabetes mellitus, peripheral vascular disease, and stroke.</p> <p>The Nursing Re-admission Evaluation, dated 1/6/25, indicated a Deep Tissue Injury (DTI) (underlying soft tissue damage resulting in a discolored area of intact skin) was present on the right reel and there was redness to the coccyx.</p> <p>A Skin/Wound Note, dated 1/7/25 at 2:30 p.m., indicated there was a DTI to the right heel. The Physician was notified and treatment orders were received.</p> <p>The Wound Round Progress Notes, dated 1/7/25, indicated the DTI on the right heel was 1.2 centimeters (cm) by 1 cm and the skin was intact.</p> <p>A Physician's Order, dated 1/8/25, indicated EBP precautions were to be utilized due to the wound on the right heel.</p> <p>A facility EBP policy, dated 3/2024, indicated staff were to don a gown and gloves during</p>				<p>LPN 1 and LPN 2 immediately educated on ensuring correct PPE is used when providing care to residents on Enhanced Barrier Precautions.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>Any resident on isolation or EBP have the potential to be affected by this alleged deficient practice.</p> <p>Residents reviewed to compile a current list of residents who require isolation or EBP.</p> <p>Residents in isolation, including but not limited to Enhanced Barrier Precautions, audited to ensure that proper signage was in place and PPE was available.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p>		

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	high-contact resident care. EBP PPE was to be used for residents with wounds including any skin opening that required a dressing.  3.1-18(b)		<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 care.</p> <p><b>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?</b></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 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><b>Date of compliance: 01/31/2025</b></p>		

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