

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

PRINTED: 12/09/2022

FORM APPROVED

OMB NO. 0938-039

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|--|---|---|--|--|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155449 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 11/17/2022 | |
| NAME OF PROVIDER OR SUPPLIER NORTHERN LAKES NURSING AND REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 516 N WILLIAMS ST ANGOLA, IN 46703 | | | |
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| F 0000 Bldg. 00 | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 13, 14, 15, 16, 17, 2022</p> <p>Facility number: 000426 Provider number: 155449 AIM number: 100275480</p> <p>Census Bed Type: SNF/NF: 78 Total: 78</p> <p>Census Payor Type: Medicare: 3 Medicaid: 46 Other: 29 Total: 78</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed November 21, 2022</p> | | | F 0000 | <p>This Plan of Correction is submitted under Federal and State regulations and status applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied. The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly. Please accept this plan as our credible allegation of compliance for our recertification & state licensure survey.</p> <p>We respectfully request a desk review and paper compliance determination on all citations.</p> | | |
| F 0677 SS=D Bldg. 00 | <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on interview, observation and record review, the facility failed to ensure a resident received showers or bed baths as scheduled for 1 of 1 resident reviewed. (Resident 26).</p> | | | F 0677 | <p>Resident was approached about showering and did want to receive a shower at that time. All other showers and interviews were conducted for alert residents about</p> | | 12/12/2022 |

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

TITLE

(X6) DATE

Dee Anna Smallman

Administrator

12/01/2022

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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| | <p>Findings include:</p> <p>In an interview on 11/14/22 at 12:33 PM, Resident 26 indicated he was not getting showers consistently twice a week as expected.</p> <p>During an observation on 11/14/22 at 12:33 PM, Resident 26 was clean, hair and nails groomed and without odor, but had a little facial hair growth.</p> <p>On 11/14/22 at 3:39 PM, Resident's 26 record was reviewed. Diagnoses included chronic pain syndrome, polyosteoarthritis, polynephropathy, nonrheumatic aortic valve disorder, cardiac implant and grafts, hypertension, obesity, weakness, difficulty walking, and repeated falls.</p> <p>Resident 26's quarterly Minimum Data Set (MDS), dated 9/19/22, indicated the resident's Brief Interview for Mental Status (BIMS) score was 15, he was alert, oriented and interviewable. The MDS assessment indicated he was totally dependent for bathing and required a two-person physical assist for personal hygiene support.</p> <p>A review of the resident's order, dated 7/19/21, indicated he was to have a shower every Tuesday and Saturday on second shift (2:00 PM - 10 PM). During the showering process, staff were to report any refusals, complete skin checks and document any areas of concern.</p> <p>A review of Resident 26's care plan, last revised 10/5/22, indicated he preferred to take 2 shower a week and require 1 staff for bathing assistance and 2 staff for transfer assistance.</p> <p>A review of Resident 26's Nurse Aide Skin Communication forms, to be completed with every shower, dated between 10/1/22 to 11/13/22,</p> | | | | <p>their shower schedules being followed, and if indicated shower offered to any resident wanting a shower at that time.</p> <p>The Director of Nursing & Assistant Director of Nursing has re-instructed nurse aides, QMAs, and Nurses on Resident Preference for Showers and completion of showers. They were also instructed to document resident refusals, have nurse reapproach resident about taking shower and if they still refuse and able, have them sign the shower sheet for refusal (see attached new shower sheet).</p> <p>The shower sheets are turned into the Assistant Director of Nursing daily and compared to the shower schedule to ensure all showers were completed as scheduled.</p> <p>The Assistant Director of Nursing will check off on her daily audit form (see attached) to ensure residents are receiving showers as scheduled. This will be tracked daily x 2 weeks and results reported to the QA Committee for review and recommendations, if 100% compliance is maintained, weekly x 4 weeks and reported to the QA Committee monthly, if 100% compliance is maintained, the QA committee will continue to monitor for compliance quarterly x 6 months through resident council</p> | | |

