

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Hammond-Whiting Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 114th St Whiting, IN 46394	

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>48055</p> <p>Based on observation, record review, and interview, the facility failed to ensure areas of skin discoloration and scabbing were assessed and monitored for 2 of 3 residents reviewed for skin conditions non-pressure related. (Residents D and E)</p> <p>Findings include:</p> <p>1. On 6/5/24 at 11:07 a.m., Resident D was observed with a reddish/purple discoloration to the top of their right hand.</p> <p>On 6/6/24 at 10:25 a.m., Resident D was observed sitting in a wheelchair in front of the nurses' station. The discoloration remained to the top of the right hand.</p> <p>The record for Resident D was reviewed on 6/6/24 at 9:00 a.m. Diagnoses included, but were not limited to, dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, and a history of falling.</p> <p>The Medicare 5 day Minimum Data Set (MDS) assessment, dated 4/30/24, indicated the resident was cognitively impaired.</p> <p>A Care Plan, dated 3/16/24, indicated the resident was on anticoagulant (blood thinning) therapy. Interventions included, but were not limited to, observe for and report as needed (PRN) adverse reactions of anticoagulant therapy which included bruising.</p> <p>There was no documentation in the nursing progress notes related to the discoloration to the resident's right hand and there was no physician's order to monitor the area.</p> <p>During an interview on 6/6/24 at 11:47 a.m., the Director of Nursing indicated she was not aware the resident had a bruise on their hand.</p> <p>2. On 6/5/24 at 2:12 p.m., Resident E was observed sitting in their wheelchair with several reddish/purple bruises to their left and right hands as well as to their left and right arms. A dressing was in place to the left forearm. The dressing was dated 6/5/24.</p> <p>On 6/6/24 at 10:15 a.m., the resident was observed resting in bed. The dressing to the left forearm was removed and a dime-sized purple scab was present.</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The record for Resident E was reviewed on 6/5/24 at 3:00 p.m. Diagnoses included, but were not limited to, chronic kidney disease and dementia.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 2/6/24, indicated the resident was cognitively intact.</p> <p>A Skin Integrity Assessment, dated 6/3/24, indicated the resident had a skin tear to the left and right lower legs and treatments were ordered to both sites.</p> <p>There was no documentation related to the purple discolorations on Resident E's hands and/or arms.</p> <p>There were no orders to monitor the discoloration to the resident's hands and/or arms.</p> <p>During an interview on 6/6/24 at 11:45 a.m., the Director of Nursing indicated she knew the resident had bruises on their upper extremities and she thought the order to monitor the bruises to the hands and arms were put into the system.</p> <p>A facility policy titled, Skin Integrity and Pressure Ulcer/Injury Prevention and Management provided as current by the Nurse Consultant on 6/6/24 at 2:28 p.m., indicated Provide associates and licensed nurses with procedures to manage skin integrity, prevent pressure ulcer/injury, complete wound assessments/documentation, and provide treatment and care of skin and wounds utilizing professional standards of the NPIAP (National Pressure Injury Advisory Panel) and the WOCN (Wound, Ostomy, Continent Nurses Society).</p> <p>This citation relates to Complaint IN00434673.</p> <p>3.1-37(a)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>10326</p> <p>Based on observation, record review, and interview, the facility failed to ensure preventative fall measures were in place for a resident who was at risk for falls for 1 of 3 residents reviewed for accidents. (Resident B)</p> <p>Finding includes:</p> <p>On 6/5/24 at 11:01 a.m., Resident B was observed in their room in bed. The head of the bed was elevated and the resident was sleeping. The bed was not in a low position.</p> <p>On 6/6/24 at 8:58 a.m., 9:48 a.m., and 10:18 a.m., the resident was observed in bed sleeping. The bed was not in a low position.</p> <p>The record for Resident B was reviewed on 6/5/24 at 2:10 p.m. Diagnoses included, but were not limited to, hemiplegia (paralysis) and hemiparesis (muscle weakness) following a stroke, seizures, and muscle weakness.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 3/14/24, indicated the resident had moderate cognitive impairment and was dependent on staff for bed mobility and transfers.</p> <p>A Care Plan, reviewed on 3/7/24, indicated the resident was at risk for falls due to having had an actual fall. The resident would purposefully put their legs over the bed and put themselves on the floor at times. Interventions included, but were not limited to, keep the bed in a low position.</p> <p>The Fall Risk Evaluation, dated 5/16/24, indicated the resident scored a 12 indicating a risk for falls.</p> <p>During a interview on 6/6/24 at 1:14 p.m., the Director of Nursing (DON) indicated the resident's bed should have been in the low position. At 1:18 p.m., the DON indicated the resident didn't like their bed in the low position and the care plan would be updated.</p> <p>This citation relates to Complaint IN00434673.</p> <p>3.1-45(a)(2)</p>		