

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Healthwin Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20531 Darden Rd South Bend, IN 46637	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>34966</p> <p>Based on interview and record review, the facility failed to ensure a comprehensive plan of care including a plan for type 2 diabetes, wound care and colostomy care was created for 1 of 3 residents reviewed for care plans. (Resident B)</p> <p>Finding includes:</p> <p>On 3/27/25 at 11:30 A.M., a clinical record review was completed for Resident B's. Diagnoses included, but were not limited to, paraplegia, type 2 diabetes, osteomyelitis of the left femur that required surgical intervention and the application of wound vac placement, colostomy status, and pressure ulcers.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 2/21/25, indicated Resident B was fully cognitively intact, required extensive assistance for bed mobility, transferring, bathing, dressing, and personal hygiene. The resident was assessed to have had two stage 2 pressure ulcers, one unstageable pressure ulcer, and a surgical wound. In addition, Resident B was receiving insulin for diabetes and had received 5 injections in the previous 7 days.</p> <p>Physician's orders included the following:</p> <ul style="list-style-type: none"> <li>-Lantus Subcutaneous Solution to inject 10 units at bedtime for type 2 diabetes, ordered 11/6/25 and discontinued on 3/6/23. There was no order for the treatment of low blood sugar.</li> <li>-Wound vac to left ischium tuberosity (lower area of the pelvis on the side of the buttock), connect negative pressure wound treatment (NPWT) system at 150mmHg. Change wound vac on Mondays and Fridays for wound care, ordered 2/26/25.</li> <li>-Ostomy care every shift, ordered 2/10/25</li> </ul> <p>A review of Resident B's care plans indicated a lack of goals and interventions for low blood sugar (hypoglycemia), wound vac care to address the pressure ulcers and ostomy care.</p> <p>(continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Healthwin Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20531 Darden Rd South Bend, IN 46637	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/27/25 at 9:05 A.M., the Administrator provided an undated policy titled, Care Planning-Comprehensive Person-Centered, indicating it was the current facility policy. The policy indicated, .A baseline care plan to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission .'Baseline Care Plan': is a care plan developed within 48 hours of admission .1. To assure that the resident's immediate care needs are met and maintained, .b .ii. The instructions needed to provide effective and person-centered care that meets professional standards of quality .</p> <p>This citation relates to Complaint IN00456011.</p> <p>3.1-35(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Healthwin Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20531 Darden Rd South Bend, IN 46637	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34966</p> <p>Based on interview and record review the facility failed to ensure physician orders were in place for the treatment of low blood glucose, and failed to ensure the documentation was completed for wound care treatment according to physician orders, for 1 of 3 residents reviewed for diabetic management and wound treatment, (Resident B).</p> <p>Finding includes:</p> <p>On 3/27/25 at 11:30 A.M., a clinical record review was completed for Resident B's. Diagnoses included paraplegia, type 2 diabetes, osteomyelitis of the left femur, seizure disorder, history of stroke, colostomy status, neurogenic bladder requiring a catheter, resistance to multiple antibiotics, tachycardia, and pressure ulcers.</p> <p>The Annual Minimum Data Set (MDS) assessment dated [DATE], indicated Resident B was fully cognitively intact, required extensive assistance for bed mobility, transferring, bathing, dressing, and personal hygiene. The resident was assessed to have had two stage 2 pressure ulcers, one unstageable pressure ulcer, and a surgical wound. In addition, Resident B was receiving insulin for diabetes and had received 5 injections in the previous 7 days.</p> <p>Physician's orders included the following:</p> <ul style="list-style-type: none"> <li>-Lantus Subcutaneous Solution to inject 10 units at bedtime for type 2 diabetes, ordered 11/6/25 and discontinued on 3/6/23. There were no orders in place for the treatment of low blood sugar.</li> <li>-Santyl External Ointment 250 Unit/GM, to apply to the coccyx topically one time daily for eschar, necrotic, red serosanguinous draining, ordered 2/18/25.</li> <li>-Ostomy care every shift, ordered 2/10/25.</li> </ul> <p>Review of Resident B's February and March 2025 Medication Administration Records and Treatment Administration Records indicated a lack of documentation for the administration of Santyl External Ointment 250 Unit/GM, to apply to the coccyx topically one time daily on 2/22/25, 2/23/25, and 3/6/25.</p> <p>There was also a lack of documentation for ostomy care on 2/18/25 on the night shift and on 3/3/25 on the day shift.</p> <p>During an interview on 3/26/25 at 4:30 P.M., the Director of Nursing (DON), indicated there was not a physician's order for hypoglycemic care and some documentation related to Resident B's wound and ostomy care was missing.</p> <p>On 3/27/25 at 9:05 A.M., the Administrator provided a policy dated 10/1/21, titled, Diabetes Mellitus - Nursing Care Of The Older Adult, indicating it was the current facility policy. The policy indicated, .Unless a physician has ordered specific parameters for monitoring, treating, and notifying the physician of blood sugar levels, the facility's routine standing orders will be used .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Healthwin Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20531 Darden Rd South Bend, IN 46637	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/27/25 at 9:05 A.M., the Administrator provided an undated policy titled, Documentation Of Wound Treatments, indicating it was the current facility policy. The policy indicated, .Wound assessments are documented at the time of each treatment .</p> <p>This citation relates to Complaint IN00456011.</p> <p>3.1-37(a)</p>