

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Bremen		STREET ADDRESS, CITY, STATE, ZIP CODE 316 Woodies Lane Bremen, IN 46506	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38845</p> <p>Based on record review and interview, the facility failed to notify the physician of a removal of a PICC line (a peripherally inserted central catheter is a long, thin tube that is inserted through a vein in the arm and passed through to the larger veins near the heart) and resident discharge and failed to notify the physician of low blood glucose levels for 2 of 3 residents reviewed for physician notification. (Residents B & C).</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 10/4/2024 at 10:49 A.M. Diagnoses included, but were not limited to, amputation of left lower leg, diabetes, hypertension, Bipolar disorder and infection of left lower stump. Resident B had been admitted on [DATE] and was discharged on [DATE].</p> <p>Physician Orders for Resident B, dated 8/21/2024, included Vancomycin (antibiotic) 1.5 gram/250 ml (milliliter) intravenous.</p> <p>A Nursing Progress Note, dated 8/22/2024, indicated a PICC (peripherally inserted central catheter) was inserted in the resident's right upper arm.</p> <p>A Nursing Progress Note, dated 8/26/2024 at 7:57 A.M., indicated the PICC line tubing was out approximately 20 cm (centimeters) from the insertion site in the residents arm. Nursing staff removed the PICC line. Nursing staff called (Name of IV Company) to have the PICC line replaced.</p> <p>A Social Service Progress Note, dated 8/26/2024 at 3:58 P.M., indicated Resident B would be discharging back to her previous residency on 8/28/2024.</p> <p>A Nursing Progress Note, date 8/27/2024 at 7:30 P.M., indicated the IV antibiotics were continued.</p> <p>A Nursing Progress Note, dated 8/28/2024 at 9:03 A.M., indicated the Nurse had explained to the resident her insurance had given her extra time to put in an appeal for more covered time in the facility. She had explained the importance of her receiving the full treatment of the IV antibiotics and explained the consequences of not finishing the antibiotics. Resident B indicated she had a ride home set up already and planned to leave the facility around 11:00 A.M.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Bremen		STREET ADDRESS, CITY, STATE, ZIP CODE 316 Woodies Lane Bremen, IN 46506	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Nursing Progress Note, dated 8/28/2024 at 11:10 A.M., indicated the resident had been discharged to home. Ther PICC IV line had been pulled at this time prior to her dischargr from the facility. A sterile dressing was applied to the residents arm where the PICC line had been removed.</p> <p>The record lacked the documentation to show that the physician had been notified of the PICC intravenous line had been removed and that the resident had been discharged .</p> <p>45120</p> <p>2. A record review for Resident C was completed on 10/4/2024 at 10:37 A.M. Diagnoses included, but were not limited to: diabetes mellitus and multiple freactures. Resident C's blood sugar results indicated a blood sugar reading of low on 7/18/2024 at 5:14 P.M. There was no documentation the physician was notified of this low blood glucose level.</p> <p>Resident C had the following physician orders:</p> <ul style="list-style-type: none"> -Humalog (short-acting insulin) 5 units twice daily, starting 7/3/2024. -Humalog 10 units before meals and at bedtime, starting 7/6/2024. -Lantus (long-acting insulin) 25 units daily, starting 7/3/2024. <p>Physician Orders could not be found for the treatment of hypoglycemia, parameters for physician notification for blood sugars out of the normal range (below 60mg/dl and above 400mg/dl) (miiligrams per deciliter) and blood glucose checks routinely or as needed.</p> <p>A current Care Plan, initiated on 7/22/2024, indicated Resident C had a diagnosis of diabetes and was at risk for an adverse event. Interventions included, but were not limited to: be alert for signs and symptoms of hypo/hyperglycemia and blood sugar monitoring as ordered.