

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

PRINTED: 12/26/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155835		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/05/2024	
NAME OF PROVIDER OR SUPPLIER IGNITE MEDICAL RESORT CROWN POINT LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1555 S MAIN STREET CROWN POINT, IN 46307			
(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 the Investigation of Complaint IN00447084.</p> <p>Complaint IN00447084 - Federal/state deficiencies related to the allegations are cited at F573.</p> <p>Survey date: December 5, 2024</p> <p>Facility number: 013452 Provider number: 155835</p> <p>Census Bed Type: SNF: 63 Residential: 23 Total: 86</p> <p>Census Payor Type: Medicare: 61 Other: 2 Total: 63</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 12/9/24.</p>			F 0000	<p>The facility respectfully requests a desk review</p>		
F 0573 SS=D Bldg. 00	<p>483.10(g)(2)(i)(ii)(3) Right to Access/Purchase Copies of Records</p> <p>Based on record review and interview, the facility failed to provide residents' medical records to the resident/ Power of Attorney (POA) in a timely manner after a request was made for 3 of 3 residents reviewed for medical record requests. (Residents B, C, and D)</p> <p>Finding includes:</p>			F 0573	<p>Ignite Medical Resorts Crown Point Indiana Compliant Survey: 12/05/2024 Compliant # IN00447084</p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of</p>		12/16/2024

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

TITLE

(X6) DATE

Robert Petty

Administrator

12/16/2024

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>1. Resident B's closed record was reviewed on 12/5/24 at 9:04 a.m. The diagnoses included, but were not limited to, fractured left femur. Resident B was discharged from the facility on 7/3/24.</p> <p>A Power of Attorney (POA) form and Healthcare Representative (HCR) form, both dated 6/26/18, indicated the resident's husband was appointed POA and HCR. In the absence of the resident's husband, the resident's daughter was the successor.</p> <p>During an interview with resident's POA on 12/5/24 at 9:38 a.m., she indicated the resident's condition had deteriorated and a signed release of information approval had been given to a law firm. The firm had received part of the medical record, though there were several duplicates in the file received and the full record had not been received as requested. The law firm had been attempting to notify the facility for the rest of the medical records and had no return communication from the facility.</p> <p>During an interview on 12/5/24 at 10:15 a.m., the Administrator indicated the only request he had been aware of was a request for the billing records, and those had been sent. He indicated the facility had received a letter from the law firm on either 11/29/24 or 12/2/24, that had been dated 11/7/24. The letter indicated the law firm had received part of the medical record and requested the rest of the record to be sent. He indicated the facility Medical Records Coordinator (MRC) had left the position and the position had just been filled by another person. All requests were to be forwarded to the Corporate MRC for approval, then were to be sent as requested.</p>				<p>correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F573 Right to access / purchase copies of records</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Investigation completed Resident B no longer resides in the facility. Facility has released all medical records as requested Resident C no longer resides in the facility, medical records were ready, but family gave incorrect email address of where to send records and multiple attempts were made to family to update email address. Records have been sent.</p> <p>Resident D no longer resides in the facility. The records were requested by a family member who could not produce the proper POA documentation for records to be released. Upon the facility receiving POA paperwork the records have been sent</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p>		

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	<p>During a telephone interview on 12/5/24 at 10:20 a.m., the former MRC indicated she did not remember if a request had been made for the medical record. If she had received a request, the request would have been forwarded to the Administrator, Director of Nursing, and the Corporate MRC. The record would not have been sent until the Corporate MRC approved the request.</p> <p>On 12/5/24 at 10:25 a.m., the Administrator provided the medical record request and grievance letter received from the law firm. The title page indicated the letter had been faxed to the facility on 11/7/24. The Administrator indicated he had just received the letter. The current MRC indicated the letter had been placed in her facility mailbox and she received the letter either on 11/29/24 or 12/2/24. She was unsure who had placed the letter in her mailbox. She indicated the letter had not been faxed to her fax machine.</p> <p>The letter faxed to the facility was dated 11/7/24, and the timeline documented indicated the first request for the medical record was on 8/28/24. They had received 106 pages on 8/29/24, which was triple copies of the same 36 pages. The former MRC was contacted on 8/30/24 and informed the full record had not been received and the records received were triple copies. On 9/9/24, the former MRC had messaged the law firm and indicated the resident had been at the facility for a short time so there was not a lot of information in the record. An email had been sent to the former MRC on 11/7/24 and the email was returned undeliverable. Several attempts were made to contact the facility by telephone, and the calls were not answered.</p> <p>During an interview on 12/5/24 at 10:55 a.m., the current MRC indicated she had received the letter</p>				<p>Residents who request medical records have the potential to be affected by the same alleged deficient practice. Administrator will be notified of all medical record requests. There are no current medical records requests.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Medical Records department was educated on:</p> <ul style="list-style-type: none"> ·Processing medical records requests per regulatory requirements ·Resident or POA must be given medical records within 48 hours of receiving request, excluding weekends and holidays. ·Medical Records Director will document in PCC date of medical records request and date filled ·Medical Records Director will document in PCC any barriers to fulfilling the requirement within the 48 hours <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place.</p> <ul style="list-style-type: none"> ·Administrator/designee will audit medical record requests for 6 months to ensure they are 		

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	<p>on 11/24/24 and forwarded the request/grievance to the Corporate MRC.</p> <p>During an interview on 12/5/24 at 10:58 a.m., the Corporate MRC indicated when a request was made for a medical record, it was forwarded to her and she would then give the approval to send the requested record. She had not received a request for Resident B's full medical record. She had only received the request for the billing record and it had been sent. The full medical record would be sent to the law firm today (12/5/24).</p> <p>During an interview on 12/5/24 at 11:04 a.m., the Administrator indicated the requested medical record had not been provided timely.</p> <p>2. Resident C's record was reviewed on 12/5/24 at 11:26 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease.</p> <p>The resident requested a copy of the complete medical record on 10/11/24.</p> <p>A Progress Note, dated 10/25/24, indicated the medical record had been sent through secure email.</p> <p>3. Resident D's record was reviewed on 12/5/24 at 11:31 am.. The diagnoses included, but were not limited to, dislocation of left shoulder.</p> <p>The resident requested a copy of the complete medical record from 8/4/24 through 10/7/24 on 10/11/24.</p> <p>A Progress Note, dated 10/25/24, indicated the medical record had been sent to the resident.</p>		<p>processed within the 48 hours timeline and documented in PCC, date of request, date fulfilled and any barriers to completing within the regulation of 48hours</p> <p>Administrator/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting.</p> <p>Date by which corrections will be completed: 12/16/2024</p>		

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	A medical records policy and procedure, dated 5/2023 and received as current from the Administrator, indicated the resident/representatives will have the ability to review, inspect and/or obtain a copy of his/her protected health information in the health record. A copy of the record or any portions of the record would be provided upon request and two working days advance notice to the facility. This citation relates to Complaint IN00447084. 3.1-4(b)(2)						