STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155344	A. Building B. Wing	09/11/2024

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

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 45666 Based on record review and interview, the facility failed to ensure a discharge summary was completed at the time of discharge for a resident going home who required home health services for 1 of 3 residents reviewed for discharge (Resident B). Finding includes: Resident B's record was reviewed on 9/11/24 at 9:43 a.m. The diagnoses included, but were not limited to, paraplegia (paralysis of lower body), chronic kidney disease stage 3, and high blood pressure. The Discharge Minimum Data Set assessment, dated 9/1/24, indicated the resident was cognitively intact for daily decision making. He was totally dependent on staff for toileting, bathing, and transfers. He had an indwelling catheter and an ostomy (an artificial opening). He was taking antipsychotic, antidepressant, and anticoagulant medications. Resident B's Care Plans upon discharge included, but were not limited to, the resident would be long term care, had an ostomy, required extensive assistance for his activities of daily living (ADL) tasks for bed mobility, transfers, and toileting, had an indwelling Foley (urinary) catheter, and had oxygen therapy. A Physician's Order, dated 7/16/24, indicated the resident was on continuous oxygen therapy at 4 liters per minute via nasal cannula. The Discharge Summary Information assessment, dated 8/28/24 at 4:23 p.m., indicated the resident was discharged to home by ambulance. The reason for discharge was left blank. The clothing and valuables were not marked as received or stored. Physical assessment on discharge and instructions were listed as follows: - Physical and Mental Functioning Status: assist with one with ADLs and bed mobility, mechanical lift for transfers - Nutritional Status: regular diet with thin liquids and feeds self with set up (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Special treatments and procedures: Colostomy 2.75 or 70 millimeter size appliance and catheter 20 french with 5 milliliter bulb - Mental, Psychosocial, and Behavior Status: alert and oriented - Continence: incontinent of bladder, resident colostomy with ostomy care per staff - Skin Condition: warm and dry no open areas noted - Resident established his own in home nursing, physical and occupational therapy as well as his own ADL assistance through a home health agency - Medications: Pre-discharge and post-discharge medications that have been reconciled with attached medications to take after discharge from the facility was blank - Recapitulation of Stay: Nursing was blank - Copy of instructions given to: was blank - Name of patient/patient representative giving consent: was blank - Received by and date: was blank The Discharge Summary Information assessment did not address the resident being on oxygen therapy and was incomplete. During an interview on 9/11/24 at 1:04 p.m., the Director of Nursing indicated the Discharge Summary Information assessment should have been completed and oxygen should have been addressed on the form. The resident had set everything up for his own discharge as he decided that he was going to leave that weekend with family. Social Services had talked with the home health company and others involved with his care at home to ensure he had the equipment he needed and was set to move home, however it was not documented. A Policy titled, Area of Focus: Discharge Process and Bed Holds, noted as current, indicated, .How .In the event that the resident requires transfer or discharge the documentation in the medical record should include: .7. A discharge summary must be completed for discharges. This citation relates to Complaint IN00442864. 3.1-36(a)(1) 3.1-36(b)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 45666 Based on record review and interview, the facility failed to ensure there was an adequate indication for use of a scheduled antifungal powder for 1 of 3 residents reviewed for non-pressure skin conditions (Resident B) Finding includes: Resident B's record was reviewed on 9/11/24 at 9:43 a.m. The diagnoses included, but were not limited to, paraplegia (paralysis of lower body), chronic kidney disease stage 3, and high blood pressure. The Discharge Minimum Data Set assessment, dated 9/1/24, indicated the resident was cognitively intact for daily decision making. He was totally dependent on staff for toileting, bathing, and transfers. A Physician's Order, dated 7/16/24, indicated nystatin external powder (antifungal powder) 100,000 unit/gram, apply to right and left skin folds topically every shift for skin irritation. The July and August 2024 Medication and Treatment Administration Record indicated the nystatin powder was administered three times each day to the groin area. A Weekly Skin Assessment was completed on 7/20, 7/27, 8/3, 8/10, 8/17, 8/24, and 8/31/24. There were no skin abnormalities noted to the groin or any other areas on the assessments. During an interview on 9/11/24 at 11:22 a.m., the Assistant Director of Nursing indicated she was unable to locate documentation related to any type of skin conditions and the nystatin powder should have just been an as needed order for any new skin condition that was observed. This citation relates to Complaint IN00442864. 3.1-48(a)(4)