</p> <p>A policy titled, Notification of Change of Conditionwas provided, on 10/4/2024 at 2:42 P.M., by the Executive Director and she indicated the policy was the one currently used by the facility. The policy indicated, .To ensure appropriate individuals are notified of change in condition .1. The facility must inform the resident, consult the resident's physician, and notify consistent with his or her authority, the resident representative(s) when there is: .b. A significant change in the resident's physical, mental, or psychosocial status .c. A need to alter treatment significantly .d. Decision to transfer or discharge a resident from the facility .2. Documentation of notification or notification attempts should be recorded in the resident electronic medical record .3. The resident and/or resident representative (if applicable), and medical provider should be notified of a change in condition. The medical provider will provide guidance related to the change in condition</p> <p>This citation relates to Complaint IN00443084.</p> <p>3.1-5(a)(2)</p> <p>3.1-5(a)(2)</p> <p>3.1-5(a)(4)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Bremen		STREET ADDRESS, CITY, STATE, ZIP CODE 316 Woodies Lane Bremen, IN 46506	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>45120</p> <p>Based on record review and interview, the facility failed to ensure a transfer/discharge form was provided for 1 of 3 residents reviewed for transfer and discharge. (Resident C)</p> <p>Finding includes:</p> <p>A record review for Resident C was completed on 10/4/2024 at 10: 37 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, fracture of the neck, lumbar and thoracic vertebra and right humerus.</p> <p>A Nursing Progress Note, dated 7/13/2024 at 1:14 A.M., indicated at 12:23 A.M., Resident C was transferred a to local hospital. Resident C was found unresponsive by a CNA (Certified Nursing Assistant) and when assessed by the nurse, Resident C was found to be cold, clammy, and with pupils non-reactive to light, labored breathing and weak hand grips. Resident C's blood sugar was 49 mg/dL (milligrams per deciliter).</p> <p>A Nursing Progress Note, dated 7/13/2024 at 3:17 A.M., indicated Resident C returned from the hospital.</p> <p>A Nursing Progress Note, dated 7/22/2024 at 12:04 P.M., indicated Resident C's left abdomen was swollen and firm with bruising to the right arm and had increased pain and swelling. Resident C was transferred to the emergency department for an evaluation and treatment.</p> <p>A Nursing Progress Note, dated 7/22/2024 at 5:18 P.M., indicated Resident C was admitted to the hospital.</p> <p>A Nuring Progress Note, dated 7/22/2024 at 5:19 P.M., the note indicated Resident C would be transferring to another hospital for surgery due to a large hematoma.</p> <p>There was no documentation that a transfer/discharge form was provided by the facility for either transfer.</p> <p>During an interview, on 10/4/2024 at 12:49 P.M., the Director of Nursing indicated transfer documentation included a transfer/discharge form.</p> <p>A policy was provided by the Executive Director, on 10/4/24 at 2:42 P.M. The policy titled, Transfer/Discharge Notice, indicated, .The appropriate notice will be provided to the resident and/or resident representative, along with other required organizations, if it is necessary to transfer or discharge a resident from the facility</p> <p>This citation relates to Complaint IN00443084.</p> <p>3.1-12(a)(6)(A)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Bremen		STREET ADDRESS, CITY, STATE, ZIP CODE 316 Woodies Lane Bremen, IN 46506	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>45120</p> <p>Based on record review and interview, the facility failed to ensure a bed hold form was provided for 1 of 3 residents reviewed transfer and discharge. (Resident C)</p> <p>Finding includes:</p> <p>A record review for Resident C was completed on 10/4/2024 at 10: 37 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, fracture of the neck, lumbar and thoracic vertebra and right humerus.</p> <p>A Nursing Progress Note, dated 7/22/2024 at 12:04 P.M., indicated Resident C's left abdomen was swollen and firm with bruising and the resident's right arm had increased pain and swelling. Resident C was transferred to the emergency department for evaluation and treatment.</p> <p>A Nursing Progress Note, dated 7/22/2024 at 5:18 P.M., indicated Resident C was admitted to the hospital.</p> <p>A Nursing Progress Note, dated 7/22/2024 at 5:19 P.M., indicated Resident C would be transferred to another hospital for surgery due to a large hematoma.</p> <p>There was no documentation a bed hol form was sent by the facility to the hospital or provided to Resident C's Power of Attorney (POA) for either transfer.