STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155650	A. BUILDING 00 B. WING	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
LINCOLNSHIRE HEALTH & REHABILITATION CENTER	8380 VIRGINIA ST MERRILLVILLE, IN 46410

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00456433 and IN00460374. Complaint IN00456433 - Federal/state deficiencies related to the allegations are cited at F684. Complaint IN00460374 - Federal/state deficiencies related to the allegations are cited at F684. Survey dates: June 4 & 5, 2025 Facility number: 000577 Provider number: 155650 AIM number: 100266950 Census Bed Type: SNF/NF: 74 Total: 74 Census Payor Type: Medicare: 9 Medicaid: 49 Other: 16 Total: 74 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 6/9/25.	F 0000		
F 0684 SS=D Bldg. 00	483.25 Quality of Care Based on record review and interview, the facility failed to ensure residents received blood sugar monitoring, insulin and hypoglycemic medications as ordered by the Physician for 3 of 3 residents	F 0684	**Lincolnshire Healthcare Center** **Complaint Survey: 6/5/2025** Please accept the following as the facility's credible allegation of	06/12/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tawana Lee-Daniel	Administrator	06/13/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	reviewed for diabetes management. (Residents B, C and D) Findings include: 1. Resident B's closed record was reviewed on 6/4/25 at 10:43 a.m. The diagnoses included, but were not limited to, diabetes mellitus. A Quarterly Minimum Data Set (MDS) assessment, dated 4/28/25, indicated the resident received insulin in the past 6 days. A Physician's Order, dated 4/23/25 and discontinued on 5/9/25 at 1:37 p.m., indicated blood sugar levels were to be obtained before meals and at bedtime and the amount of humalog insulin to be administered was dependent on the blood sugar results (sliding scale). The order indicated blood sugar results 0-150: no insulin was to be given, blood sugars 151-200: 2 units were to be given, blood sugars 201-250: 4 units were to be given, blood sugars 251-300: 6 units were to be given, blood sugars 301-350, 8 units were to be given, blood sugars 351-400, 10 units were to be given, and a blood sugar above 400, 12 units of insulin were to be given and the physician notified. If the blood sugar was less than 70, the physician was to be notified. The April 2025 Medication Administration Record (MAR) indicated on 4/28/25 at 11:00 a.m., there was no blood sugar level obtained and it was coded as no insulin was required. On 4/29/25 at 9:00 p.m., there was no blood sugar level obtained and it indicated the insulin was refused. The May 2025 MAR indicated on 5/1/25 and 5/2/25 at 6:00 a.m., the blood sugar level was not obtained and no insulin was administered. On		compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. **F684 Quality of Care** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident B and C no longer reside in the facility, and no corrective action can be taken. Resident D's orders were clarified with the physician; Resident D medications are being administered as ordered and documented in the medical record. Resident D's blood glucose is being checked as per orders, and results are being documented in the medical record accordingly. **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;** All residents have the potential to be affected by the same alleged deficient practice. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;** Nurses were re-educated on: Ensuring blood glucose	

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	5/2/25 at 9:00 p.m., there was no blood sugar level obtained and the insulin was marked as refused. On 5/3/25 at 9:00 p.m., there was no blood sugar level obtained and the insulin was marked as refused. On 5/4/25, 5/6/26, and 5/7/25 at 6:00 a.m., there was no blood sugar level obtained and no insulin was administered. On 5/9/25 at 11:00 a.m., there was no blood sugar level obtained and the insulin dose was coded as non-applicable. A Physician's Order, dated 5/9/25 at 5:00 p.m. indicated the blood sugar monitoring had been decreased to twice a day and the sliding scale remained the same. The May 2025 MAR indicated on 5/9/25 at 5:00 p.m., there was no blood sugar level obtained. On 5/10/25, 5/11/25, and 5/12/25 at 8:00 a.m. and 5:00 p.m., there were no blood sugar levels obtained. During an interview on 6/4/25 at 1:55 p.m., the Director of Nursing (DON) and the Corporate RN Consultant indicated the blood sugar results were not available for the above dates. The Corporate RN Consultant indicated the resident was transferred to the hospital on 5/12/25 and his blood sugar was 115 at the hospital. 2. Resident C's closed record was reviewed on 6/4/25 at 1:30 p.m. The diagnoses included, but were not limited to, diabetes mellitus. An Admission MDS assessment, dated 3/11/25, indicated a hypoglycemic medication had been administered during the look back period. The Physician's Orders, dated 3/4/25, indicated the blood sugar was to be monitored four times a day and notify the physician if it was below 70 or		results are documented in the medical record Insulin is given as ordered and documented in the medical record at the time of administration All medications are signed in the Medication Administration Record at the time of administration **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;** DON/designee will audit 5 residents requiring blood glucose monitoring, insulin, and/or oral antidiabetic medications 2 times per week to ensure physicians orders are followed and proper documentation in the medical record. DON/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. Monitoring will be on-going. **Date by which systemic corrections will be completed: 6/12/2025**	

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	above 400. Glipizide (hypoglycemic medication) 2.5 milligrams (mg) was to be administered daily. The March 2025 MAR indicated the blood sugar monitoring was scheduled for 6:00 a.m., 12:00 p.m., 5:00 p.m., and 9:00 p.m. daily. The blood sugar monitoring was marked as completed without results documented at 6:00 a.m. on March 5 through 15, 2025, March 17, 19, 20, 21, and 22, 2025. The blood sugar monitoring was marked as completed without results documented at 12:00 p.m. on March 5 through 12, 2025, March 15, 16, 17, 19, 20, 21, and 22, 2025. The blood sugar monitoring was marked as completed without results documented at 5:00 p.m. on March 5 through 10, 2025, March 12-17, 2025, March 20 and 22, 2025. On March 23, 2025 the blood sugar monitoring was not documented as completed. The blood sugar monitoring was marked as completed without results documented at 9:00 p.m. on March 5 through the 10, 2025, March 12, 14, 25, 16, 2025, and March 19, 20, and 22, 2025. On March 23, 2025 the blood sugar monitoring was not documented as completed on March 23, 2025. During an interview on 6/4/25 at 2:40 p.m., the Corporate RN Consultant acknowledged the blood sugar results were not documented prior to March 24, 2025. 3. Resident D's record was reviewed on 6/5/25 at 9:31 a.m. The diagnoses included, but were not limited to, diabetes mellitus. A Quarterly MDS assessment, dated 3/10/25, indicated a hypoglycemic medication had been administered. The Physician's Orders, dated 5/24/24, indicated			

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	an order for blood glucose monitoring daily and to notify the physician if the blood sugar was below 70 or above 350. On 1/18/25 through 3/22/25, Metformin (hypoglycemic) 500 mg (milligrams) two times a day was to be administered. On 3/22/25, Metformin 1000 mg was to be given two times a day. The March 2025 Medication Administration Record (MAR) indicated the blood sugar level was not obtained on March 1 and 9, 2025. The Metformin 500 mg was not administered as ordered for the A.M. dose on March 1 and 8, 2025 and the P.M. dose on March 3, 2025. The May 2025 MAR indicated the blood sugar was not obtained on May 9, 2025. The Metformin 1000 mg was not administered on May 9, 2025 for the A.M. dose and on May 7 and 9, 2025 for the P.M. dose. During an interview on 6/5/25 at 10:44 a.m., the DON indicated she was unable to verify the blood sugar testing had been completed or that the Metformin was administered as ordered. This citation relates to Complaints IN00456433 and IN00460374. 3.1-37(a)			