| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155596 | A. BUILDING 00<br>B. WING | 02/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| LAKELAND REHAB AND HEALTHCARE CENTER | 500 N WILLIAMS ST<br>ANGOLA, IN 46703 |

| (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 |
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| F 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaint IN00451871.<br><br>Complaint IN00451871 - Deficiencies related to the allegations are cited at F609.<br><br>Survey date: February 20, 2025<br><br>Facility number: 000474<br>Provider number: 155596<br>AIM number: 100290510<br><br>Census Bed Type:<br>SNF/NF: 66<br>Total: 66<br><br>Census Payor Type:<br>Medicare: 5<br>Medicaid: 32<br>Other: 29<br>Total: 66<br><br>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality review completed February 21, 2025 | F 0000 | This facility request paper compliance of all citations<br>This Plan of Correction is the center's credible allegation of compliance.<br>Preparation and/or 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 the deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. | |
| F 0609<br>SS=D<br>Bldg. 00 | 483.12(b)(5)(i)(A)(B)(c)(1)(4)<br>Reporting of Alleged Violations<br><br>Based on interview and record review, the facility failed to ensure an injury of unknown origin was reported for 1 of 3 residents reviewed (Resident G).<br><br>Findings include: | F 0609 | F609: Reporting of Alleged Violations<br>It is the policy of the facility to report and submit abuse and incidents to the Indiana State Department of Health in compliance with federal | 03/10/2025 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| | On 2/20/25 at 10:52 A.M., Resident G's record was reviewed. Diagnoses included severe vascular dementia with mood disorder, parkinsonism, restlessness and agitation. She resided on the secured memory care unit.<br><br>A quarterly Minimum Data Set (MDS) assessment, dated 12/26/24, indicated the resident had severely impaired cognition. She had behaviors of rejecting care daily. She required moderate assistance with chair/bed to chair transfers and maximal assistance with getting on and off the toilet. She was frequently incontinent of bowel and bladder and utilized adult briefs to manage incontinence. The resident was receiving hospice services and was prescribed medication for pain but was not prescribed blood thinning medications.<br><br>An Occurrence note, dated 2/2/25 at 3:15 p.m., indicated Resident G was being assisted to use the toilet when staff observed a large purple bruise to the residents inner right thigh which measured 15 centimeters (cm) by 4 cm and was dark purple in color. The note did not indicate there was any redness or shearing to the skin. When asked, the resident indicated she hadn't known what happened and just sat in her chair all day and watched people. Staff immediately completed a skin and pain assessment and interviewed staff about possible cause of the bruise. The physician and resident's family were notified of the injury at 7:00 p.m. The note didn't indicate when the Director of Nursing or Administrator had been notified of the injury and there was no nursing note documentation completed.<br><br>An Interdisciplinary (IDT) note, entered 2/6/25 at 9:33 a.m. and dated 2/3/25 at 9:26 a.m., indicated | | regulations.<br>Resident G had no negative outcome. A complete and through investigation was completed to determine root cause of injury of unknown origin and to ensure that any potential abuse did not occur.<br>All residents have the potential to be affected by this deficient practice.<br>A skin audit was conducted for all other residents residing within the facility on 2/28/25 to ensure that there were no areas identified as injuries of unknown origin that need to be reported.<br>The Executive Director or facility designee will provide education to licensed nursing staff on the process and requirements of reporting of incident of unusual occurrences to the Indiana Department of Health within the required time frame as stipulated by the federal regulation and requirement. Any injuries of unknown origin will be reported and an initial investigation will be immediately initiated. The Executive Director will review all reported incidents to ensure those that require reporting under the guidelines of F609 are reported accordingly.<br>The Executive Director or other designee will be responsible to complete the QA tool titled “Injuries of Unknown Origin” weekly for the next 8 weeks, then monthly for 4 months thereafter to | |

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| | the IDT had met and reviewed the occurrence of bruise found on the residents inner thigh. The resident indicated she didn't know how it had occurred. During evaluation of the resident's environment and habits, it was thought she most likely sat on the arm rest of her wheelchair during a self transfer. The bruise was linear in shape. The resident was in a stooped position when she transferred and most likely had not gotten positioned over the seat of the chair. Staff would monitor the area.<br><br>A Nurse Practitioner (NP) note, dated 2/3/25 at 11:15 a.m., indicated the NP was asked to look at the resident's bruise on her right thigh. The resident didn't know what happened but indicated it was painful to touch. The bruise was observed to be linear on the medial right thigh going around to the posterior thigh. The NP indicated the bruise was possibly from a brief rubbing. Staff were to monitor the bruising for resolution.<br><br>Confidential staff interviews, conducted during the survey, indicated staff who worked on the memory care unit during the time the bruise had been observed were not asked about the origin of the bruise and were not aware Resident G had a large bruise on her thigh. One staff member indicated they were not aware how the resident got the bruise but had observed the bruise as being wide and wrapping around the resident's upper thigh.<br><br>On 2/20/25 at 11:48 A.M., the Director of Nursing (DON) was interviewed. When asked, she indicated she observed the resident's bruise on 2/3/25 and asked the resident how the bruise had occurred. She indicated the resident didn't know how she got it. She questioned staff regarding how the bruise had occurred but staff didn't know | | monitor for ongoing compliance. Any issues identified will be corrected upon discovery and results of the audits will be logged on facility QAPI log and communicated during the facility monthly QAPI meeting for a minimum of 6 months or until 100%compliance is achieved for consecutive 3 months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. This deficient practice will be completed on or by March 10, 2025. | |

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| | and weren't aware of any falls that may have occurred to cause the bruising. The DON indicated the incident was not reported to the Indiana Department of Health and there was no further investigation completed.<br><br>A current facility policy, titled "Abuse and Incident Reporting Policy", was provided by the Regional Nurse Consultant on 2/20/25 at 1:15 P.M. and stated: "It is the policy of this facility to report and submit abuse and incidents to the Indiana State Department of Health in compliance with federal regulations and/or state rules and this policy as applicable...The facility will ensure that all alleged violations involving mistreatment or exploitation, neglect, or abuse including injuries of unknown origin...are reported immediately to the Administrator...Any incident or accident that meets the requirement of 'reportable incident' as outlined in the policy must be immediately reported to the Administrator or Director of Nursing. A full investigation will be conducted to accurately determine the root cause of the incident...Definitions...Injuries of unknown source: An injury should be classified as an 'injury of unknown source' when all the following criteria are met: a. The source of the injury was not observed by any person And b. The source of the injury could not be explained by the resident or clinical condition And c. The injury is suspicious because of the extent of the injury, or the location of the injury, or the number of injuries observed at one particular point in time, or the incidence of injuries over time...."<br><br>This Citation relates to Complaint IN00451871.<br><br>3.1-28(c) | | | |