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	03/31/2025

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 48383 Based on record review and interview, the facility failed to ensure the responsible party was notified of a unwitnessed fall in a timely manner for 1 of 3 residents reviewed for accidents. (Resident B) Finding includes: Resident B's record was reviewed on 3/31/25 at 10:47 a.m. Diagnoses included, but were not limited to, fracture of the left femur, hypertension (high blood pressure), depression, chronic kidney disease, history of falling and dementia. A Nurse's Note, dated 1/8/25 at 12:25 a.m., indicated Resident B was noted on the floor in her room by the CNA. The resident was assessed and was alert and oriented to situation and self. The resident was noted to have a bruise to the left frontal side of her head with a small bump. The resident had also complained of soreness to her left hip and back. The resident refused pain medication and refused to go to the hospital. A message was left to notify the Nurse Practitioner. A Nurse's Note, dated 1/8/25 at 1:04 a.m., indicated medication was given for pain in the left hip and lower back. A Nurse's Note, dated 1/8/25 at 3:12 a.m., indicated the resident's son was called and notified about the situation and indicated to send the resident to the hospital. A Quarterly Minimum Data Set (MDS) assessment, dated 1/13/25, indicated the resident was severely impaired for daily decision making. The resident had impairment on both sides of her lower extremities. Supervision and touching assistance was required for eating, oral hygiene, upper body dressing, and personal hygiene. The resident required substantial/maximum assistance with toilet hygiene, shower/bathing, putting on footwear and lower body dressing. The resident transferred from sit to stand, chair to bed, toilet transfer and roll left to right with partial/moderate assistance. During an interview on 3/31/25 at 2:15 p.m., the Executive Director (ED) indicated she understood the concern regarding delayed notification after a fall. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155344	A. Building B. Wing	03/31/2025

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/31/25 at 2:12 p.m., the Director of Nursing (DON) indicated the nurse at the time of the resident's fall did not feel there was anything concerning regarding the resident's hip, she was more focused on the neurological assessments and that is why she had waited to call the resident's son. She understood the concern and had nothing further to add. The current 2024 Changes in Resident's Condition or Status policy, provided by the Executive Director on 3/31/25 at 10:45 a.m., indicated . A facility must immediately inform the resident, consult with resident's physician, and notify, consistent with his or her authority , the resident representative when there is (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention . This citation relates to Complaint IN00451276. 3.1-5(a)(2)

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	03/31/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 48383 Based on observation, record review, and interview, the facility failed to ensure fall interventions were updated to prevent injury for a resident with multiple falls for 1 of 3 residents reviewed for accidents. (Resident D) Finding includes: On 3/31/25 at 12:09 p.m., Resident D was not observed in his room. There was a mattress leaning on the side of the wall, there was a touch pad call light, gym shoes by the bedside, and the bed had two half side rails. Resident D's record was reviewed on 3/31/25 at 1:17 p.m. The diagnoses included, but were not limited to, dementia, chronic obstructive pulmonary disease (COPD), hypertension (high blood pressure), stroke, and hemiplegia (paralysis on one side of the body). The Admission Minimum Data Set (MDS) assessment, dated 1/16/25, indicated the resident was severely impaired for daily decision making. The resident required substantial/maximum assistance for bed mobility, transferring and toileting. A Care Plan, last updated on 1/31/25, indicated the resident was at risk for falls related to decreased mobility, weakness, high blood pressure, depression, and hemiparesis/hemiplegia affecting right side of the body. Approaches were to assist with ADL's (activities of daily living) as needed, have a mattress on the floor at bedside, call light within reach, complete a fall risk assessment, and orient resident to room. The last two months were reviewed and the resident had four falls on the following dates: 2/3/25 3/2/25 3/13/25 3/25/25 A Health Status Note, dated 3/2/25 at 11:10 a.m., indicated the resident was seen leaning in her wheelchair and the nurse assisted the resident to sit up in the chair. When the writer walked away and came back several minutes later, the resident was lying on the floor. Assessments were completed and the resident had a small bump to the back of her head. A Health Status Note, dated 3/13/25 at 2:36 p.m., indicated the resident was seen lying on her right side on the floor in front of her wheelchair near the nurse's station. Two nurses assessed the resident and the resident bumped the side of her right head and had a small abrasion to the right outer elbow. (continued on next page)

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	03/31/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Health Status Note, dated 3/25/25 at 7:26 a.m., indicated the resident was sitting in her wheelchair by the nurses' station and the nurse observed the resident leaning over. Before the nurse could reach the resident, she fell on to her left side and hit her head on the floor. Swelling and bruising were noted to the left forehead. There was no documentation in the resident's record to indicate the facility added interventions to address the resident's wheelchair use or positioning after the resident's multiple falls from her wheelchair. During an interview on 3/31/25 at 2:34 p.m., the Executive Director (ED) indicated there was no updated care plan for Resident D's recurrent falls. The current 2022 Fall Management policy, provided by the Executive Director on 3/31/25 at 10:45 a.m., indicated .4. The interdisciplinary team will review and revise the care plan, if indicated, upon completion of each comprehensive, significant change and quarterly MDS, upon a fall event and as needed thereafter . This citation relates to Complaint IN00451276. 3.1-45(a)(2)