

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

PRINTED: 10/04/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155710		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/13/2023	
NAME OF PROVIDER OR SUPPLIER CHASE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2 CHASE PARK LOGANSPORT, IN 46947			
(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
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 6, 7, 8, 11, 12 and 13, 2023</p> <p>Facility number: 000021 Provider number: 155710 AIM number: 100275270</p> <p>Census Bed Type: SNF/NF: 51 Total: 51</p> <p>Census Payor Type: Medicare: 3 Medicaid: 44 Other: 4 Total: 51</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on September 20, 2023.</p>			F 0000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during this inspection. I would like to formally request your consideration for granting this facility paper compliance. Chase Center submits this plan of correction (POC) in accordance with specific regulatory requirements. The submission of the POC does not indicate an admission by Chase Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Chase Center. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact myself, Lacey Schnurpel, Administrator at 574-753-4137.</p>		
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Delirium/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p>						

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

TITLE

(X6) DATE

Lacey R. Schnurpel

Administrator

09/29/2023

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>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations</p>						

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	<p>under §483.15(c)(9).</p> <p>Based on interview and record review, the facility failed to notify the physician of a blood glucose level greater than the physician's call orders and to notify the physician of a significant weight loss for 3 of 3 residents reviewed for notification. (Resident 38, 45 and 20)</p> <p>Findings include:</p> <p>1. The record for Resident 38 was reviewed on 9/11/23 at 11:50 a.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus, Alzheimer's, hypertension, and depressive disorder.</p> <p>A physician's order, dated 3/2/23, indicated to check blood glucose levels at 6:00 a.m., 12:00 p.m., 5:00 p.m., and 8:00 p.m. Notify the physician if blood glucose levels were greater than 400 or less than 60.</p> <p>A physician's order, dated 5/12/23, indicated to give Humalog Kwik pen insulin (used for high blood glucose levels) 12 units for a blood glucose level of 401-450 and notify the physician.</p> <p>A facility record for the resident's blood glucose levels indicated, on 7/6/23 at 5:15 p.m., the resident's blood glucose level was 407.</p> <p>There was no documentation the physician was notified of the blood glucose greater than 400.</p> <p>A care plan, dated 9/7/23, indicated the resident had a potential for fluctuating blood glucose levels related to insulin dependent diabetes. The interventions included, but were not limited to, treat the blood glucose levels according to physician orders and the facility policy.</p>			F 0580	<p>1A: Regarding resident #38 with blood sugar of 407: All Nurses will be educated via in-service on 9/27 and 9/28/23 to ensure Physician and Resident and/or Resident Representative Notification occurs. The physician was notified of the blood sugar elevation for the past 14 days blood sugar report on 7/10/23. (See Exhibit 1-F580)</p> <p>1B. Regarding resident #45 with 30 day weight loss: MD was informed of resident weights on 9/19/23 from 8/1/23 to 9/19/23 including the 5% loss in 30 days. MD ordered Speech therapy and started Remeron 15mg. every day. (See Exhibit 1-F580)</p> <p>1C. Regarding resident #20 with varying weights 4/3/23 through 4/17/23. The MD was notified on 4/26/23. All Nurses will be educated via in-service on 9/27 and 9/28/23 to ensure Physician and Resident and/or Resident Representative notifications occur. (See Exhibit 1-F580)</p> <p>2. On 9/22/23 a facility wide audit was conducted to ensure blood sugar parameters and when to notify MD. (See Exhibit 2-F580)</p> <p>3. All Nursing staff completed in-service on 9/27/23 and 9/28/23 to include the following policy revisions: Weight policy, MD and</p>		09/29/2023

