PRINTED: 07/30/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155269		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE			ETED		
NAME OF PROVIDER OR SUPPLIER  EAST LAKE NURSING & REHABILITATION CENTER			1900 JE	EANWOOD DR RT, IN 46514			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
F 0000 Bldg. 00	IN00356092, IN00 Complaint IN00356 Federal/State deficit allegations are cited Complaint IN00356 lack of evidence.  Complaint IN00356 Federal/State deficit allegations are cited Survey dates: July Facility number: 0 Provider number: 4 AIM number: 1000 Census Bed Type: SNF/NF: 85 Total: 85  Census Payor Type Medicare: 8 Medicaid: 61 Other: 16 Total: 85  These deficiencies accordance with 41 Quality Review was	5725 - Unsubstantiated due to 5837 - Substantiated. encies related to the flat F558. 6, 7 and 8, 2021 00169 155269 267100 :	F 00	000	The creation and submission this plan of correction does constitute an admission by the provider of any conclusions forth in the statement of deficiencies, or of any violat of regulation. Due to the low scope and severity of these findings we respectfully requal desk review in lieu of a traditional revisit.	not his eet ion	
F 0558 SS=D	483.10(e)(3) Reasonable Acco	mmodations					

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

(X6) DATE

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

TITLE

PRINTED: 07/30/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 00 COMPLETED 155269 B. WING 07/08/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1900 JEANWOOD DR EAST LAKE NURSING & REHABILITATION CENTER ELKHART, IN 46514 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Bldg. 00 Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. Based on observation, interview and record F 0558 F558 - Reasonable 07/23/2021 review, the facility failed to provide sufficient Accommodations Needs/Preferences physical space to allow for resident independence with in room activities for 1 of 1 It is the practice of this facility to residents reviewed for accommodation of needs provide sufficient physical space (Resident E). to allow for resident independence with in room activities. Findings include: What corrective action(s) will 7/6/21 at 12:50 P.M., Resident E's records were be accomplished for those reviewed. Diagnoses included, but were not residents found to have been limited to, morbid obesity and chronic wound to affected by the deficient the left leg. practice: Resident E – room was A Social Services Progress note, dated 6/9/21 at reorganized per resident preference and made to 2:56 p.m., indicated attempts had been made to meet with the resident to complete a quarterly accommodate resident assessment however, the resident did not wish to independence. participate. The note indicated the resident had How other residents having the no issues with short or long term memory. potential to be affected by the A Care Plan, reviewed/revised on 5/19/21. same deficient practice will be indicated the resident needed assistance with his identified and what corrective activities of daily living due to weakness, morbid action(s) will be taken: obesity, chronic lymphedema, and difficulty in All residents have the potential to walking (Resident is non-ambulatory). be affected by this finding. All Interventions included, but were not limited to, resident rooms have been encourage resident to do as much for self as reviewed to ensure that sufficient possible and praise efforts at self care; set up physical space is provided to hygiene/grooming equipment in easy reach. allow for resident independence. On 7/6/21 at 9:45 A.M., Resident E's room was What measures will be put into observed with the door open. The resident was place or what systemic

