

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155115	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/09/2023
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NAME OF PROVIDER OR SUPPLIER CARDINAL NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1121 E LASALLE AVE SOUTH BEND, IN 46617
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00418806, IN00419157, IN00421033 and IN00421418.</p> <p>Complaint IN00418806 - No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00419157 - No deficiencies related to the allegation (s) are cited.</p> <p>Complaint IN00421033 - No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00421418 - Federal/State deficiencies related to the allegations are cited at F580.</p> <p>Survey dates: November 6, 8, & 9, 2023</p> <p>Facility number: 000048 Provider number: 155115 AIM number: 100275330</p> <p>Census Bed Type: SNF/NF: 67 Total: 67</p> <p>Census Payor Type: Medicare: 5 Medicaid: 54 Other: 8 Total: 67</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 11/17/2023.</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jamie Corpe	Executive Director	11/28/2023

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 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident</p>			

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	<p>representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). Based on interviews and record review the facility failed to notify the attending physician for a change in condition for 1 of 1 resident reviewed for change in condition. (Resident B)</p> <p>Findings include:</p> <p>During a record review, conducted 11/7/2023 at 10:12 A.M., the 5- day Admission Minimum Data Set (MDS) assessment dated 10/26/2023, indicated the resident had an intact cognition. She was independent for mobility and self-care. Active diagnoses included but were not limited to: chronic obstructive pulmonary disease, anxiety, atrial fibrillation, and cardiac pacemaker. She used oxygen as needed. She took a daily anticoagulant.</p> <p>Physician orders included, but were not limited to: -10/24/2023 Oxygen at 1 liter per nasal cannula as needed -10/23/2023 Cardizem 180 milligrams (mg) oral once a day -10/20/2023 Eliquis 2.5 mg oral twice a day</p> <p>A care plan problem, dated 10/24/2023, included, but was not limited to: resident is at risk for alteration in cardiac function related to pacemaker. The goal was for the resident to be free from signs</p>	F 0580	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after December 2, 2023.</p> <p>F 580 – Notify of Changes</p> <p>The standard was not met; facility failed to notify the attending physician for a resident change in condition.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The physician was made aware of</p>	12/02/2023

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	<p>of malfunction. Interventions included, but were not limited to, medications as ordered and observe for symptoms of weakness, shortness of breath, cyanosis, and dizziness.</p> <p>A progress note by RN 2, dated 11/5/2023 at 9:47 P.M., included, but was not limited to: resident complaining her " heart is going fast". Pulse 112 B/P- 140/68. Resident has had all her scheduled medication at this point. Refused NTG (nitroglycerin) since she denies chest pain. States " I don't have anxiety", but clearly trembling. Refused transport to hospital.</p> <p>An investigation interview done by the DON with RN 2, on 11/06/2023 at 12:54 P.M., included, but was not limited to: the resident came to the nurses desk to report that her heart was racing. The RN offered the resident a chair to sit and did an assessment consisting of a biox, pulse, and respirations. The RN offered the resident a nitroglycerin tablet but the res refused. The RN also offered to call for an ambulance but the resident refused. The RN then went to care for another resident's IV and a CNA reported to the RN that the res had sat herself on the floor. The resident then ambulated independently back to her room and offered no other complaints.</p> <p>During an interview with Resident B, on 11/8/2023 at 10:37 A.M., she indicated she walked down to the nurses desk and asked the nurse if she could take her pulse and BP. The nurse did not take her BP or pulse and told her she would be fine its just anxiety. The resident sat down on the floor and the nurse continued to say that it was her anxiety. Then the nurse got up and went down the hall and punched in the code to go on break. Resident continued to sit on the floor for about 45 minutes. After time passed and she felt better she got up</p>		<p>resident B's change in condition. Resident no longer resides at facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents who have a change in condition have the potential to be affected by this finding. Any resident showing signs and symptoms of a condition change will be thoroughly assessed with changes being reported to physician in a timely manner by DNS/Designee.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>The DNS or designee will in-service all clinical staff on resident changes of condition and reporting those changes timely to MD/NP. The DNS or designee will review changes in condition daily using the Facility Activity Report to ensure that MD/NP notifications have been completed and documented as required.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Ongoing compliance with this corrective action will be monitored</p>	

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	<p>without assist and went back to her room. She maintains that the nurse did not do any assessment other than the checking her oxygen level. The nurse did not offer to call an ambulance or her physician. Another resident, that was sitting in the hall during this occurrence, told her she should go to the hospital, but she declined.</p> <p>During a phone interview with RN 2, on 11/9/2023 at 9:35 A.M., she indicated the resident said her heart was beating fast. She went into nurse mode, took vitals, Biox (oxygen level) was 99% but admitted she didn't put it in the note She checked recent meds and what she had that might be effective. Offered an as needed dose of nitroglycerin but the resident stated she was not having chest pain and refused it. Resident B was alert and oriented. Someone else asked Resident B if she wanted to go to the hospital and she denied wanting to go to the hospital. Vitals included pulse, blood pressure (BP) using a manual BP cuff. The resident was sitting in her rollator in front of the nurses station and she was unsure when the resident ended up sitting on the floor. RN 2 indicated that the resident got herself up off of the floor independently. She denied filling out an event or observation form. The RN indicated that she did take the BP contrary to what the resident said. The resident was trembling and seemed anxious but denied feeling anxious. She hesitated to notify the physician. The RN did not take an apical pulse but did a radial and the Biox. It seemed that the resident sitting on the floor was an anxiety type of thing. The RN did not look at all of her diagnoses and so she could not say that it was a change in condition as she did not know the resident well. "At the time I thought I was making the correct decision." She did not show any indication that she was having chest pain or an acute cardiac event and did not state she was</p>		<p>through the facility Quality Assurance and Performance Improvement (QAPI). The DNS/designee will be responsible for completing the QAPI audit tool "Change in Condition" weekly for 4 weeks, monthly for 6 months and quarterly thereafter for 2 quarters. If threshold of 90% is not met, an action plan will be developed. Finds will be submitted to the QAPI committee for review and follow-up.</p> <p>By what date the systemic changes will be completed: December 2, 2023</p>	

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	<p>having chest pain. Offered the nitroglycerin because that was the only cardiac as needed medication ordered and that is when she denied the chest pain.</p> <p>She indicated if there was a resident with any complaint her process would be as follows: I would check the medications to see if there was something to offer, and look at their diagnoses. She would look at their code status. Based on her assessment and if the resident was in pain, she would ask if they wanted to go to the hospital, or anything life threatening especially if they were a full code, she would call the physician.</p> <p>During an interview with DON on 11/9/2023 at 9:54 A.M. indicated if she was the nurse, she would have called the on call provider.</p> <p>A current policy provided by the DON on 11/8/2023 at 2:10 P.M., titled, "Resident Change of Condition Policy" and revised on 11/2018, included, but was not limited to: "...It is the policy of this facility that all changes in resident condition will be communicated to the physician...."</p> <p>This concern relates to complaint IN00421418.</p> <p>3.1-5(a)(2)</p>			