

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

PRINTED: 04/22/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155153		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/27/2025	
NAME OF PROVIDER OR SUPPLIER  HEALTHWIN HEALTH & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 20531 DARDEN RD SOUTH BEND, IN 46637			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00456011.</p> <p>Complaint IN00456011 - Federal/State deficiencies related to the allegations are cited at F656 and F684.</p> <p>Survey dates: March 25, 26 &amp; 27, 2025</p> <p>Facility number: 000073 Provider number: 155153 AIM number: 100288820</p> <p>Census Bed Type: SNF/NF: 86 SNF: 8 Total: 94</p> <p>Census Payor Type: Medicare: 5 Medicaid: 61 Other: 28 Total: 94</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 4/1/2025</p>			F 0000			
F 0656 SS=D Bldg. 00	<p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan</p> <p>Based on interview and record review, the facility failed to ensure a comprehensive plan of care including a plan for type 2 diabetes, wound care and colostomy care was created for 1 of 3</p>			F 0656	<p><b>F656</b> We here at the facility are respectfully requesting this agency consider paper compliance for the following plan</p>		04/30/2025

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

TITLE

(X6) DATE

Bud Johnson

Administrator

04/10/2025

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 disclosable 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>residents reviewed for care plans. (Resident B)</p> <p>Finding includes:</p> <p>On 3/27/25 at 11:30 A.M., a clinical record review was completed for Resident B's. Diagnoses included, but were not limited to, paraplegia, type 2 diabetes, osteomyelitis of the left femur that required surgical intervention and the application of wound vac placement, colostomy status, and pressure ulcers.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 2/21/25, indicated Resident B was fully cognitively intact, required extensive assistance for bed mobility, transferring, bathing, dressing, and personal hygiene. The resident was assessed to have had two stage 2 pressure ulcers, one unstageable pressure ulcer, and a surgical wound. In addition, Resident B was receiving insulin for diabetes and had received 5 injections in the previous 7 days.</p> <p>Physician's orders included the following:</p> <ul style="list-style-type: none"> <li>-Lantus Subcutaneous Solution to inject 10 units at bedtime for type 2 diabetes, ordered 11/6/25 and discontinued on 3/6/23. There was no order for the treatment of low blood sugar.</li> <li>-Wound vac to left ischium tuberosity (lower area of the pelvis on the side of the buttock), connect negative pressure wound treatment (NPWT) system at 150mmHg. Change wound vac on Mondays and Fridays for wound care, ordered 2/26/25.</li> <li>-Ostomy care every shift, ordered 2/10/25</li> </ul> <p>A review of Resident B's care plans indicated a lack of goals and interventions for low blood sugar (hypoglycemia), wound vac care to address the pressure ulcers and ostomy care.</p>				<p>of correction as opposed to a post survey visit. We are willing to submit any and all documentation as requested to assure our credible compliance with the deficiencies noted in the following CMS-2567. We are hereby providing our plan of correction. The submission of this plan of correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement because of deficiencies. This was prepared and submitted because of requirements under State and Federal Law. Please accept this plan of correction as our creditable allegation of compliance. We are requesting desk review for compliance.</p> <p><b>#1</b></p> <p>Resident B care plan is unable to be updated as this resident no longer resides at the facility. The facility has been conducting education through a prior noncompliance facility review and will continue to monitor facility care plans for proper documentation based off the individualized care plans for residents.</p> <p><b>#2</b></p> <p>All residents with diagnoses or treatments that include diabetes type 2, wounds, and colostomy care have the potential to be</p>		

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	<p>On 3/27/25 at 9:05 A.M., the Administrator provided an undated policy titled, "Care Planning-Comprehensive Person-Centered," indicating it was the current facility policy. The policy indicated, "...A baseline care plan to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission...'Baseline Care Plan': is a care plan developed within 48 hours of admission...1. To assure that the resident's immediate care needs are met and maintained,...b...ii. The instructions needed to provide effective and person-centered care that meets professional standards of quality...</p> <p>This citation relates to Complaint IN00456011.</p> <p>3.1-35(a)</p>				<p>affected by the alleged deficient practice. As a result, all care plans for residents currently undergoing treatment for diabetes type 2, wounds, and colostomy care were reviewed and updated immediately.</p> <p><b>#3</b> All staff members, including those in nursing and interdisciplinary team roles, were re-educated on the importance of timely and accurate updates to the comprehensive care plans and documentation of care provided. This education was completed on 4/7/2025 by Sirrena Miller, DON.</p> <p><b>#4</b> To ensure the continued accuracy of care plans, the interdisciplinary team will conduct weekly audits of resident care plans with diagnosis's that include diabetes type 2, wounds, and colostomy care for three months. Audits will be completed by the Director of Nursing (DON) or designee 3 times per week for 4 weeks, 2 times per week for 4 weeks, weekly for 4 weeks The QAPI committee will review audit results monthly for the next three months. If no further concerns are identified, the monitoring process will transition to quarterly audits. If issues persist, additional staff training and corrective actions will be implemented promptly.</p>		