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YGY211

Facility ID: 000169

If continuation sheet

Page 2 of 8

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

PRINTED: 07/30/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING <u>00</u> COME		COMPLET	ED	
155269		B. W	B. WING 07/08/2			)21	
					-		
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE		
					EANWOOD DR		
EAST LA	KE NURSING & RE	EHABILITATION CENTER		ELKHA	RT, IN 46514		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID			(X5)
PREFIX	(EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	C	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	not present. A baris	atric bed was against the			changes will be made to ens	ure	
	window side of the	room with approximately a			that the deficient practice do	es	
	foot and a half spac	e between the bed and wall.			not recur:		
	At the bottom of the	e bed, was a dresser and night			All staff will be in-serviced on	or	
	stand that had sever	ral items piled up on top of			before 7/23/2021. This in-serv	vice	
	them. An extra wid	le and very large wheelchair			will be conducted by the Exec	utive	
	(w/c) sat in the mid	dle of the room which took			Director and will include reviev	v of	
	up a lot of space. A	second bed was made up and			the facility policy related		
	positioned long way	ys against the wall with the			to Accommodation of		
	foot of the bed adja	cent to the head of Resident			Needs. ED/designee will round	d	
	E's bed. The space	between the end of the bed			daily to ensure all residents ar	е	
	and dresser was not	large enough for a w/c to fit			provided sufficient physical sp	ace	
	through and open th	ne drawers.			in rooms to allow independence.		
	On 7/7/21 at 11:15	A.M., Resident E, identified			How the corrective action(s)		
	as being interviewable by the facility, was				will be monitored to ensure t		
	interviewed in his room. He shared that he had				deficient practice will not rec	ur,	
	recently been reloca	ated from his room next door			i.e., what quality assurance		
		His old room had been a			program will be put into plac	e:	
		e could easily navigate with			Ongoing compliance with this		
	_	r and bed. He indicated he			corrective action will be monitor	ored	
		nove rooms. The resident			though the facility Quality		
		his w/c could not fit between			Assurance and Performance		
		and his dresser which made it			Improvement Program.		
	_	to independently get things			The Executive Director/design		
		Ie indicated he was unable to			will be responsible for complet	ting	
		ioner unit which was			the QAPI Audit tools labeled		
	-	all below the window and was			"Reasonable Accommodation	1	
		between his bed and the			Needs" weekly for 4 weeks an		
		ttles of soda and other boxes		monthly for at least 6 months. If			
		side of his bed between the			100% is not achieved an actio	1	
		he could not get to himself		plan will be developed. Findings		-	
	and would have to "bother" staff to come and give			will be submitted to the Quality		/	
		e wanted one. He was unable			Assurance and Performance		
		stand next to the bed due to			Improvement Committee for		
		room being adjacent to his.			review and follow up.		
		d he'd had a roommate until			By what date the systemic		
		ad been moved due to			changes will be		
		him and having arguments but			completed: 7/23/2021		
that the resident's stuff was still in the closet.				Compliance Date = 7/23/2021			

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

PRINTED: 07/30/2021 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE COMPI 07/08	ETED
NAME OF PROVIDER OR SUPPLIER  EAST LAKE NURSING & REHABILITATION CENTER			1900 JI	ADDRESS, CITY, STATE, ZIP CODE EANWOOD DR .RT, IN 46514	į	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE	(X5) COMPLETION DATE
IAU	When he had the roif there was another for him but he indic rearrange; there had with large w/c's and move. He wanted have to call staff to that he should be abindicated the staff whimself but was una his things. He was leg, per the wound extremely edemator couldn't because he indicated while ther currently, he would to temporarily move have them moved a in.  Progress notes indices of the word of the would be able to may apologized for the would move room to a different room it.  -6/16/21 at 9:33 a. the resident was adj	be getting one so didn't want his things around only to gain when a roommate moved stated the following:  m., the Social Services her resident about moving and that he would have a dident became verbally very upset about changing ured that he would have a belongings and that he ove around. Resident E later way he had acted and indicated	IAG	DEFICIENCY		DATE

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YGY211 Facility ID: 000169

If continuation sheet

Page 4 of 8

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

PRINTED: 07/30/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 00 COMPLETED				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	COMPLETED			
		155269	B. WING		07/08/2021	
NAME OF PROVIDER OR SUPPLIER  EAST LAKE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514			
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAC	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	DATE	
E 0650	resident's feelings we explained to him that the room around so staff would assist we -6/24/21 at 4:37 p.m notified that Resider water on the residen removed himself from On 7/7/21 at 3:05 P.Director was intervishe indicated she had been unhappy a enough room to most This Federal tag relations.	m., social services was ant E's roommate had splashed at out of anger and had om the room.  M., the Social Services ewed. During the interview, d been aware that Resident E bout moving and that he hadn't we about his room freely.				
F 0659 SS=D Bldg. 00	The services provi facility, as outlined care plan, must- (ii) Be provided by accordance with e of care. Based on interview facility failed to foll	nprehensive Care Plans ded or arranged by the by the comprehensive  qualified persons in ach resident's written plan and record review, the ow physician orders for 1 of d for physician orders	F 0659	F659 – Qualified Persons It is the practice of this facility follow physician orders.  What corrective action(s) will		
	was reviewed. Diag	A.M., Resident H's record gnoses included, but were not emia (low blood sodium) and		be accomplished for those residents found to have been affected by the deficient practice:  Resident H – not available for		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YGY211