</p> <p>During an interview, on 10/4/2024 at 12:49 P.M., the Director of Nursing indicated transfer documentation included a bed hold form.</p> <p>A policy was provided by the Executive Director, on 10/4/24 at 2:42 P.M. The policy titled, Facility Bed-hold, indicated, .The Facility will notify the resident and/or resident representative of the facility's bed-hold policy at admission and anytime a resident is transferred to the hospital or goes out on therapeutic leave</p> <p>This citation relates to Complaint IN00443084.</p> <p>3.1-12(a)(26)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Bremen		STREET ADDRESS, CITY, STATE, ZIP CODE 316 Woodies Lane Bremen, IN 46506	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45120</p> <p>Based on record review and interview, the facility failed to write an order to send a resident to the emergency room or have adequate orders in place for diabetes management, for 1 of 3 residents reviewed for transfer and discharge. (Resident C)</p> <p>Finding includes:</p> <p>1. A Nursing Progress Note, dated 7/13/2024 at 1:14 A.M., indicated at 12:23 A.M., Resident C was transferred a to local hospital. Resident C was found unresponsive by a CNA (Certified Nursing Assistant) and when assessed by the nurse, Resident C was found to be cold, clammy, their pupils were non-reactive to light, their breathing was labored and she had weak hand grips. Resident B's blood sugar was 49 mg/dL (milligrams per deciliter). A packet of sugar was administered to the resident with no change in her condition, except Resident C's blood sugar increased to 56 mg/dL.</p> <p>A Nursing Progress Note, dated 7/13/2024 at 3:17 A.M., indicated Resident C had returned from the hospital.</p> <p>The physician was notified, but an order was not written to send Resident C to the emergency department.</p> <p>The Physician's Orders for Resident C, related to her diabetes diagnosis, included the following medications:</p> <ul style="list-style-type: none"> -Humalog (short-acting insulin) 5 units twice daily, starting 7/3/2024. -Humalog 10 units before meals and at bedtime, starting 7/6/2024. -Lantus (long-acting insulin) 25 units daily, starting 7/3/2024. <p>Physician Orders could not be found for the treatment of Resident C's hypoglycemia (low blood glucose) and parameters for physician notification for blood sugars out of the normal range (below 60 mg/dl. and above 400 mg/dl).</p> <p>A review of the Medication Administration Record (MAR) indicated Resident C's blood sugar levels were checked before the morning, noon and evening administration of Humalog insulin. A bedtime blood sugar was not obtained prior to administering the routine bedtime insulin. Resident C did not have orders for blood sugar monitoring routinely or as needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Bremen		STREET ADDRESS, CITY, STATE, ZIP CODE 316 Woodies Lane Bremen, IN 46506	
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>During an interview, on 10/4/2024 at 12:49 P.M., the Director of Nursing indicated a physicians order was needed and should be documented prior to sending a resident to the emergency room . She indicated blood sugar checks were completed per the physician order, as needed for hypo/hyperglycemic signs and symptoms and nurse ' s should use nursing judgement and most nurses would check a blood sugar prior to administering insulin. She indicated the nursing staff could question the physician with any concerns related to the orders and notification of the physician for abnormal blood sugars should be part of the resident's physician's orders. She indicated the usual physician's orders include to notify the physician for blood sugars below 60 mg/dL and above 400 mg/dL.</p> <p>A policy for diabetes management and insulin administration was request on 10/4/2024 at 1:02 P.M. The Director of Nursing indicated at 2:42 P.M., a policy was not available.</p> <p>38845</p> <p>2. The record for Resident B was reviewed on 10/4/2024 at 10:49 A.M. Diagnoses included, but were not limited to, amputation of left lower leg, diabetes, hypertension, Bipolar disorder, and infection of left lower stump. Resident B had been admitted on [DATE] and discharged on [DATE].</p> <p>A Nursing Progress Note, dated 8/22/2024, indicated a PICC (peripherally inserted central catheter) was inserted in the residents right upper arm.</p> <p>A Social Service Progress Note, dated 8/26/2024 at 3:58 P.M., indicated Resident B would be discharging back to previous residency on 8/28/2024.