

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

PRINTED: 09/27/2024  
FORM APPROVED  
OMB NO. 0938-039

|  |   |  |  |   |  |  |                            |
|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155596 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                        |  | X3) DATE SURVEY<br>COMPLETED<br>03/05/2024 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>LAKELAND REHAB AND HEALTHCARE CENTER |   |  |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>500 N WILLIAMS ST<br>ANGOLA, IN 46703 |  |  |                            |
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| F 0000<br><br>Bldg. 00   | <p>This visit was for the Investigation of Complaints IN00428017, IN00429161, IN00429184, and IN00429739.</p> <p>Complaint IN00428017 - Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Complaint IN00429161 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429184 - Federal/state deficiencies related to the allegations are cited at F550.</p> <p>Complaint IN00429739 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 4 and 5, 2024</p> <p>Facility number: 000474<br/>Provider number: 155596<br/>AIM number: 100290510</p> <p>Census Bed Type:<br/>SNF/NF: 71<br/>Total: 71</p> <p>Census Payor Type:<br/>Medicare: 1<br/>Medicaid: 40<br/>Other: 30<br/>Total: 71</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 6, 2024</p> |  |  | F 0000  | <p>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.</p> |  |                            |

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

TITLE

(X6) DATE

Lisa Terry

RN, DON

03/14/2024

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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| F 0550<br>SS=D<br>Bldg. 00   | <p>483.10(a)(1)(2)(b)(1)(2)<br/>Resident Rights/Exercise of Rights</p> <p>Based on interview and record review, the facility failed to ensure 1 of 3 residents reviewed were treated with respect and dignity when verbally reporting a grievance (Resident D).</p> <p>Findings include:</p> <p>On 3/5/24 at 2:35 P.M., Resident D's record was reviewed. A quarterly MDS (Minimum Data Set) assessment, dated 1/25/24, indicated the resident had no cognitive impairment nor moods or behaviors.</p> <p>On 3/5/24 at 10:23 A.M., Resident D indicated she and other residents in part of the 400 hallway had been without wifi for the past 2 weeks. The facility had updated the wiring for wifi in the facility which led to loss of the service in resident rooms on the hall. The resident indicated she had spoken with Employee 7, who was responsible for getting the problem resolved, every day since the wifi went out and every day, had been told "it's being worked on". She was told she could take her laptop to the dining room where she could get wifi however, this was supposed to be her home and she wanted to use her computer in her own room. She enjoyed activities on the computer and used her email to conduct personal business. She indicated, on 3/4/24, Employee 7 told her the problem was being worked on but later learned, the internet had been out in the entire city and work was not being done specifically in the 400 hall, rather the entire city and facility internet was being worked on. She alleged when she spoke with Employee 7 about lack of wifi access and inability to use the internet, she was told "you're like a child without their favorite toy". She</p> |   |  | F 0550  | <p>F550 Resident Rights/Exercise Rights</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident D was affected. Social Service assessed resident D after wi-fi access was re-instated. At that time, resident denied any further concerns with no noted S/S of distress.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>All residents have the potential to be affected. A facility wide audit completed with the current resident population. No other residents noted to be affected.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not occur?</p> <p>Staff will be re-educated at the all-staff in-service on 3/12/2024 regarding Resident Rights with focus on dignity and respect of the residents. A Resident Council</p> |  | 03/15/2024                 |

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|  | <p>indicated the response made her mad and she had wanted to take Employee 7's phone away from them to see how they liked being without access to the outside. She indicated she was an adult, this was her home and she hadn't appreciated being compared to a child. Having access to wifi and the internet was important to her as they helped to fill her days with activities she enjoyed doing and she should have access to the internet just like everyone else in the facility. When asked, Resident D indicated she felt respected at the facility and had no other negative interactions prior to or after the conversation with Employee 7.</p> <p>On 3/5/24 at 1:17 P.M., Employee 7 was interviewed with the Regional Director of Operations present. Employee 7 indicated the wifi and internet had been down for residents on the short 400 hall for the past 2 weeks. It had gone down when the new wifi wiring had been installed. The Regional Director of Operations indicated he hadn't known the wifi had been interrupted for residents on the hall and it was a problem needing immediate resolution.</p> <p>A current facility policy, titled "Resident Rights", was provided on 3/5/24 at 11:03 A.M. by the Regional Nurse Consultant, which stated "Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality...Residents may, throughout the period of their stay, voice grievances to the facility staff or to an outside representative of their choice, recommend changes in policy and procedure, and receive reasonable responses to their requests...."</p> <p>This tag relates to Complaint IN00429184.</p> <p>3.1-3(t)</p> |  |  |   | <p>meeting will be held on 3/13/2024 to re-educate the residents on Resident Rights and the Grievance Policy and process.</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not occur i.e., what quality assurance program will be put into place? The DON or designee will complete resident interviews using the audit tool "Resident Rights/Choices" with 3 residents: 3 times weekly for 4 weeks, bimonthly x 2 months, and then monthly x3 months, thereafter, will be followed by Quality Assurance Performance Improvement committee. The results of these audits/interviews will be reviewed in the Quality Assurance Performance Improvement meeting monthly or until 100% compliance is achieved for 3 consecutive months. The Quality Assurance Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5 Date of Compliance will be 3/15/2024</p> |  |                            |