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| | <p>indicated the following:</p> <p>10/4 7:00 PM Red under belly, nails cleaned clipped and filed.</p> <p>10/8 No documentation</p> <p>10/11 5:30 PM Redness on right upper thigh and spot on buttock, nails cleaned, clipped and filed</p> <p>10/15 No documentation</p> <p>10/18 Refused</p> <p>10/22 No documentation</p> <p>10/25 6:15 PM Scratches on back of left leg, nails cleaned, clipped and filed</p> <p>10/29 (Time not indicated) Bottom is red/sore, no new skin issue</p> <p>11/1 First resident refused then said it was too late</p> <p>11/5 Refused</p> <p>11/8 9:30 PM Bandage on buttock, nails cleaned, clipped and filed</p> <p>11/12 7:00 PM Buttock red, nails cleaned, clipped and filed</p> <p>Resident 26 received 7 of the 10 showers/bed baths he should have received from 10/1/22 through 11/13/22.</p> <p>In an interview on 11/17/22 at 11:09 AM, the DON indicated all showers should had been documented or marked refused on the Nurse Aid Skin Communication form and provided to the nurse at the end of each shift.</p> <p>On 11/17/22 at 11:05 AM, a current policy titled "Bathing, Complete" and "Bathing, Shower", undated, provided by the Director of Nursing (DON), indicated to document all appropriate information in the medical record.</p> <p>3.1-38(a)(3)</p> | | | | reports and grievance forms. | | |

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| F 0684 SS=D Bldg. 00 | <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were administered as ordered by the physician for 1 of 1 resident reviewed (Resident 42).</p> <p>Findings include:</p> <p>During an observation on 11/13/22 at 3:18 PM, Resident 42 was observed sitting in a recliner in his room. A bottle of Tums (antacid tablets) and an unlabeled bottle was observed on a bedside table.</p> <p>During an interview at the same time, Resident 42 indicated the unlabeled bottle was nasal spray and he ordered the medications by mail and administers them himself. He indicated he did not notify staff or keep any records of when he used them.</p> <p>During a record review conducted on 11/14/22 at 2:05 PM, a Minimum Data Set dated 10/14/22 indicated Resident 42 was alert and oriented with diagnoses including chronic obstructive pulmonary disease, dyspnea, unspecified, and seasonal allergic rhinitis.</p> | | | F 0684 | <p>Resident #42 has a long history of ordering OTC medication via mail. Resident has been educated on notifying nurse or nurse managers if there is an Over-the-Counter medication, he feels he needs, and we can obtain through our pharmacy or obtain locally for him. We have educated him on the risk of adverse side effects that could occur with use of OTC medications and his prescribed medications.</p> <p>The administrator and Director of Nursing will develop a letter and provide to all alert residents and resident representatives about the use of OTC medications and risk of adverse interactions with their prescribed medications.</p> <p>Director of Nursing did talk with resident when made aware he had OTC medications at bedside and to find out reason for use. Self-Administration Assessment</p> | | 12/12/2022 |

