

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155115	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2022
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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 IN00384507 and IN00391343.</p> <p>Complaint IN00384507 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00391343 - Substantiated. Federal/State deficiencies related to the allegations are cited at F580.</p> <p>Survey dates: October 3, 4, & 5, 2022</p> <p>Facility number: 000048 Provider number: 155115 AIM number: 100275330</p> <p>Census Bed Type: SNF/NF: 68 Total: 68</p> <p>Census Payor Type: Medicare: 1 Medicaid: 56 Other: 11 Total: 68</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/6/22.</p>	F 0000	<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 10/17/22.</p>	
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</p>			

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 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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	<p>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;</p> <p>(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);</p> <p>(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</p> <p>(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</p> <p>(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 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</p>			
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	<p>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).</p> <p>Based on interview and record review, the facility failed to ensure a physician was notified of a significant change for 1 of 3 residents reviewed for significant change, (Resident B).</p> <p>Finding includes:</p> <p>On 10/03/22 Resident B's Clinical Records were reviewed.</p> <p>The Admission Record indicated the Resident B was originally admitted to the facility on 2/20/2019 and most recently admitted on 1/20/2021, with diagnoses that included, but were not limited to: chronic respiratory failure, congestive heart failure, peripheral vascular disease, chronic non-pressure ulcers of right ankle and right calf, unstagable pressure ulcer to the sacrum, atrial fibrillation, mixed obsessional thought and acts, chronic Cor pulmonale.</p> <p>Resident B's most recent comprehensive Minimum Data Set (MDS), dated 8/29/22 for Quarterly Assessment, indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment.</p> <p>Review of Resident B's MDS dated 9/22/22 for Death in Facility, indicated the resident expired in the facility on 9/22/22.</p> <p>Review of Resident B's Nurse's Progress Notes indicated: On 9/22/2022 at 6:04 A.M., the resident was</p>	F 0580	<p>F580 – Notification of Changes It is the practice of this facility to immediately notify the physician of a significant change in a resident's condition.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B – physician is aware of resident's change in condition.</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: Any resident who experiences a significant change in condition has the potential to be affected by this finding. All resident's will be assessed for significant change in condition. Nursing Management Team will ensure physician notification is/was made for any noted condition changes</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>	10/17/2022

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	<p>unresponsive to physical stimulation, but would raise eye brows when his name was called.</p> <p>On 9/22/2022 at 12:45 P.M., the resident's responsible party was notified of the resident's condition and was advised to come into facility to spend time with Resident B. The resident continued in a non- responsive state, vital signs remained stable with an elevated pulse rate of 118.</p> <p>On 9/22/2022 at 9:06 P.M., Resident B was observed to have no pulse, no breathing and no heartbeat. Family was at bedside. Director of Nursing and Medical Director were notified to release body.</p> <p>On 10/4/22 at 12:08 P.M., an interview with Director of Nursing 1, indicated the nursing staff did not notify Resident B's physician regarding the resident's change of condition, and that the physician should have been notified to obtain orders.</p> <p>On 10/05/22 at 10:34 A.M., an interview with the facility Nurse Practitioner indicated she was not notified of the resident's change of condition until notified by text on 9/22/22 at 10:27 P.M., when she was notified the resident had expired. Nurse Practitioner indicated the nursing staff should have notified her or the physician of the resident's change of condition so she could have assessed the situation.</p> <p>A policy titled, "Resident Change of Condition Policy," dated 11/2018, was provided by the Regional Consultant as the current facility policy on 10/4/22 at 12:52 P.M., and was reviewed at that time. the policy indicated, "...b. The licensed nurse will inform the attending physician...of resident status as soon as possible before, during, or after</p>		<p>All nursing staff will be re-educated by the Nurse Management Team. This in-service will include review of the State Regulatory Guidelines and the facility policy related to Resident Change of Condition. The nursing staff will be educated on the importance of timely notification to the physician. The CNAs will be educated on reporting any noted change of condition to the resident's assigned nurse. The Nurse Management Team will be responsible for review of all charting to ensure proper notification to all parties has been completed when a condition change is noted.</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>Compliance with this corrective action will be monitored through the facility Quality Assurance Performance Improvement Program. The Nursing Management team will be responsible for completion of the QAPI Audit Tool related to Change of Condition. This tool will be completed daily for 4 weeks and weekly for at least six months. If threshold of 90% is not met, an action plan will be developed.</p>	

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

PRINTED: 10/24/2022
FORM APPROVED
OMB NO. 0938-039

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	<p>the change of condition occurs or when resident crisis has been managed, and document the notification...."</p> <p>This Federal tag relates to complaint IN00391343.</p> <p>3.1-5(a)(2)</p>		<p>Findings will be submitted to the Quality Assurance Performance Improvement Committee for review and follow-up.</p> <p>By what date the systemic changes will be completed: Compliance Date: 10/17/22</p>		