Facility ID: 000169

If continuation sheet

Page 5 of 8

PRINTED: 07/30/2021 FORM APPROVED OMB NO. 0938-0391

DENTIFICATION NUMBER:  155269  NAME OF PROVIDER OR SUPPLIER  EAST LAKE NURSING & REHABILITATION CENTER  O(5) ID  SUMMARY STATEMENT OF DEFICIENCIES  PREFIX  GACH DEFICIENCY MUST BE PRECEDED BY PULL  TAG  gestrostomy with enteral feedings (feeding tube). The resident was prescribed a full liquid diet and was offered an additional 240 mfs (milliliters) of fluids every shift.  A quarterly MDS (Minimum Data Set) assessment, dated 6/21/21, indicated the resident had a BIMS (Biref Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident and exturned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 millicquivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 mfs in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 mfs in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 mfs in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 mfs in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 mfs in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 mfs in 24 hours for one week and then repeat lab work.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids setricted to 1200 ec's in 24 hours-4 times per day. The MAR indicated, by nune ministration Record (TAR) for June 2021, indicated the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indid	STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
NAME OF PROVIDER OR SUPPLIER  EAST LAKE NURSING & REHABILITATION CENTER  (A) ID SUMMARY STATEMENT OF DEFICIENCES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG gastrostomy with enteral feedings (feeding sube). The resident was prescribed and full juiled det and was offered an additional 240 ml's (milliliters) of fluids every shift.  A quarterly MDS (Minimum Data Sc) assessment, dated 6721/21; indicated the resident had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6718/21 at 4.50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 millilicquivalents per liter). New orders were to start sodium chloride (salf) tablets and fluid restriction of 1200 ml's in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Physician order, dated 6718/21 at unknown time, was for 1. Fluid restriction of 1200 ml's in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 ce's in 24 hours-4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPL	ETED
STREET ADDRESS, CITY, STATE, ZIP CODE  1900 JEANWOOD DR  ELKHART, IN 46514  SUMMARY STATEMENT OF DEFICIENCIES PRIPEX (JACII DEFICIENCY MIST BE PRECEDED BY PULL TAG  gastrostomy with enteral feedings (feeding tube). The resident was prescribed a full liquid diet and was offered an additional 240 mis (milliliters) of fluids every shift.  A quarterly MDS (Minimum Data Set) assessment, dated 6/21/21, indicated the resident had a BJMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/31/21 at 4:50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 millicquivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 mls in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  How other residents having the potential to be affected by the interview earlies and the potential to be affected by the interview earlies and the resident was the resident was the potential to be affected by the interview earlies and the resident was the resident was the resident was the resident and the resident was the resident was to have the potential to be affected by the interview earlies and the resident was the variety of the fluid consistency and physician orders. The Director of Nursing and will include review of the facility policy relate			155269	B. W	ING		07/08/	2021
### Table   The Computer of Procuring of Procuring   The Computer of Procuring of P					CENTER	A DDDDGG CVEV CT ATE TIP CODE		-
EAST LAKE NURSING & REHABILITATION CENTER   ELKHART, IN 46514	NAME OF PROVIDER OR SUPPLIER							
CX4   ID   SUMMARY STATEMENT OF DEFICIENCIES   TAG   PREFIX   TAG   PREFIX   TAG   PREFIX   TAG   PREFIX   TAG   TREGULATORY OR LSC IDENTIFYING (Floring Jube). The resident was prescribed a full liquid diet and was offered an additional 240 ml's (milliliters) of fluids every shift.    A quarterly MDS (Minimum Data Sct)   assessment, dated 6/18/21 indicated the resident had a BIMS (Brief Interview Mental Status)   score of 14-no cognitive impairment.   A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours and 2.0 Discontinue offering additional 240 ml's fluids every shift.    A Medication Administration Record (MAR) for June 2021, indicated the resident shave he hourse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.    A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional 240. In the resident was given 4 times per day.    A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional 240. In the resident was given 4 times per day.    A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional 240. In the resident was given 4 times per day.    A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional 240. In the resident was given 4 times per day.    A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional 240. In the resident was given 4 times per day.    A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional 240. In the resident was given 4 times per day.    A Treatment Administration Record (TAR) for June 2021, indicated the order								
PREFIX TAG REGULATORY OR LISC IDENTIFYTNO INFORMATION)  REGULATORY OR LISC IDENTIFYTNO INFORMATION)  The resident was prescribed a full liquid diet and was offered an additional 240 ml's (milliliters) of fluids every shift.  A quarterly MDS (Minimum Data Set) assessment, dated 6/21/21, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had resident had resident had resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 millisequivalents per flier). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours-4 times per day. The MAR indicated, by nurse initials, that the residents fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional	EASILA	KE NURSING & RE	EHABILITATION CENTER		ELKHA	RT, IN 46514		
PREFIX TAG REGULATORY OR LS: DENTPTIVIN INFORMATION)  gastrostomy with enteral feedings (feeding tube). The resident was prescribed a full liquid diet and was offered an additional 240 ml's (milliliters) of fluids every shift.  A quarterly MDS (Minimum Data Ser) assessment, dated 6/21/21, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had restriction had restriction had van the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:  All residents have the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:  All residents have the potential to be affected by this finding. All residents have the potential to be affected by this finding. All residents have the potential to be affected by this finding. All residents prescribed an altered fluid consistency and/or fluid restriction have been reviewed by the IDT team to ensure that physician orders are correct and being followed.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours 4 times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional	(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