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| | <p>A care plan last reviewed 10/20/22 indicated Resident 42 used medications to control his symptoms of rhinitis (postnasal drainage). The care plan indicated staff should administer his medications as ordered.</p> <p>A physician's order report indicated Resident 42 had an order dated 10/13/21 for Rhinocort Allergy nasal spray administered by staff each morning. An order for Tums was not available for review. A medication self-administration assessment was not available for review.</p> <p>During an interview with the Director of Nursing (DON) on 11/14/22 at 2:26PM, she indicated medication self-administration assessments should be completed quarterly for residents who self-administer medications. She also indicated all self-administered medications should have a current physician's order in the medical record.</p> <p>During an interview with the DON on 11/15/22 at 1:11 PM, she indicated Resident 42 ordered medications online frequently and staff is not always aware of deliveries.</p> <p>A policy regarding medication self-administration was not available for review by the time of the survey exit.</p> <p>3.1-37</p> | | | | <p>was completed, and physician order obtain that he may keep the nasal spray at bedside and self-administer. Resident denied having any Tums at this time.</p> <p>Nurses and QMAs were reinstructed to visually look around room with each medication pass to ensure he did not have over-the-counter medications without order to keep at bedside. They are to notify the Director of Nursing or other nurse manager immediately to discuss this with him and to complete self-administration assessment and obtain order from physician.</p> <p>The front office who receives all deliveries for residents has been instructed to notify the Director of Nursing or Assistant Director of Nursing if John receives a package in the mail. One of the nurse managers will approach John and ask him if he received any OTC medications in the delivery.</p> <p>The nurse will ask John daily x 2 weeks about OTC medications and what he has, if John verifies that he does not have any new OTC medications that he has not informed nurse about we will monitor weekly x 4 weeks and if continues to be compliant with this, we will continue to monitor through our QA process monthly x 6 months, this review will be</p> | | |

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| F 0757 SS=D Bldg. 00 | <p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on observation, interview, and record review, the facility failed to monitor medication side effects for 1 of 5 residents reviewed. (Resident 19).</p> | F 0757 | <p>based on nurse communication to Director of Nursing about OTC medications noted in resident rooms without assessment or orders.</p> <p>The Director of Nursing immediately obtained possible adverse s/e of anticoagulant and opioid use and added order to the Emar system (see attached) and care plan updated for both with the</p> | 12/12/2022 | |

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| | <p>Findings include:</p> <p>On 11/14/22 at 9:43 PM, Resident 19's record was reviewed. Diagnoses included atrial fibrillation, rheumatoid arthritis, spondylosis without myelopathy or radiculopathy of the lumbar region, mastodynia and idiopathic aseptic necrosis of the right femur.</p> <p>A review of physician orders indicated there was no order to monitor the side effects of the 2.5mg Eliquis tablet she received twice a day and the 5-325mg hydrocodone-acetaminophen tablet she received every 6 hours for pain, both orally.</p> <p>Resident 19's Minimum Data Set (MDS) assessment, dated 8/12/22, indicated her Brief Interview for Mental Status (BIMS) score was 15, she was alert and oriented.</p> <p>The resident's orders indicated she should have 2.5mg Eliquis tablet orally twice a day beginning 8/14/22 and 5-325mg hydrocodone-acetaminophen tablet orally for pain as needed every 6 hours beginning 8/5/22 .</p> <p>The resident's medication administration record (MAR) dated November 2022 indicated the resident received 2.5mg Eliquis twice a day orally in November from the 1st to the 15th at 8:00 AM and 5-325mg hydrocodone-acetaminophen tablet orally on 11/1/22 at 11:18 AM, 11/2/22 at 2:16 AM, and 11/11/22 at 10:36 PM.</p> <p>A review of Resident 19's MAR dated 11/1/22 through 11/15/22 indicated the resident's Eliquis (anticoagulant) and hydrocodone-acetaminophen (opioid) were not monitored for side effects.</p> <p>A review of the resident's current care plan, last</p> | | | | <p>s/e to monitor for.</p> <p>All other residents were reviewed for use of anticoagulants and opioids and orders added as indicated and care plan updated to reflect the possible s/e of use.</p> <p>Nurses have been reinstructed on adding orders to monitor for adverse s/e of anticoagulant and opioid use when received or if new admission/readmission has orders. (see attached inservice).</p> <p>The Director of Nursing or designated nurse manager will review new orders daily (see audit form) and if any orders noted for anticoagulant or opioid is noted, they will check to ensure adverse s/e order has been included in the orders and that care plan has been updated. This will be completed daily for 2 weeks and reported weekly to the QA Committee, if 100% compliance noted, this audit will be completed weekly for 4 weeks and findings reported to the QA Committee, and if 100% compliance maintained, the QA Committee will monitor for ongoing compliance monthly x 6 months.</p> <p>1)</p> | | |