</p> <p>A Nursing Progress Note, date 8/27/2024 at 7:30 P.M., indicated the IV antibiotics were continued.</p> <p>A Nursing Progress Note, dated 8/28/2024 at 9:03 A. M., indicated the Nurse had explained to the resident her insurance had given her extra time to put in an appeal for more covered time in the facility. She had explained the importance of her receiving the full treatment of the IV antibiotics, and explained the consequences of not finishing the antibiotics. Resident B indicated she had a ride home set up already and planned to leave the facility around 11:00 A.M.</p> <p>A Nursing Progress Note, dated 8/28/2024 at 11:10 A.M., indicated the resident had been discharged to home today. PICC IV line pulled at this time. Sterile dressing applied and secured with tegaderm.</p> <p>The record lacked the documentation to show that the physician had been notified of the resident being discharged and the PICC being pulled.</p> <p>On 10/4/2024 at 2:42 P.M., the Administrator provided the policy titled,Physician Orders, dated 6/1/2025 and a revised date of 11/26/2023, and indicated the policy was the one currently used by the facility. The policy indicated . It is the standard of this facility that physician orders are followed, reviewed to ensure delivery of applicable care, being alert for changes in condition related to new orders, and need to notify the physician for adverse effects from new orders or potential order changes as needed. 1. Each resident will have physician orders to guide the facility in caring for and treating each resident .3. Licensed Nurses are expected to notify the physician with any concerns related to new physician orders or potential need for changes in orders</p> <p>This citation relates to Complaint IN00443084.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Bremen		STREET ADDRESS, CITY, STATE, ZIP CODE 316 Woodies Lane Bremen, IN 46506	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-37

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Bremen		STREET ADDRESS, CITY, STATE, ZIP CODE 316 Woodies Lane Bremen, IN 46506	

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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>49229</p> <p>Based on record review and interview, the facility failed to provide dressing changes for a PICC (a peripherally inserted central catheter is a long, thin tube that is inserted through a vein in the arm and passed through to the larger veins near the heart) site for 1 of 3 residents reviewed. (Resident D)</p> <p>Finding includes:</p> <p>The clinical record for Resident E was reviewed on 10/4/2024 at 11:00 A.M. The diagnoses included but not limited to: osteomyelitis, alcohol abuse with withdrawal, psychoactive substance abuse, malnutrition, methicillin-resistant staphylococcus aureus (MRSA) infection and patient non-compliance.</p> <p>The Physician Orders, included, but were not limited to: PICC line dressing changes every week.</p> <p>A Nursing Progress Note, dated 5/8/2024, indicated Resident D arrived at the facility with a PICC line in place.</p> <p>The May 2024 Medication Administration Record indicated Resident D received a PICC line dressing change on 5/17/2024, 5/24/2024, 5/31/2024 and 6/4/2024.</p> <p>A current Care Plan, initiated on 5/8/2024, indicated Resident D had a Peripherally Inserted Central Catheter and interventions included, but not limited to: dressing changes as ordered.</p> <p>Resident D's clinical record failed to evidence a PICC line dressing change between the dates of 5/8/2024 through 5/17/2024.</p> <p>During an interview, on 10/4/2024 at 1:53 P.M., the Director of Nursing (DON) indicated the clinical record for Resident D did not contain any documentation for PICC line dressing changes done between the resident's admission and 5/17/2024. The DON indicated a dressing change to the PICC line site should have been done before 5/17/2024.</p> <p>On 10/4/2024 at 2:40 P.M., the DON provided a policy titled, Vascular Access Devices and Infusion Therapy Procedures: Dressing Change for Vascular Access Devices, dated 8/2021 and indicated the policy was the one currently used by the facility. The policy indicated .perform hand hygiene .assess site .clean an area larger than dressing to be applied .apply transparent dressing .</p> <p>This citation relates to Complaint IN00443084.</p> <p>3.1-47(a)(2)</p>