gastrostomy with enteral feedings (feeding tube). The resident was prescribed a full liquid diet and was offered an additional 240 ml's (milliliters) of fluids every shift.  A quarterly MDS (Minimum Data Set) assessment, dated 6/21/21, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had cheeved and the resident had cheeved a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours 4 times per day. The MAR indicated, by nurse initials, that the resident's was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional	PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	X (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
The resident was prescribed a full liquid diet and was offered an additional 240 m/s (milliliters) of fluids every shift.  A quarterly MDS (Minimum Data Set) assessment, dated 6/21/21, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had a deturned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 ce's in 24 hours - 4 times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG			DATE
was offered an additional 240 ml's (milliliters) of fluids every shift.  A quarterly MDS (Minimum Data Set) assessment, dated 6/21/21, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours- 4 times per day. The MAR indicated, by murse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day. The MAR indicated, by murse initials, that the resident was given 4 times per day. The MAR indicated, by murse initials, that the resident was given 4 times per day. The MAR indicated, by murse initials, that the resident was given 4 times per day. Indicated the order to offer additional  How the corrective action(s)  How ther residents having the potential to be affected by the bile identified and what corrective action(s) will be taken: All residents have the potential to be affected by the liot All residents have the potential to be affected by the lient practice will be action(s) will be taken: All residents have the potential to be affected by the liot. All residents have the potential to be affected by the liot be affected by the Director of Nursing and will include review of the affected by the Director of Nursing or Designee will review MAR/TAR for residents have the action(s)  How ther corrective action(s)		-	- ' - '			review		
of fluids every shift.  A quarterly MDS (Minimum Data Set) assessment, dated 6/21/21, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional		The resident was pr	rescribed a full liquid diet and					
A quarterly MDS (Minimum Data Set) assessment, dated 6/21/21, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  Madication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours-4 times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  Same deficient practice will be lidentified and what corrective action(s) will be taken:  All residents pave the potential to be affected by this finding. All residents prescribed an altered fluid consistency and/or fluid restriction have been reviewed by the IDT team to ensure that physician orders are correct and being followed.  What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:  All staff will be in-service does not recur:		was offered an addi	itional 240 ml's (milliliters)			How other residents having	the	
A quarterly MDS (Minimum Data Set) assessment, dated 6/21/21, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 ce's in 24 hours 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional		of fluids every shift	i.			potential to be affected by the	ne	
assessment, dated 6/21/21, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 ce's in 24 hours-4 times per day. The MAR indicated, by nurse initials, that the residents mas given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional						same deficient practice will	be	
had a BIMS (Brief Interview Mental Status) score of 14-no cognitive impairment.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the resident of the fadditional  A Treatment Administration Record (TAR) for June 2021, indicated the resident of the fadditional		A quarterly MDS (1	Minimum Data Set)			identified and what corrective	re	
be affected by this finding. All residents prescribed an altered fluid consistency and/or fluid restriction have been reviewed by the IDT team to ensure that physician orders are correct and being followed.  A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 ce's in 24 hours- 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  be affected by this finding. restricted naltered fluid consistency and fluid restriction have been reviewed by the IDT team to ensure that physician orders are correct and being followed.  What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:  All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional		assessment, dated 6	5/21/21, indicated the resident			action(s) will be taken:		
residents prescribed an altered fluid consistency and/or fluid restriction have been reviewed by the IDT team to ensure that physician orders are correct and being followed.  What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional		had a BIMS (Brief	Interview Mental Status)			All residents have the potentia	al to	
A Nurse note, dated 6/18/21 at 4:50 p.m., indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours- 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional		score of 14-no cogr	nitive impairment.			be affected by this finding. Al	l	
indicated the resident had returned from a doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 ce's in 24 hours- 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional						residents prescribed an altere	d	
doctor's appointment with critical lab results-his blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 ce's in 24 hours- 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  The IDT team to ensure that physician orders are correct and being followed.  What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:  All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are correct and being followed.		A Nurse note, dated	d 6/18/21 at 4:50 p.m.,			fluid consistency and/or fluid		
blood sodium level was 124 (normal-135-145 milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours - 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional		indicated the reside	nt had returned from a			restriction have been reviewe	d by	
milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours - 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  Mhat measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:  All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional		doctor's appointmen	nt with critical lab results-his			the IDT team to ensure that		
milliequivalents per liter). New orders were to start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours - 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  being followed.  What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:  All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional		blood sodium level	was 124 (normal-135-145			physician orders are correct a	nd	
start sodium chloride (salt) tablets and fluid restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 ce's in 24 hours- 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  What measures will be put into place or what systemic changes will be made to ensure what systemic changes will be made to ensure place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be put into place or what systemic changes will be nade to ensure what at the the deficient practice does not recur:  All staff will be in-serviced on or before or of Nursing and will include review of Nursing and will include		milliequivalents per	r liter). New orders were to			being followed.		
restriction of 1200 ml's in 24 hours for one week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours- 4 times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:  All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)								
week and then repeat lab work.  A Physician order, dated 6/18/21 at unknown time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours- 4 times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  place or what systemic changes will be made to ensure that the deficient practice does not recur:  All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional		· · ·				What measures will be put in	nto	
changes will be made to ensure that the deficient practice does not recur:  24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  Changes will be made to ensure that the deficient practice does not recur:  All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  Changes will be made to ensure that the deficient practice does not recur:  All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and to Altered Fluid Consistency and many altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		week and then repe	at lab work.			place or what systemic		
time, was for 1. Fluid restriction of 1200 ml in 24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  not recur: All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		•				changes will be made to ens	ure	
24 hours and 2. Discontinue offering additional 240 ml's fluids every shift.  A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours- 4 times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  All staff will be in-serviced on or before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		A Physician order,	dated 6/18/21 at unknown			that the deficient practice do	es	
before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  before 7/23/2021. This in-service will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		time, was for 1. Flu	id restriction of 1200 ml in			not recur:		
will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  will be conducted by the Director of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		24 hours and 2. Dis	continue offering additional			All staff will be in-serviced on	or	
A Medication Administration Record (MAR) for June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours- 4 times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  of Nursing and will include review of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		240 ml's fluids ever	ry shift.			before 7/23/2021. This in-ser	vice	
June 2021, indicated the resident was to have his fluids restricted to 1200 cc's in 24 hours- 4 times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  of the facility policy related to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)						will be conducted by the Direct	ctor	
fluids restricted to 1200 cc's in 24 hours- 4 times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  to Altered Fluid Consistency and Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		A Medication Adm	inistration Record (MAR) for			of Nursing and will include rev	view	
times per day. The MAR indicated, by nurse initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  Physician Orders. The Director of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		June 2021, indicate	d the resident was to have his			of the facility policy related		
initials, that the resident's fluids had been restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  of Nursing or Designee will review MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		fluids restricted to	1200 cc's in 24 hours- 4			to Altered Fluid Consistency a	and	
restricted however, there were no amounts listed as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  MAR/TAR for residents receiving altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		times per day. The	MAR indicated, by nurse			Physician Orders. The Direc	tor	
as to how much fluid the resident was given 4 times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  altered fluid consistency and/or fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		initials, that the resi	ident's fluids had been			of Nursing or Designee will re	view	
times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		restricted however,	there were no amounts listed			MAR/TAR for residents receive	ring	
times per day.  A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  fluid restriction diets to ensure physician's orders are followed.  How the corrective action(s)		· · · · · · · · · · · · · · · · · · ·			1		or	
A Treatment Administration Record (TAR) for June 2021, indicated the order to offer additional  How the corrective action(s)			•			fluid restriction diets to ensure	)	
June 2021, indicated the order to offer additional How the corrective action(s)						physician's orders are followe	d.	
		June 2021, indicated the order to offer additional						
240 ml's of fluids every shift had not been will be monitored to ensure the						How the corrective action(s)		
						will be monitored to ensure	the	
discontinued on 6/18/21 and the resident deficient practice will not recur,						deficient practice will not red	cur,	
received these additional fluids from 6/18 i.e., what quality assurance						i.e., what quality assurance		
through 6/24/21. program will be put into place:		through 6/24/21.					e:	
Ongoing compliance with this						Ongoing compliance with this		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YGY211 Facility ID: 000169

