

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155653	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/25/2024
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NAME OF PROVIDER OR SUPPLIER HARBOR HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP COD 5025 MCCOOK AVE EAST CHICAGO, IN 46312
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00417671, IN00418149, IN00418245, and IN00423258.</p> <p>Complaint IN00417671 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418149 - Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Complaint IN00418245 - Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Complaint IN00423258 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 24 & 25, 2024</p> <p>Facility number: 000108 Provider number: 155653 AIM number: 100267410</p> <p>Census Bed Type: SNF/NF: 68 Total: 68</p> <p>Census Payor Type: Medicare: 5 Medicaid: 59 Other: 4 Total: 68</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 1/30/24.</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Rick Walworth	TITLE HFA	(X6) DATE 02/06/2024
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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 disclosed 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 0686 SS=D Bldg. 00	<p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on record review and interview, the facility failed to ensure treatment orders were obtained timely for a newly developed pressure ulcer for 1 of 3 residents reviewed for pressure ulcers. (Resident B)</p> <p>Finding includes:</p> <p>The closed record for Resident B was reviewed on 1/25/24 at 9:22 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, type 2 diabetes, adult failure to thrive, anorexia, and dementia without behavior disturbance.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 7/26/23, indicated the resident was cognitively impaired for daily decision making. They required extensive assistance with bed mobility and were totally dependent on staff for transfers. No pressure ulcers were noted during the assessment reference period.</p>	F 0686	<p>F 686 Treatment/Svcs to Prevent/Heal Pressure Injuries</p> <p><i>The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>What corrective action(s) will be accomplished for those residents found to have been</p>	01/26/2024
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	<p>A Care Plan, dated 9/20/23 and revised on 9/26/23, indicated the resident had impaired skin integrity to the left heel related to immobility. Interventions included, but were not limited to, administer treatments as ordered and monitor for effectiveness.</p> <p>A Change in Condition Evaluation, dated 9/20/23 at 2:39 p.m., indicated the resident had a new onset grade 2 or higher pressure ulcer/injury to the left heel. There was no staging of the wound or measurements.</p> <p>A Change in Condition Progress Note, dated 9/20/23 at 2:39 p.m., indicated a skin wound or ulcer was present. The Physician was notified and recommendations were for the Wound Physician to follow. There was no documentation in the nursing progress notes at that time indicating if the Wound Physician had been notified.</p> <p>The next documented entry in the Nursing Progress Notes was dated 9/22/23 at 7:29 p.m. The resident's family member had discovered a necrotic (death of cells or tissue through disease or injury) area to the left heel. The family approached the nurse with the concern, and the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) were promptly alerted. The area to the left heel measured 1 centimeter (cm) by 2 cm.</p> <p>Nursing Progress Notes, dated 9/24/23 at 3:39 a.m., indicated the resident's left heel was observed and assessed. There were no signs of drainage and the area was unstageable (a full-thickness pressure injury in which the base was obscured by slough and/or eschar) and had an intact cap. The area was cleansed and skin prep (a skin protectant) was applied and the area</p>		<p>affected by the deficient practice? Resident B is no longer at the facility. No corrective actions can be made.</p> <p>How will the facility identify other residents who have the potential to be affected by the same alleged deficient practice? The deficient practice has the potential to affect all facility residents.</p> <p>What corrective measures will the facility take or will alter to ensure that the problem will not recur? Licensed nursing staff were educated on ensuring treatments orders are obtained timely upon noting a new wound.</p> <p>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent? The Director of Nursing /designee will review 5 residents' charts weekly for 4 months to ensure treatments orders are obtained timely upon noting a new wound. The Director of Nursing /designee will present a summary of the audits to the Quality Assurance committee monthly for 4 months. Thereafter, if</p>	

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	<p>covered with a kerlix (gauze) dressing. A heel protector boot was applied and the Physician was going to be notified in the morning for a treatment order. A referral was also going to be requested for the Wound Physician. At 5:49 a.m., a message was left for the resident's Physician. Treatment orders were requested as well as a referral for the Wound Physician. The nurse was awaiting a call back. At 6:39 a.m., the oncoming nurse was instructed to follow up with the resident's Physician regarding wound care orders.</p> <p>On 9/24/23 at 9:00 a.m., new orders were received to cleanse the wound to the heel with normal saline, apply skin prep, and a dry dressing daily. The resident was also to be seen by the Wound Physician.</p> <p>The resident was seen by the Wound Physician on 9/25/23. The pressure area was identified as being to the left heel and documented as unstageable. There was no documentation related to a wound on the right heel.</p> <p>A Physician's Order, dated 9/25/23, indicated the right medial heel was to be cleansed with normal saline and/or wound cleanser. Betadine (a topical antiseptic) was to be applied and the area was to be left open to air (LOTA) every day shift.</p> <p>The resident was added to the facility wound report on 9/25/23 and the area was identified as a right medial heel rather than a left heel wound. There was no assessment of the left heel on the wound round report.</p> <p>During an interview on 1/25/24 at 3:35 p.m., the DON indicated the documentation on the change in condition form on 9/20/23 was inaccurate, the resident did not have an area to their left heel.</p>		<p>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.</p> <p>By what date the systemic changes will be completed: 1/26/24</p>	

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

PRINTED: 02/14/2024
FORM APPROVED
OMB NO. 0938-039

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	<p>She indicated the area to the resident's right heel was noted on 9/25/23 and orders were obtained at that time and the resident was also placed on wound rounds.</p> <p>During an interview on 1/25/24 at 3:55 p.m., the Nurse Consultant indicated the Wound Physician identified the pressure ulcer as being located on the left heel. She indicated the treatment order to the right heel should have been clarified and an order for the left heel should have been obtained in a more timely manner.</p> <p>This citation relates to Complaints IN00418149 and IN00418245.</p> <p>3.1-40(a)(2)</p>				