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F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on interview and record review the facility failed to ensure physician orders were in place for the treatment of low blood glucose, and failed to ensure the documentation was completed for wound care treatment according to physician orders, for 1 of 3 residents reviewed for diabetic management and wound treatment, (Resident B).</p> <p>Finding includes:</p> <p>On 3/27/25 at 11:30 A.M., a clinical record review was completed for Resident B's. Diagnoses included paraplegia, type 2 diabetes, osteomyelitis of the left femur, seizure disorder, history of stroke, colostomy status, neurogenic bladder requiring a catheter, resistance to multiple antibiotics, tachycardia, and pressure ulcers.</p> <p>The Annual Minimum Data Set (MDS) assessment dated 2/21/25, indicated Resident B was fully cognitively intact, required extensive assistance for bed mobility, transferring, bathing, dressing, and personal hygiene. The resident was assessed to have had two stage 2 pressure ulcers, one unstageable pressure ulcer, and a surgical wound. In addition, Resident B was receiving insulin for diabetes and had received 5 injections in the previous 7 days.</p> <p>Physician's orders included the following: -Lantus Subcutaneous Solution to inject 10 units at bedtime for type 2 diabetes, ordered 11/6/25 and discontinued on 3/6/23. There were no orders in place for the treatment of low blood sugar. -Santyl External Ointment 250 Unit/GM, to apply to the coccyx topically one time daily for eschar, necrotic, red serosanguinous draining, ordered</p>			F 0684	<p><b>F684</b></p> <p>We here at the facility are respectfully requesting this agency consider paper compliance for the following plan of correction as opposed to a post survey visit. We are willing to submit any and all documentation as requested to assure our credible compliance with the deficiencies noted in the following CMS-2567. We are hereby providing our plan of correction. The submission of this plan of correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement because of deficiencies. This was prepared and submitted because of requirements under State and Federal Law. Please accept this plan of correction as our creditable allegation of compliance. We are requesting desk review for compliance.</p> <p><b>#1</b></p> <p>Resident B is no longer a resident at the facility. Based on past noncompliance the facility is currently reviewing documentation of care provided to residents.</p> <p><b>#2</b></p> <p>All residents have the potential to be affected by the alleged deficient practice. The facility will ensure</p>		04/30/2025

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	<p>2/18/25. -Ostomy care every shift, ordered 2/10/25.</p> <p>Review of Resident B's February and March 2025 Medication Administration Records and Treatment Administration Records indicated a lack of documentation for the administration of Santyl External Ointment 250 Unit/GM, to apply to the coccyx topically one time daily on 2/22/25, 2/23/25, and 3/6/25.</p> <p>There was also a lack of documentation for ostomy care on 2/18/25 on the night shift and on 3/3/25 on the day shift.</p> <p>During an interview on 3/26/25 at 4:30 P.M., the Director of Nursing (DON), indicated there was not a physician's order for hypoglycemic care and some documentation related to Resident B's wound and ostomy care was missing.</p> <p>On 3/27/25 at 9:05 A.M., the Administrator provided a policy dated 10/1/21, titled, "Diabetes Mellitus - Nursing Care Of The Older Adult," indicating it was the current facility policy. The policy indicated, "...Unless a physician has ordered specific parameters for monitoring, treating, and notifying the physician of blood sugar levels, the facility's routine standing orders will be used..."</p> <p>On 3/27/25 at 9:05 A.M., the Administrator provided an undated policy titled, "Documentation Of Wound Treatments," indicating it was the current facility policy. The policy indicated, "...Wound assessments are documented at the time of each treatment..."</p> <p>This citation relates to Complaint IN00456011.</p> <p>3.1-37(a)</p>				<p>that all residents with physician orders for insulin, wound vacs and ostomy care have the proper documentation supporting the treatments provided to residents in our care. A house wide audit of residents receiving insulin, have a wound vac and/or ostomy care was conducted on 4/7/2025 and all orders, care plans have been updated to include proper required supporting documentation as indicated per our policies. Audits were conducted by Sirrena Miller, DON</p> <p><b>#3</b> All nursing staff will be educated on following physician orders and documenting the application of prescribed treatments for residents that have insulin, wound vacs and ostomy care This education will be completed on or before 4/15/2025 by the DON/designee.</p> <p><b>#4</b> Audits will be completed by the Director of Nursing (DON) or designee 3 times per week for 4 weeks, 2 times per week for 4 weeks, weekly for 4 weeks on varying shifts to ensure insulin, wound vacs and ostomy care are being documented per facility policy. The Director of Nursing will review the audits, and any deviations will be addressed with immediate retraining. The QAPI committee will review audit results monthly for three months to</p>		

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				ensure compliance. If no concerns arise, monitoring will continue quarterly. If issues persist, additional corrective actions, including further staff education and activity program revisions, will be implemented.	