If continuation sheet Page 6 of 8

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

PRINTED: 07/30/2021 FORM APPROVED OMB NO. 0938-0391

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269	(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 07/08/2021			
NAME OF PROVIDER OR SUPPLIER  EAST LAKE NURSING & REHABILITATION CENTER			1900 JI	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514				
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE COMPLETION DATE			
	indicated the resider scheduled procedur lab work was compresident was still hy sodium level was 12. The nursing home has resident H's water family member, who hospital, indicated to a lot of water and the restricted his intake.  On 7/7/21 at 11:27. Practical Nurse) was interview, LPN 3 in a fluid restriction, the each shift would be.  On 7/7/21 at 2:49 P. Assistant) was interview had provided to hospital visit. They that the resident had and that the resident water each day.  On 7/8/21 at 9:54 A. Manager was intervishe indicated that she restriction via their or during the managenotified, she would breakdown of how to the resident over indicated Resident I full liquid diet tray request, therefore she	note, dated 6/25/21, and had been hospitalized for a see but prior to the procedure, letted and indicated the ponatremic. His blood 22 milliequivalents per liter. and been advised to restrict intake. The resident and his so had been present at the she resident had been drinking the nursing home had not a mount of fluid to be given listed on the MAR or TAR.  M., CNA 5 (Certified Nurse viewed. CNA 5 indicated are to Resident H prior to his indicated not being aware a been on a fluid restriction at normally drank a lot of the mount of a fluid electronic medical records gers daily meeting. When provide nursing staff with a the fluids would be distributed a 24 hour period. She H did not routinely receive a from the kitchen, per his he had not been involved in cition had been managed.		corrective action will be more though the facility Quality Assurance and Performance Improvement Program. The Director of Nursing/des will be responsible for compethe QAPI Audit tools labeled "Altered Fluid Consistency" weekly x4 weeks then mone times 6 months. If 100% compliance is not received a action plan will be complete Findings will be submitted to Quality Assurance and Performance Improvement Committee for review and for up.  -  By what date the systemic changes will be completed: 7/23/2021 Compliance Date = 7/23/2021	ignee ileting d hly an d. o the			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YGY211 Facility ID: 000169

If continuation sheet

Page 7 of 8

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

PRINTED: 07/30/2021 FORM APPROVED OMB NO. 0938-0391

	TOF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER: 155269	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	X3) DATE SURVEY COMPLETED 07/08/2021
	PROVIDER OR SUPPLIER  KE NURSING & REHABILITATION CENTER	1900 JE	ADDRESS, CITY, STATE, ZIP CODE EANWOOD DR RT, IN 46514	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (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 APPROPRIATI DEFICIENCY)	(X5) COMPLETION DATE
	On 7/7/21 at 12:29 P.M., the Administrator provided a current copy of the facility policy titled "Fluid Restriction" which stated the following: "Residents with a physician's order for a fluid restriction will be followed by the facility and divided between Dietary and Nursing Services. PROCEDURE: 1. The Dietary Services Manager/Dietary Clinician will meet with any resident on a fluid restriction to determine how total fluids will be divided throughout the day"  This Federal tag relates to Complaint IN00356092.  3.1-35(g)(2)			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

YGY211

Facility ID: 000169

If continuation sheet

Page 8 of 8