

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2017
NAME OF PROVIDER OR SUPPLIER APERION CARE ARBORS MICHIGAN CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360	
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00230997 and IN00232509. This visit resulted in a Partially Extended Survey - Substandard Quality of Care - Immediate Jeopardy.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaints IN00228822 and IN00229364 completed on May 8, 2017.</p> <p>Complaint IN00230997- Substantiated. Federal/State deficiencies related to the allegations are cited at F257.</p> <p>Complaint IN00232509- Substantiated. Federal/State deficiencies related to the allegations are cited at F257.</p> <p>Complaint IN00228822- Corrected</p> <p>Complaint IN00229364- Corrected</p> <p>Survey dates: June 12 & 13, 2017</p> <p>Facility number: 000076 Provider number: 155156 AIM number: 100271060</p> <p>Census bed type:</p>		F 0000	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards 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.

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F 0257 SS=K Bldg. 00	<p>SNF/NF: 86 SNF: 24 Total: 110</p> <p>Census payor type: Medicare: 28 Medicaid: 63 Other: 19 Total: 105</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/15/17.</p> <p>483.10(i)(6) COMFORTABLE & SAFE TEMPERATURE LEVELS (i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81 degrees F. Based on observation, record review, and interview, the facility failed to implement effective interventions in a timely manner to maintain resident room and common area temperatures at or below 81 degrees F (Fahrenheit), placing residents at risk for adverse reactions to the high temperatures. This had the potential to</p>		F 0257	<p><i>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</i></p>

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	<p>affect the 31 residents who resided on the affected 300 & 400 Halls.</p> <p>The Immediate Jeopardy began on 6/12/17 at 9:15 a.m. when temperatures on the 300 and 400 Halls were measured above 81 degrees F by the Maintenance Director. Effective interventions were not put in to place in a timely manner at the time temperatures were above 81 degrees F. Facility temperatures rose to over 86 degrees F at 12:30 p.m. Outside temperatures were forecasted for above 90 degrees F. The Administrator, Director of Nursing, and Nurse Consultant were notified of the Immediate Jeopardy on 6/12/17 at 12:45 p.m. The Immediate Jeopardy was removed on 6/12/17 at 4:15 p.m., but noncompliance remained a lower scope and severity of pattern, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy.</p> <p>Finding includes:</p> <p>Room temperatures on the 300 Hall were observed on 6/12/17 at 9:05 a.m. The following temperatures were recorded:</p> <p>Nursing Station: 83.7 F</p> <p>Hallway across from the Nursing station: 83.5 F. Five residents were seated in wheel chairs in this area.</p> <p>Additional room temperatures were taken</p>			<p><i>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>1) Immediate actions taken for those residents identified:</p> <p>The residents on 300 unit and the affected rooms on 400 unit were relocated to other rooms within the facility by 4:15pm on 06/12/17. 300 unit was closed off. Physicians and families were notified. Care plans were reviewed and updated as needed.</p> <p>Nurses assessed identified resident's vital signs and assessed for signs of hyperthermia.</p> <p>2) How the facility identified other residents:</p> <p>Other areas of the building were</p>

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	<p>with the Maintenance Staff 1 on 6/12/17 at 9:15 a.m. The following temperatures were recorded by Maintenance Staff at this time on the 300 hall and "short hall" portion of the 400 unit:</p> <p>Nursing Station: 81.1 F Room 310: 82.5 F Room 307: 82.4 F Room 310: 82.5 F Room 434: 83.3 F Room 431: 83.1 F</p> <p>During an interview on 6/12/17 at 9:15 a.m., the Maintenance Director indicated the company had started installing a new air conditioner unit for the above sections of the building last week and had not finished at this time. Temperatures were not checked on the 300 Unit on this past Saturday (6/10/17) or Sunday (6/11/17), even though he had been in the building on the evening of 6/11/17 for an issue with the AC and warm temperatures on the 200 unit, which was corrected at that time.</p> <p>On 6/12/17 at 11:05 a.m., Resident M was observed in a room on the 300 Hall. Room temperatures on the 300 Hall were between 81- 83.3 degrees F. Resident M was observed in bed and was covered with a blanket. The resident was awake and responded when spoken to. The resident shook her head yes when she</p>		<p>within temperature range of 71-81 degrees F. No other residents were affected.</p> <p>3) Measures put into place/ System changes:</p> <p>Additional education provided to staff regarding hot weather risks, warning signs, and preventative measures. Maintenance Director was educated on temperature monitoring and timeline for correction of high/low temperatures.</p> <p>New Chiller unit installation complete on 06/15/2017.</p> <p>300 unit and affected rooms on 400 unit remained evacuated until final inspection by installers. Final inspection and system flush was completed on 6/28/17. Residents will be relocated back to their original units as deemed appropriate once the temperatures on 300 unit and affected area of 400 remain within acceptable 71-81 degree F range.</p>	(X5) COMPLETION DATE