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	<p>During an interview, on 9/12/23 at 3:01 p.m., LPN 3 indicated the resident's blood glucose level usually was high and had insulin for coverage.</p> <p>During an interview, on 9/12/23 at 3:16 p.m., LPN 3 indicated if the resident's blood glucose level was 400 or above the physician needed to be called. The nurse needed to find out if the physician had any additional orders.</p> <p>During an interview, on 9/12/23 at 3:49 p.m., the Director of Nursing (DON) indicated there were no notes notifying the physician. The physician needed to be notified of the blood glucose level greater than 400.</p> <p>During an interview, on 9/12/23 at 4:05 p.m., the DON indicated they called the physician to verify the call orders and the physician indicated he wanted to be called if the resident's blood glucose level was greater than 400.</p> <p>2. The record for Resident 45 was reviewed on 9/13/23 at 3:55 p.m. Diagnoses included, but were not limited to, Alzheimer's, Crohn's disease (a chronic long-term disease which causes inflammation in your gastrointestinal (GI) tract), ileostomy (a surgically created opening in the abdominal wall through which digested food passes), and pressure ulcer stage 3.</p> <p>The resident had the following weights: 1. On 8/10/23, the weight was 126.6 pounds (lbs). 2. On 9/11/23, the weight was 115.7 lbs.</p> <p>The resident had an 8.61% weight loss in 1 month.</p> <p>A Nutritional at Risk (NAR) progress note, dated 8/16/23 at 9:39 a.m., indicated the resident was on</p>				<p>Resident and/or Resident Representative Notification, Hypoglycemia and Hyperglycemia Monitoring. (See Exhibit 3-F580)</p> <p>4. An audit labeled, " Blood Sugar Audit" was developed and will be completed 5 times a week for 3 months and then weekly for three months. The Quality Assurance Performance Improvement team will review the results at that time to determine need to continue audit or discontinue audit if 80% accuracy is achieved. A "Weight Audit" will be performed 1 time per week for 6 months and then the Quality Assurance and Performance Improvement team will review the need to continue or discontinue the audit if 80% accuracy is not achieved. (See Exhibit 4-F580)</p>		

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	<p>weekly weights. The resident had a 12.3% weight gain in 180 days. There was no documentation of a significant weight loss of 8.61% in 1 month.</p> <p>The physician was notified, on 9/8/23, of a 12.6% weight gain in 6 months. The physician was not notified of the 8.61% weight loss from 8/10/23 to 9/11/23.</p> <p>A facility intake document, dated 7/1/23 to 8/28/23, indicated the resident's average meal intakes were 50 to 75%. The resident was offered alternate food choices and 0% intake was documented.</p> <p>A care plan, revised on 8/28/23, indicated the resident was at nutritional risk related to congestive heart failure, and Crohn's disease of large intestine. The interventions included, but were not limited to, provide ordered diet, and offer food substitutions, determine resident's preferences regarding additional nutritional support.</p> <p>During an interview, on 9/11/23 at 3:25 p.m., LPN 3 indicated the resident was a hit or miss when it came to eating. The staff encouraged the resident to eat meals and the resident ate approximately 50%.</p> <p>During an interview, on 9/13/23 at 3:00 p.m., the DON indicated the resident's weight did not trigger for a significant weight loss yet and it was not time to notify the physician of a weight loss. The resident was on NAR and was weighed weekly. The facility notified of physician, on 9/8/23, of a 12.6% weight gain in 6 months and not the significant weight loss.3. The record for Resident 20 was reviewed on 9/11/23 at 10:40 a.m. Diagnoses included, but were not limited to,</p>						

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	<p>chronic kidney disease, type 2 diabetes, Alzheimer's disease, and dementia.</p> <p>The residents weight log indicated the following weights:</p> <ol style="list-style-type: none"> 1. On 4/3/23, the weight was 190.3 lbs. 2. On 4/10/23, the weight was 188.0 lbs. 3. On 4/17/23, the weight was 170.4 lbs. <p>The resident had a 9.36% weight loss in 1 week.</p> <p>A care plan, dated 5/18/23, indicated the facility will weigh the resident each Monday.</p> <p>A care plan, dated 8/17/23, indicated to notify the MD (medical doctor) of any condition changes.</p> <p>During an interview, on 9/12/23 at 11:48 a.m., the DON (Director of Nursing) indicated the facility had not contacted the MD about the resident's weight changes until 4/26/23.</p> <p>The MD was not notified about the weight loss until 9 days later.</p> <p>A current policy, titled "Weight Policy," revised on 10/12/22 and received from the DON on 9/11/23 at 10:54 a.m., indicated "...Significant weight changes will be defined as: 5% in 30 days...Resident Representative and physician will be notified of significant weight changes...."</p> <p>A current policy, titled "MD and Resident and/or Resident Representative Notification," revised on 7/1/22 and received from the Director of Nursing on 9/12/23 at 4:49 p.m., indicated "...Inform the Resident, consult with the Resident's physician and notify the Resident's Representative when: A significant change in the Resident's physical, mental or psychosocial status...Even if a Resident</p>						