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| F 0689<br>SS=D<br>Bldg. 00   | <p>483.25(d)(1)(2)<br/>Free of Accident<br/>Hazards/Supervision/Devices</p> <p>Based on interview and record review, the facility failed to provide adequate supervision and staff assistance to prevent a fall for 1 of 3 residents reviewed with accidents (Resident B).</p> <p>Findings include:</p> <p>On 3/4/24 at 3:02 P.M., Resident B's record was reviewed. Diagnoses included weakness, unsteadiness on feet and morbid obesity.</p> <p>A quarterly MDS (Minimum Data Set) assessment, dated 1/8/24, indicated the resident had a BIMS (Brief Interview Mental Status) score of 15 indicating the resident had no cognitive impairment. She had no behaviors or rejection of care. She was able to ambulate short distances with supervision/touch assistance but required maximal assistance to transfer on/off the toilet.</p> <p>A care plan, revised 2/13/24, indicated the resident was at risk for declines in her ability to perform activities of daily living (ADL). She required use of a hooyer lift for transfers. An intervention, dated 9/3/23 and 2/7/24, was to transfer with a mechanical lift.</p> <p>A physician progress note, dated 2/5/24 at 12:10 p.m., indicated Resident B was seen for follow up of thigh pain. She had not been doing well since returning from the hospital and hadn't wanted to work with therapy due to her fatigue.</p> <p>A Summary of Daily Skilled Services, dated 2/5/24, indicated the physical therapist and COTA (Certified Occupational Therapy Assistant) had worked together to attempt a functional transfer</p> |   |  | F 0689  | <p>F689 Free of Accident<br/>Hazards/Supervision Devices</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B was affected. Resident B is currently being transferred via mechanical lift. Care plan and Kardex have been updated.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>All residents have the potential to be affected. A facility wide audit of each resident's Care Plan and Kardex was completed by IDT to ensure that the transfer status, care plan, and Kardex matched. If not matching, Care Plan and Kardex were updated immediately.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not occur?</p> <p>Therapy will complete a "PT OT Functional Maintenance Program" form and bring to morning meeting</p> |  | 03/15/2024                 |

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|  | <p>so the resident could eat while up in her chair however, once she sat up on the side of the bed, she complained of being lightheaded. It was agreed, the resident should be assisted to lie back down in bed. She required maximum assist from 2 staff to go from a lying to sitting position, minimal assistance for sitting on the edge of the bed, and maximum assistance from 1 staff member for rolling in bed.</p> <p>A Summary of Daily Skilled Services, dated 2/6/24, indicated staff were trained on shower to wheelchair transfers with focus on use of grab bars, wheelchair positioning and safety. The resident had been able to perform sit to stand from the shower chair with the use of grab bars, moderate assist of 1 and had been able to transfer with moderate assistance from 2 staff.</p> <p>Nurse progress notes, dated 2/6/24, indicated the following:<br/>-At 5:55 a.m., Resident B continued to work with therapy for balance and strengthening.<br/>-10:01 a.m., labs were drawn as ordered.<br/>-1:28 p.m., critical lab results were received and reported to the NP (Nurse Practitioner). Orders received to send the resident to the hospital for respiratory acidosis and decreased kidney function.<br/>-2:28 p.m., the resident lowered herself to the bathroom floor with CNA (Certified Nurse Aid) at her side. Staff had to use a hoist lift to get her into her wheelchair and she was transported to the hospital via the facility van.<br/>-5:30 p.m., the resident returned from the hospital. The ER nurse indicated the residents respiratory issues were chronic. At the hospital, while being assisted to transfer, the resident "went down". ER staff were unable to assist her up and the fire department had to go to the hospital to assist</p> |  |  |  | <p>for review by the IDT. Once the mode of transfer is accepted, the IDT will update the resident's Care Plan and Kardex. Therapy will provide education/training with the nursing staff on the Functional Maintenance Program and obtain staff signatures. All Staff will be educated on this process at the all-staff meeting on 3/12/2024.</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not occur i.e., what quality assurance program will be put into place? The DON or designee will complete the audit tool "Therapy/nursing communication review" with each "PT OT Functional Maintenance Program Form" provided by therapy for 4 weeks, then weekly for 4 weekly, and then monthly x4 months, thereafter, will be followed by Quality Assurance Performance Improvement committee. The results of these audits/interviews will be reviewed in the Quality Assurance Performance Improvement meeting monthly or until 100% compliance is achieved for 3 consecutive months. The Quality Assurance Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5 Date of Compliance:<br/>3/15/2024</p> |  |                            |