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	<p>was asked if she was hot. Pearls of sweat were visible under the resident's eyes and on her upper cheeks. There was no fan blowing on the resident to assist in cooling. No staff was present in the room.</p> <p>The record of Resident M was reviewed on 6/12/17 at 2:40 p.m. The diagnoses included, but were not limited to, cerebral infarction (stroke), anemia, anxiety disorder, and gastrostomy tube (tube used for liquid feeding).</p> <p>The Quarterly MDS (Minimum Data Set) assessment, completed on 4/4/17, indicated Resident M required assistance of two staff members for bed mobility and personal hygiene and was dependent on two staff members for transfers. Impairment in range of motion was present on both upper and both lower extremities.</p> <p>A Nursing Skilled Charting Note, dated 6/7/17 at 8:59 p.m., indicated the resident was alert and oriented to person, her hearing was adequate, and was dependent on staff for dressing and personal hygiene.</p> <p>Current Care Plans were reviewed. The resident was at risk for Dehydration and may not be able to recognize thirst.</p>			<p>Temperature monitoring ongoing throughout all units/ resident areas, including at least 3 resident rooms on each unit at least twice per day 7 days per week x30 days. Administrator and Maintenance Director will be notified of any temperatures outside of the 71-81 degree F range.</p> <p>Thereafter, if the outdoor temperatures are above 86 degrees F or below 17 degrees F, a sample of resident areas /room temperatures will be monitored and recorded. If any concerns are noted with temperatures unable to be maintained between 71- 81 degrees F, residents in affected areas will be relocated as needed, and increased monitoring of temperatures and resident assessments will be implemented at least every 4 hours until the temperatures are able to be maintained in acceptable range.</p> <p>The Administrator and Maintenance Director will be responsible for oversight of these audits.</p>	

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	<p>Interventions included, but were not limited to, provide diet as ordered, tube flushes per Physician orders, and provide diet as ordered.</p> <p>Room temperatures were checked again by the Maintenance Director on 6/12/17 at 12:30 p.m. The following temperatures were recorded:</p> <p>Nursing Station 300 hall: 84.9 F</p> <p>Room 302: 85.6 F. The resident in Bed A stood from her wheel chair and began taking off her shirt.</p> <p>Room 301: 85.8 F. A fan was on in the room.</p> <p>Room 303: 86.3 F. The resident in Bed A stated, "it's too da** hot"</p> <p>Room 312: 87.2 F</p> <p>Room 435: 87.8 F</p> <p>300 Activity Room (one of the rooms identified as a "cooling station"): 85.6 F. Three residents were in the Activity Unit. A Portable Air Conditioning unit was on. The temperature was set to be at 65.0 F. The AC unit reading showed the area temperature reading of 84.9 F.</p> <p>Internet reported temperatures in Michigan City, IN were 79 degrees F in the morning on 6/12/17 and the temperature at 1:32 p.m. was recorded at 89 degrees F.</p> <p>As of 4:00 p.m. on 6/12/17, the AC repair</p>			<p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5) Date of compliance: 06/28/17</p>

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	<p>company had arrived, worked on the AC unit, and left without the air conditioning being fixed.</p> <p>At 4:15 p.m. on 6/12/17, all residents from the 300 & short 400 halls were observed to have been relocated to other units of the facility.</p> <p>The survey team observed the 300 Hall and 400 "short hall" remained closed on 6/13/17. Staff members were interviewed related to safe care and monitoring of residents during predicted temperature elevations and procedures related to reporting any concerns to the Administration.</p> <p>The Immediate Jeopardy that began on 6/12/17 at 9:15 a.m. was removed on 6/12/17 at 4:15 p.m. when the facility completed physical assessments which included vital signs and relocated residents from the 300 hall and the 400 "short hall" to other units in the facility. Inservicing was provided to staff related to monitoring for sign and symptoms of dehydration and interventions to be implemented. The Immediate Jeopardy was removed but noncompliance remained at a lower scope and severity level of pattern, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy, because</p>			

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	<p>maintenance was still working on attaining full functioning of the AC system.</p> <p>This Federal tag relates to Complaints IN00230997 and IN00232509.</p> <p>3.1-19(f)</p>				