STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155218	A. Building B. Wing	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Great Lakes Healthcare Center	2300 Great Lakes Dr Dyer, IN 46311

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on record review and interview, the facility failed to document incontinence care for a resident who was dependent on staff for activities of daily living (ADLs) for 1 of 3 residents who were reviewed for ADLs. (Resident C) Finding includes:Resident C's record was reviewed on 9/29/25 at 10:18 a.m. Diagnoses included, but were not limited to, hemiplegia (paralysis of one side of the body), stroke, and Parkinson's.The Quarterly Minimum Data Set (MDS) assessment, dated 7/18/25, indicated the resident was cognitively intact for daily decision making, required maximal assistance with ADLs and was frequently incontinent of bowel and bladder.A Care Plan, revised on 8/28/24 and identified as current, indicated the resident was incontinent of bowel and bladder. Interventions included checking the resident for incontinence every 2 hours and as needed. A review of the Point of Service documentation for September 2025, received from the Director of Nursing on 9/30/25 at 10:40 a.m., lacked documentation of incontinence care on the following days/shifts: day shift on 9/2/25, 9/4/25, 9/22/25, and 9/28/25; evening shift on 9/5/25, 9/7/25, 9/10/25, 9/17/25, 9/20/25, 9/21/25, 9/22/25, 9/23/25, 9/24/25, 9/26/25, 9/27/25, and 9/28/25; and night shift on 9/6/25, 9/7/25, 9/9/25, 9/10/25, 9/12/25, 9/17/25, 9/18/25, 9/19/25, 9/20/25, 9/21/25, 9/22/25, 9/23/25, and 9/24/25.During an interview on 9/29/25 at 2:45p.m., Resident C indicated staff did not check him at least once per shift to see if he needed incontinence care. When he used the call light to let staff know he needed to be changed, the staff would say they would come back to do it, but they did not. He indicated he had been left for hours in a dirty brief. During an interview on 9/30/25 at 10:52 a.m., the Director of Nursing (DON) indicated incontinence care should be performed and documented each shift, and she did not know why there were dates/shifts with blanks.This citation relates to Intakes 2606842 and 2614759.3.1-38(a)(3)

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