

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2026
NAME OF PROVIDER OR SUPPLIER Great Lakes Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>Based on record review and interview, the facility failed to ensure timely laboratory (lab) services were provided as ordered, related to urinalysis (UA) testing (testing for a urinary tract infection), for 1 of 3 residents reviewed for lab testing. (Resident G) Finding includes: Resident G's record was reviewed on 1/13/25 at 2:12 p.m. The diagnoses included, but were not limited to, stage 3 chronic kidney disease, history of urinary tract infections (UTI), and a left nephrostomy catheter (catheter placed into the kidney to drain urine). A Quarterly Minimum Data Set assessment, dated 12/5/25, indicated an intact cognitive status and an indwelling urinary catheter was present. A Care Plan, dated 10/30/25, indicated a nephrostomy catheter was present. The interventions indicated signs and symptoms of a UTI would be monitored. A Nurse's Progress Note, dated 12/10/25 at 12:34 p.m., indicated a urine sample was collected for testing. The lab results indicated the tests ordered were a UA with a culture and sensitivity of the urine. The collection date was 12/10/25 at 1:08 p.m. and the reported date was 12/21/25 at 9:01 a.m. (11 days). The results indicated the results were invalid. A Nurse Practitioner's Progress Note, dated 12/23/25 at 1:58 p.m., indicated the left nephrostomy tube had light yellow urine with minimal sediment. A UA, culture and sensitivity of the urine was ordered. A Nurse's Progress Note, dated 12/26/25 at 9:51 p.m., indicated a urine sample had been collected. A lab result report indicated a UA, culture and sensitivity of the urine had been collected on 12/26/25. The reported results were received five days later on 12/31/25 at 12:33 p.m. The results were, invalid and indicated the specimen was rejected due to urine stability lapsing. A Physician's Order, dated 1/9/26, indicated another UA was to be completed. The results of the UA were not located in the resident's record. During an interview on 1/13/26 at 3:49 p.m., the Corporate RN Consultant, indicated, the timeliness of the results of the UA sent on 12/10/25 was just brought to their attention today (1/13/26). There was no facility policy for the timeliness of lab results. She acknowledged the UA sent on 12/26/25 also had not been completed. The Physician/Nurse Practitioner receives the results directly from the Lab Company. The Lab Company had just been notified about the UA sent on 1/9/26 and they indicated there were no results at this time. This citation relates to Complaint 2670530.3.1-49(c)</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
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