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F 0642 SS=D Bldg. 00	<p>is mentally competent, the Resident Representative will be notified of significant changes, unless otherwise specified according to the Resident's preference. Such preference will be included in the Resident's care plan...."</p> <p>A current policy, titled "Medication Administration Schedule," revised on 5/23/23 and received from the Director of Nursing on 9/12/23 at 4:49 p.m., indicated "...Administer right after resident eats. Do NOT give insulin if resident does not eat per medical director. If resident's blood sugar is 300 or greater then insulin may be administered prior to resident eating and if resident does not eat the meal. The employee must know this does not apply to medication prescribed for administration in accordance with meals or for medications such as insulin...Communicate with the physician to request orders be changed or discontinued as needed.</p> <p>3.1-5(a)(2)</p> <p>483.20(h)-(j) Coordination/Certification of Assessment §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>§483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed.</p> <p>§483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the</p>						

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	<p>assessment.</p> <p>§483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>§483.20(j)(2) Clinical disagreement does not constitute a material and false statement. Based on record review and interview, the facility failed to ensure the MDS (Minimum Data Set) quarterly review was correctly filled out regarding the PASARR (Preadmission Screening and Resident Review) for 1 of 1 resident reviewed for resident assessment. (Resident 7)</p> <p>Finding includes:</p> <p>The record for Resident 7 was reviewed on 9/11/23 at 11:10 p.m. Diagnoses included, but were not limited to, schizoaffective disorder, major depression, psychotic disorder, delusional disorder, and anxiety disorder.</p> <p>A PASARR level 1 screening outcome, dated 2/10/23, indicated there was no status change.</p> <p>An MDS assessment, dated 4/25/23, indicated the resident had not been evaluated by a PASARR level 2 and determined to have a serious mental illness or related illness.</p>			F 0642	<p>1. MDS Corrections were completed for Resident 7 on 9/7/23 for MDS Completed on 2/10/23 and 6/12/23. (See Exhibit 1-F0642)</p> <p>2. A facility wide audit was performed 9/19/23 to ensure all residents requiring a level II assessment have been properly coded on the MDS. (See Exhibit 2-F0642)</p> <p>3. The appropriate staff who completes the Ascend assessments and MDS Documentation has completed in-service education and a policy labeled, "Ascend Level 2 outcomes and coding on MDS" was developed. (See Exhibit 3-F0642)</p>		09/28/2023

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F 0692 SS=D Bldg. 00	<p>During an interview, on 9/7/23 at 11:14 a.m., the Administrator indicated a PASARR level 2 was done at the resident's previous facility, and they were never sent the PASARR level 2. The MDS was not marked for having a PASARR level 2 completed.</p> <p>During an interview, on 9/13/23 at 3:17 p.m., the DON indicated the facility did not have a MDS policy and followed the RAI (Resident Assessment Instrument) Manual.</p> <p>A current manual, titled "Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.17.1," indicated " ...Individuals who have or are suspected to have MI or ID/DD or related conditions may not be admitted to a Medicaid-certified nursing facility unless approved through Level II PASARR determination...."</p> <p>3.1-31(a) 3.1-31(d)</p> <p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident</p>				<p>4. A "Coding Level 2 Assessment on MDS" Audit form was developed and will be completed weekly x 6 weeks and then monthly x 3 months and then the results will be reviewed at the QAPI meetings to evaluate need for continuation or discontinuation. The facility must have 80% compliance of each audit or the auditing process will be continued. The audit will be completed by the Administrator or designee. (See Exhibit 4-F0642)</p>		