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|  | <p>getting her off the floor. She complained of pain to her left lower extremity and x-rays were completed which showed a fracture to her left malleolus (ankle bone). A splint was applied and the resident was to follow up with orthopedics.</p> <p>-7:38 p.m., the resident had returned from the ER with new orders for pain medication. She was to follow up with orthopedics as ordered, for left malleolus fracture and was to use the hoier lift for transfers.</p> <p>On 3/4/24 at 10:49 A.M., Resident B was interviewed. She was observed lying in bed with her left ankle wrapped from toes to calf and elevated on a pillow. She indicated she had fallen while in the bathroom using the toilet. A CNA was in the room with her and tried to get her up off the toilet by herself. She indicated she told the CNA she couldn't get her up by herself and needed to get the mechanical lift but the CNA hadn't listened to her. The CNA attempted to stand her up using the grab bars but the resident went down onto her knees. She indicated she heard a "pop" and immediately felt pain in her left ankle. Several staff members then came to assist her off the floor. Staff had to pull her out of the bathroom and place the hoier lift pad to lift her up into the wheelchair for transport to the hospital. When she got to the hospital, she reported her left ankle had hurt and she'd felt a "pop". When questioned, she indicated when she got to the hospital, she was being transferred onto a gurney with use of a transfer board, when she slid off onto the floor. She indicated she had just slid down but hadn't actually fallen. She indicated only therapy was supposed to transfer her without the mechanical lift.</p> <p>On 3/4/24 at 1:43 P.M., QMA 2 (Qualified Medication Aid) was interviewed. She indicated</p> |   |  |   |  |  |                            |

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|  | <p>on 2/6/24 at approximately 1:30 p.m., she and CNA 4 were preparing for Resident B to go to the hospital to be evaluated. The resident asked to be assisted to the toilet. CNA 4 reported she had spoken with the COTA who indicated the resident could be transferred onto the toilet with a gait belt, grab bars and assistance of 2. QMA 2 assisted CNA 4 to place the resident onto the toilet then gathered items in the resident's room she had requested to take with her to the hospital. QMA 2 left the room to gather other supplies. The QMA indicated she heard someone yelling for help and went to the resident's room where CNA 4 was observed trying to assist the resident who was on her knees on the floor, facing the wall and in front of the toilet. Several other staff responded and assisted to get the resident out of the bathroom and into her wheelchair using the mechanical lift. QMA 2 indicated the resident hadn't complained of pain prior to going to the hospital. When questioned, QMA 2 indicated she had assisted CNA 4 to transfer the resident onto the toilet but had not been in the room when the CNA 4 tried to transfer the resident off the toilet by herself.</p> <p>On 3/4/24 at 3:03 P.M., the COTA was interviewed. She indicated, on 2/6/24, CNA 4 asked her if Resident B was able to transfer onto the toilet from her wheelchair. Earlier, in the morning, CNA 4 had been present and received instruction, during the resident's therapy, in which a transfer from shower chair to wheelchair had been completed with the resident using the grab bar near her toilet to stand and pivot transfer with moderate assistance of 2 staff. The COTA told CNA 4 the resident could be transferred to the toilet using the grab bar, wearing a gait belt, and having 2 staff members present for safety.</p> |   |  |   |  |  |                            |

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|  | <p>On 3/5/24 at 10:06 A.M., CNA 4 was interviewed. She indicated on 2/6/24, she was assisting the resident to get ready for transport to the hospital. The resident indicated she needed to use the toilet first. CNA 4 had observed the resident being transferred that morning with therapy staff so she found the COTA and asked if nursing staff could transfer her to the toilet. She was told she could and needed to use the gait belt, grab bars, and have 2 staff members present when transferring. CNA 4 indicated she and QMA 2 assisted the resident onto the toilet from her wheelchair. She stayed with the resident in the bathroom while the QMA went to get portable oxygen for the trip to the hospital. She indicated the resident tried to stand up on her own. CNA 4 held onto the resident's gait belt and instructed her to turn and pivot and tried to pull the wheelchair up behind her. The resident got her bottom part way into the seat and then "panicked" and leaned forward and lowered herself to her knees.</p> <p>An IDT (Interdisciplinary Team) note, dated 2/7/24 at 10:43 a.m., indicated the IDT had met to discuss the resident having been lowered to the floor during a transfer. Staff had been instructed by therapy to transfer the resident to/from the bathroom with her walker and assist from staff. The resident became weak so staff had to assist her to the floor. She hadn't complained of any pain or injury at the time of the fall. Therapy was educated to notify clinical nursing management of changes in resident's transfers and they would pass it onto nursing staff. Resident B was to remain using a mechanical lift for all transfers until therapy signed off with clinical management on transfer upgrades.</p> <p>On 3/5/24 at 2:25 P.M., the Regional Nurse Consultant provided a current copy of the facility</p> |   |  |   |  |  |                            |



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| NAME OF PROVIDER OR SUPPLIER<br><br>LAKELAND REHAB AND HEALTHCARE CENTER |  |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>500 N WILLIAMS ST<br>ANGOLA, IN 46703 |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE |
|  | policy, titled "Fall Management and Fall Risk"<br>which stated the following: "Each resident will<br>have a resident centered fall plan of care<br>developed and implemented with updates as<br>needed...The resident centered fall plan of care<br>will be developed with input from members of the<br>interdisciplinary team and attending Medical<br>Providers...."<br><br>This tag relates to Complaint IN00428017.<br><br>3.1-45(a) |   |  |   |  |  |                            |