STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155344	A. BUILDING 00 B. WING	03/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF MICHIGAN CITY	802 US HIGHWAY 20 EAST MICHIGAN CITY, IN 46360

(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 APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00374404. Complaint IN00374404 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684. Survey date: March 7, 2022 Facility number: 000236 Provider number: 155344 AIM number: 100287700 Census bed type: SNF/NF: 78 Total: 78 Census payor type: Medicare: 24 Medicaid: 42 Other: 12 Total: 78 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 3/11/22.	F 0000	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 decisions, or of any violation of regulation. The facility respectfully requests a desk review in lieu of a traditional revisit. Documentation to support facility compliance is attached.	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on record review and interview, the facility failed to ensure areas of bruising were assessed and monitored for 1 of 3 residents reviewed for skin conditions (non-pressure related). (Resident B) Finding includes: The record for Resident B was reviewed on 3/7/22 at 9:58 a.m. Diagnoses included, but were not limited to, chronic pain syndrome, anxiety, depression, and post traumatic stress disorder (PTSD). The resident was admitted to the facility on 1/25/22 and left against medical advice (AMA) on 2/21/22. The Admission Minimum Data Set (MDS) assessment, dated 2/1/22, indicated the resident was cognitively impaired for daily decision making and she required extensive assistance with 1 person physical assist for bed mobility, transfers, dressing, and personal hygiene. Bathing had not occurred during the assessment reference period. A Physician's Order, dated 2/13/22, indicated the resident was to be sent to the emergency room for evaluation for increased pain. The "e-INTERACT" Transfer Form, dated 2/13/22, indicated the resident was complaining of increased pain across her upper abdomen and under her breasts. Her pain level was documented as a "7". There was no documentation of the resident's skin condition prior to being transferred.	F 0684	A full house audit was completed by the DON and ADON on 3/9/22 to verify that no additional bruising or skin issues were not documented or addressed. No additional bruising or skin issues were identified. Zero residents were found to have a negative outcome related to this alleged deficient practice. The RN that failed to document the bruise was retrained by the DON on 3/8/22. All nursing staff was retrained by the SDC on 3/16/22 regarding documentation of skin bruising and other skin related issues. To ensure future compliance all nursing staff will be trained on skin documentation at least annually. The DON or designee will complete a skin assessment on 10 residents weekly to ensure no new skin concerns are identified weekly x 3months, then 5 residents weekly for 3months. Attached is documentation to support that we are back in compliance as stated above.	03/17/2022

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	The resident was transferred to the hospital on 2/13/22 at 7:45 a.m. The resident returned to the facility at 12:15 p.m. with no new orders. There was no skin assessment documented upon her return. On 2/14/22, the Executive Director (ED) received a report from Adult Protective Services (APS) that the (Emergency Medical Service (EMS) driver reported to them the resident had a bruise/blood blister by her nipple on her right breast. They asked her how it happened and she stated, "they got rough with me in the shower." A Skin Integrity Data Collection form, dated 2/14/22 at 9:40 a.m., indicated the resident had a new bruise to her right breast. The bruise was red in color and measured 3 centimeters (cm) x 1.5 cm. Nurses' Notes, dated 2/14/22 at 9:42 a.m., indicated the resident stated she received the bruise when she was in the hospital emergency room. The CNA Bath Sheet/Skin Check form, dated 2/13/22, indicated the resident had bruising to her right breast and nipple. The form was signed by CNA 1 and RN 1. An undated written statement from CNA 1, indicated she was giving the resident a shower when she noticed the resident was in pain stating her "boob" was hurting, she then looked at the breast on her right side and observed a bruise on her nipple. The CNA informed the RN at that time and she assessed the resident. A written statement from RN 1, indicated she was called to the shower room on 2/13/22 at			

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	7:30 a.m. by CNA 1. The resident was crying and complaining of pain to her right breast. The area was light pink and unraised. There was lower breast discoloration that measured 1 cm and discoloration to the side of the breast that measured 2 cm. Interview with the Director of Nursing (DON) on 3/7/22 at 1:05 p.m., indicated the area to the resident's right breast was found the morning of 2/13 when CNA 1 had taken the resident to the shower room. The CNA told RN 1, who then came into the shower room and completed a skin assessment. The RN did not document on the bruising prior to the resident going out to the hospital and when she returned. The DON was not aware of the bruising until she received the fax from APS. The DON indicated the RN should have completed an entry in the nursing progress notes when the bruising was initially observed. This Federal tag relates to Complaint IN00374404. 3.1-37(a)			