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| F 0812 SS=F Bldg. 00 | <p>reviewed 10/31/22, failed to address monitoring the resident's side effects of Eliquis (anticoagulant) and hydrocodone-acetaminophen (opioid).</p> <p>In an interview on 11/17/22 at 11:16 AM, the DON indicated the facility should had monitored for anticoagulant and opioid side effect per federal guidelines.</p> <p>On 11/17/22 at 11:15 AM, a current policy titled "Preventing & Detecting Adverse Consequences related to administration of Opioids", dated 11/16/22, provided by the DON, indicated the "facility staff will monitor the resident for possible medication-related adverse consequences related to opioid medication including: constipation, drowsiness, confusion, nausea, respiratory depression, changes in bowel status including abdominal distention, changes in sleep patterns, loss of appetite and dizziness". A policy titled "Preventing & Detecting Adverse Consequences related to administration of Anticoagulants", dated 11/16/22, provided by the DON, indicated residents receiving Eliquis would be monitored for "possible medication-related adverse effects related to anticoagulant medication including: bruising, bleeding, skin changes, and observe nose, urine, and stool for any sign of bleeding".</p> <p>3.1-48(a)(1)-(6)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by</p> | | | | | | |

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| | <p>federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, interview and record review, the facility failed to ensure proper food temperatures were maintained at the time of meal service. 78 of 78 residents residing in the facility ate food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an interview on 11/13/22 at 10:50 AM, Cook 2 indicated food temperatures were normally checked when food was finished cooking prior to placing on the steam table. He indicated lunch items are placed on the steam table between 10 and 11 AM. He indicated temperatures are not checked again prior to meal service.</p> <p>In an observation on 11/13/22 at 10:55 AM, just prior to meal service food temperatures taken included pureed chicken, 122 degrees, tomato soup 110 degrees, and hamburgers 104 degrees.</p> <p>During an interview on 11/13/22 at 11:09 AM, the</p> | | | F 0812 | <p>The Dietary Manager immediately reinstructed Cooks on policy for obtaining temperatures prior to serving and steps to take should the food not be at appropriate temperature before serving begins.</p> <p>The temperature log has been updated to now include the time the temperature was obtained.</p> <p>The Dietary Manager or designee will check temperature log daily x 2 weeks and report findings to the QA Committee weekly, if 100% compliance maintained, weekly x 4 weeks and report findings to the QA Committee weekly. If facility continues to maintain compliance both will be reviewed by the QA Committee monthly x 6 months through the Resident Council Minutes and Grievances</p> | | 12/12/2022 |

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| NAME OF PROVIDER OR SUPPLIER NORTHERN LAKES NURSING AND REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 516 N WILLIAMS ST 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 |
| | <p>Dietary Manager indicated temperatures should be checked just prior to the meal service to ensure proper temperatures and items should be reheated if not at or above 135 degrees.</p> <p>During an interview on 11/14/22 at 10:24 AM, Resident 69, identified by the facility as interviewable, he indicated his breakfast was cold that morning. He indicated food is frequently served cold when he eats in his room.</p> <p>A policy titled Monitoring Food Temperatures for meal service dated 1998 indicated food temperatures should be taken and recorded for all hot foods prior to placement on the service line and recorded on a temperature log.</p> <p>Temperature logs dated 11/6/22-11/14/22 indicated temperatures were being checked, but times of the temperature checks did not specify the exact time of the check.</p> <p>3.1-21(a)(2)</p> | | | | <p>The Dietary Manager or designee now sends a test tray on hall carts to obtain temperatures at the end of service to monitor for safe serving temperatures and routine interviews with alert residents on food temperatures will be conducted in conjunction with the test tray. This will be completed daily x 2 weeks and findings reported to the QA committee weekly, if 100% compliance is obtained, weekly x 4 weeks with findings reported to the QA Committee, if 100% compliance maintained, this will be reported to the QA Committee monthly x 6 months through Review of Resident Council Minutes and Grievances filed.</p> | | |