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	<p>preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on interview and record review, the facility failed to recognize a significant weight loss for 1 of 4 residents reviewed for nutrition. (Resident 45)</p> <p>Finding includes:</p> <p>The record for Resident 45 was reviewed on 9/13/23 at 3:55 p.m. Diagnoses included, but were not limited to, Alzheimer's, Crohn's disease (a chronic long-term disease-causing inflammation in your gastrointestinal (GI) tract) and ileostomy (a surgically created opening in the abdominal wall through which digested food passes).</p> <p>A physician's order, dated 2/2/23, indicated the resident was on a regular diet and double portions or protein.</p> <p>A physician's order, dated 2/21/23, indicated the resident was to be given fortified food (foods with nutrients added to them to help boost their nutritional value) with supper.</p> <p>A physician's order, dated 4/13/23, indicated the resident was to be given fortified food with breakfast.</p> <p>A physician's order, dated 4/26/23, indicated the resident was to be given fortified food with lunch.</p> <p>The resident had the following weights:</p> <p>1. On 8/10/23, the weight was 126.6 pounds (lbs).</p>			F 0692	<p>1. Resident Representative and Resident #45's Physician was notified of 9/19/23 of weight loss from 8/1/23 to current. Physician gave orders for Speech therapy and also Remeron 15mg. every day. (See Exhibit 1-F692)</p> <p>2. A house wide audit was performed on 9/22/23 to ensure all weight parameters were in place and when to notify the physician. (See Exhibit 2-F692)</p> <p>3. The "Weight Policy" was reviewed and revised on 9/25/23 and all nursing staff were in-serviced on weight management and policy revisions. (See Exhibit 3-F692)</p> <p>4. The corrective actions include a weight audit that will be performed. The audit will be performed 1 time per week for 6 months and then the Quality Assurance Performance Improvement team will review the need to continue or discontinue the audit. The QAPI committee will ensure an accuracy of 80% compliance to determine the need to continue</p>		09/29/2023

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(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>2. On 9/11/23, the weight was 115.7 lbs.</p> <p>The resident had a 8.61% weight loss in 1 month.</p> <p>A Nutritional at Risk (NAR) progress note, dated 8/16/23 at 9:39 a.m., indicated the resident was on weekly weights. The resident had a 12.3% weight gain in 180 days. There was no documentation for the significant weight loss of 8.61% in 1 month.</p> <p>A facility intake document, dated 7/1/23 to 8/28/23, indicated the resident's average meal intakes were 50 to 75%. The resident was offered alternate food choices and 0% intake was documented.</p> <p>A care plan, revised on 8/28/23, indicated the resident was at nutritional risk related to congestive heart failure and Crohn's disease of large intestine. The interventions included, but were not limited to, provide ordered diet, and offer food substitutions, determine resident's preferences regarding additional nutritional support.</p> <p>During an interview, on 9/11/23 at 3:25 p.m., LPN 3 indicated the resident was a hit or miss when it came to eating. The resident ate approximately 50-75% of the meals.</p> <p>During an interview, on 9/13/23 at 3:00 p.m., the Director of Nursing (DON) indicated the resident's weight did not trigger for a significant weight loss and it was not time to notify the physician of a weight loss. The resident was on NAR and was weighed weekly. The facility notified the physician, on 9/8/23, of a 12.6% weight gain in 6 months and did not notify the physician of the significant weight loss.</p>		the audit or to discontinue the audit. (See Exhibit 4-F692)				

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

PRINTED: 10/04/2023
FORM APPROVED
OMB NO. 0938-039

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	<p>A current policy, titled "Weight Policy," revised on 10/12/22 and received from the DON on 9/11/23 at 10:54 a.m., indicated "...It is the policy of [name of facility] to identify residents who may be at nutritional risk due to weight change...Significant weight changes will be defined as: 5% in 30 days, 7.5% in 90 days and 10% in 180 days...Resident Representative and physician will be notified of significant weight changes"</p> <p>3.1-46(a)(1)</p>						