

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

PRINTED: 06/19/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155650		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2024	
NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 8380 VIRGINIA ST MERRILLVILLE, IN 46410			
(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 Complaints IN00432040 and IN00432672.</p> <p>Complaint IN00432040 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00432672 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: May 30 & 31, 2024</p> <p>Facility number: 000577 Provider number: 155650 AIM number: 100266950</p> <p>Census Bed Type: SNF/NF: 67 Total: 67</p> <p>Census Payor Type: Medicare: 6 Medicaid: 52 Other: 9 Total: 67</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/4/24.</p>			F 0000			
F 0880 SS=E Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program						

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

TITLE

(X6) DATE

Brittany Weaver

Administrator

06/18/2024

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>designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p>						

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	<p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>Based on observation, interview, and record review, the facility failed to ensure correct Personal Protective Equipment (PPE) was used by a staff members (CNA 1), when providing care to a resident who was in Enhanced Barrier Precautions for 1 of 3 residents observed who were in EBP. (Resident D) This had the potential to affect 34 residents who resided on 1 of 2 Units. (A-Unit)</p> <p>Finding includes:</p> <p>During an observation on 5/30/24 at 11:06 a.m., there was a sign on the wall outside of Resident</p>			F 0880	<p>Lincolnshire Health and Rehabilitation</p> <p>Compliant Survey: 5/31/2024</p> <p>Please accept the following as the facility's credible allegation of 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.</p> <p>F880 Infection Prevention & Control</p>		06/14/2024

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	<p>D's door that indicated the resident was on Enhanced Barrier Precautions. There was no PPE located outside or inside of the room.</p> <p>During an observation on 5/30/24 at 11:32 a.m., CNA 1 entered the room, donned gloves and started to initiate incontinence care and was stopped. CNA 1 removed the gloves and stepped into the hallway where the EBP sign was reviewed. CNA 1 indicated she was unsure what EBP was and indicated if the resident was on isolation, there was usually a cart with PPE outside the door. The Administrator was then interviewed and indicated more containers for PPE were ordered and PPE was located at the end of the hallways. The Administrator indicated CNA 1 worked as needed and inservice training on PPE/EBP had been completed and was mandatory, though the staff do not always come to the training.</p> <p>During an observation on 5/30/24 at 11:42 a.m., CNA 1 donned a gown and gloves and completed Resident D's incontinent care.</p> <p>Resident D's record was reviewed on 5/31/24 at 9:57 a.m. The diagnoses included, but were not limited to, stroke and end stage kidney disease with dependence on renal dialysis.</p> <p>A Physician's Order, dated 5/23/24, indicated EBP was to be followed due to the resident having a dialysis port.</p> <p>An EBP inservice completed by the facility, dated 5/24/24, indicated EBP was to be used for close physical contact and care. A sign would be posted at the door to alert the staff gloves and gowns were required with direct care.</p>				<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Staff immediately donned the appropriate PPE for enhanced barrier precautions for resident D. Education was provided for CNA 1 related to Enhanced Barrier Precautions Guidelines. 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 facility residents requiring enhance barrier precautions can 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; Staff were re-educated: · What Enhanced Barrier Precautions (EBP) are. · When/What Personal Protective Equipment (PPE) is to be used. · Who requires EBP. 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 observe 5 staff members per week providing care for a resident requiring Enhanced Barrier Precautions (EBP) to ensure PPE is donned, appropriately.</p>		

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	The undated facility's EBP Guidelines, received as current from the Administrator 5/30/24 at 2:00 p.m., indicated the use of gown and gloves during high-contact resident care activities was required. EBP was to be used with transfers or during bathing assistance and when close physical contact is present. 3.1-18(b)				The Director of Nursing/designee will present a summary of the audits to the Quality Assurance committee monthly for 4 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: 6/14/2024		