

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

PRINTED: 04/20/2022

FORM APPROVED

OMB NO. 0938-039

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 03/28/2022
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NAME OF PROVIDER OR SUPPLIER GREAT LAKES HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 2300 GREAT LAKES DR DYER, IN 46311
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00375048 and IN00375818.</p> <p>Complaint IN00375048 - Substantiated. Federal/state deficiencies related to the allegations are cited at F689 and F9999.</p> <p>Complaint IN00375818 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: March 28, 2022</p> <p>Facility number: 000123 Provider number: 155218 AIM number: 100266720</p> <p>Census Bed Type: SNF/NF: 90 Total: 90</p> <p>Census Payor Type: Medicare: 6 Medicaid: 81 Other: 3 Total: 90</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 3/30/22.</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 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment</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 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>remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure fall precautions were in place for a resident with a history of falls for 1 of 3 residents reviewed for accidents. (Resident D)</p> <p>Finding includes:</p> <p>On 3/28/22 at 11:00 a.m., Resident D was observed seated in a reclining chair in her room near the television. Her call light was attached to the rail on her bed, out of her reach. She had one leg on each side of the footrest, hanging loosely. She indicated she needed some assistance. The nurse was notified and went into her room to help her.</p> <p>On 3/28/22 at 11:37 a.m., the resident was observed in her recliner in her room. The footrests had been put down, and she had been moved closer to the television. The call light remained out of reach on the bed rail.</p> <p>On 3/28/22 at 1:40 p.m., the resident was observed on her buttocks in the hall outside her room scooting herself across the floor. Staff was notified and they retrieved her chair and assisted her back into it. She was then taken to be seated near the nurses station. LPN 1 indicated she had been in her chair in her room prior to being found in the hall.</p> <p>The resident's record was reviewed on 3/28/22 at 10:56 a.m. Diagnoses included, but were not limited to, metabolic encephalopathy, functional</p>	F 0689	<p>F689</p> <p>Free of Accidents Hazards/Supervision/Devices</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 D was not harmed by the alleged deficient practice. The DON/designee has reviewed Resident D's fall care plan and interventions to ensure they are in place, maintained, and staff are aware. All residents at risk for falls have the potential to be affected by same alleged deficient practice. A fall care plan review has been conducted on residents with falls within the last 30 days, and all interventions are in place, 	04/18/2022

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F 9999 Bldg. 00	<p>quadriplegia and muscle weakness.</p> <p>The Quarterly Minimum Data Set assessment, dated 3/17/22, indicated the resident had severe cognitive impairment and needed extensive assistance of two for bed mobility and transfers.</p> <p>A Quarterly Fall Risk assessment, dated 1/18/22, indicated the resident was at risk for falls related to history of falling, poor safety awareness and medications used.</p> <p>A Fall Care Plan, updated 3/8/22, indicated the resident was at risk for falls. Interventions included to place call light within reach and remind resident to call for assistance, and to place resident in area where she can be visualized when up in her chair.</p> <p>Interview with CNA 1 on 3/28/22 at 1:46 p.m., indicated she was not aware of the resident's fall precautions that should be in place.</p> <p>Interview with LPN 2 on 3/28/22 at 1:58 p.m., indicated the resident would put herself on the floor, but had not had any falls. She was unaware of the fall precautions that should be in place.</p> <p>This Federal tag relates to Complaint IN00375048.</p> <p>3.1-45(a)</p> <p>3.1-13 Administration and Management</p> <p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall</p>	F 9999	<p>and staff are aware.</p> <p>3. The licensed nursing staff have been educated on the "Fall Prevention and Management" policy with emphasis on interventions being in place and maintained. All nursing staff have been educated on how to locate fall interventions for their residents.</p> <p>4. DON/Designee will observe 5 residents with falls 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 all fall interventions are in place and staff are aware of interventions. The fall events will be audited for completion Monday-Friday as this is an on-going facility practice. DON/Designee will report on audits monthly to the QAPI 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: 04/18/2022</p> <p>F9999 Administration and Management</p> <p>Preparation and execution of this</p>	04/18/2022	

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	<p>include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents.</p> <p>This rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure an unusual occurrence was reported to the Indiana Department of Health (IDOH), related to a fall with a fracture for 1 of 3 residents reviewed for accidents. (Resident C)</p> <p>The record for Resident C was reviewed on 3/28/22 at 9:39 a.m. Diagnoses included, but were not limited to, congestive heart failure, hypertension, and type 2 diabetes mellitus.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 2/24/22, indicated the resident was cognitively intact and required 1-2 assist with ADLs (activities of daily living).</p> <p>The Progress Notes, dated 1/21/22, indicated the resident was found lying on his back on the bathroom floor. He was trying to pick something up from the floor and lost his balance. He had range of motion to all extremities but complained</p>		<p>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> <p>1. Resident C was not harmed by the alleged deficient practice. The facility ED/designee has reported and investigated Resident C's injury to Indiana Department of Health.</p> <p>2. Any resident that sustains an injury requiring reporting to the Indiana Department of Health has the potential to be affected by the same alleged deficient practice. An incident/event review has been conducted on all residents within the last 30 days, and any incidents/events requiring reporting to the Indiana Department of Health has been reported.</p> <p>3. The ED/DON has been re-educated on the "Indiana Abuse & Neglect & Misappropriation of Property" policy with emphasis on "State Reporting", and "Major Accidents".</p>		

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	<p>of pain to his left hip area. The Physician was notified, and an x-rays were ordered.</p> <p>A Progress Note, dated 1/23/22, indicated the x-ray results for the left hip and pelvis had been received and were negative for any fractures.</p> <p>A Nurse Practitioner Note, dated 1/26/22, indicated the resident had a fall on 1/21/22 and complained of left hip pain. X-rays had been obtained and there were no fractures. The resident would be re-evaluated the next week for a repeat x-ray due to continued left leg pain.</p> <p>A Progress Note, dated 2/1/22, indicated the resident was having pain, was confused, and had an altered mental status. The Physician was notified, and the resident was sent to the Emergency Room for evaluation.</p> <p>A Physician Re-Admission Note, dated 2/19/22, indicated the resident had been sent to the hospital on 2/1/22 due to altered mental status and was found to have a left hip fracture and pneumonia. He underwent surgery for the fracture and returned to the facility on 2/17/22.</p> <p>Interview with the Administrator on 3/28/22 at 12:37 p.m., indicated he had not reported the fracture to IDOH because it had been found while the resident was in the hospital for other issues. He previously had x-rays completed at the facility on 1/22/22 that were negative for any fractures.</p> <p>A facility policy, titled Indiana Abuse & Neglect & Misappropriation of Property, received as current from the Administrator, indicated "...IX. State Reporting and Response:...g. Major accidents. i. Expected or unintentional events resulting in any fracture or other outcomes that</p>		<p>4. ED/Designee will review all resident reported incidents/events daily for one month, and after will review resident incidents/events weekly for one month to ensure that any incidents requiring reporting to Indiana Department of Health are reported according to the policy and state guidelines. The incident/event review will be audited for completion Monday-Friday as this is an on-going facility practice. ED/Designee will report on audits monthly to the QAPI 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: 04/18/2022</p>	

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	require medical treatment beyond basic first aid or ER/Physician evaluation..." This state finding relates to Complaint IN00375048.				