

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2024
NAME OF PROVIDER OR SUPPLIER South Shore Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 353 Tyler St Gary, IN 46402	

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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>10770</p> <p>Based on record review and interview, the facility failed to notify the resident and/or the resident's Responsible Party in writing of an intrafacility transfer, as well as the lack of notification of a new roommate, for 2 of 4 residents reviewed for infection control. (Residents B and H)</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 1/29/24 at 12:00 p.m. Diagnoses included, but were not limited to, dementia with behaviors, Alzheimer's disease, depressive disorder, adult failure to thrive, mood disorder, anxiety and high blood pressure.</p> <p>The 12/27/23 Annual Minimum Data Set (MDS) assessment, indicated the resident was moderately impaired for decision making.</p> <p>A Nurses' Note, dated 12/6/23 at 6:28 p.m., indicated the resident left the facility with her daughter and would return later that evening.</p> <p>On 12/7/23, the resident received a new roommate, however, there was no documentation in the clinical record, informing the resident she was getting a new roommate.</p> <p>On 12/8/23, the roommate tested positive for COVID-19, and they moved Resident B to a different room, however, there was no documentation in the clinical record she was moved, nor was there an intrafacility transfer form completed at the time of the move.</p> <p>During an interview on 1/29/24 at 3:38 p.m., the Infection Preventionist, indicated a resident on another unit was sent out to the hospital and tested positive for COVID-19, so she started testing the residents on her unit. After several residents tested positive, she decided to test the entire facility, and Resident B's roommate tested positive. She called the resident's Responsible Party and told her they were moving her to a different room due to COVID-19, however, it was not documented in the clinical record.</p> <p>During an interview on 1/30/24 at 11:00 a.m., the Director of Nursing indicated there was no documentation the resident was to receive a new roommate, nor was there an intrafacility transfer form completed for the room change on 12/8/23.</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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The record for Resident H was reviewed on 1/29/24 at 2:15 p.m. Diagnoses included but were not limited to, stroke, heart disease, type 2 diabetes, high blood pressure, major depressive disorder, pressure ulcers, and adult failure to thrive.</p> <p>The 12/19/23 Quarterly Minimum Data Set (MDS) assessment, indicated the resident was severely impaired for decision making.</p> <p>Nurses' Notes, dated 12/15/23 at 12:27 p.m., indicated the resident tested positive for COVID-19. The resident's sister was called and a message was left to return the phone call for an update on a status change.</p> <p>Nurses' Notes, dated 12/15/23 at 2:02 p.m., indicated the resident was transferred to a private room on another unit, related to testing positive for COVID-19</p> <p>The resident was moved from that private room to another room on 12/19/23, still due to COVID-19, and then moved back to her own/original room after she was out of isolation.</p> <p>There was no documentation the resident's Responsible Party was notified of the second room transfer and when she was sent back to her original room. There was no documentation of an intrafacility transfer form when the resident was moved to the second private room and then when she was moved back to her original room.</p> <p>During an interview on 1/30/24 at 12:00 p.m., the Director of Nursing (DON) indicated the resident's Responsible Party was not made aware of the second transfer to the private room on 12/19/23 or when she was sent back to her own room, and there was no intrafacility transfer form completed for both room changes.</p> <p>A current and undated Change of Room or Roommate policy, provided as current by the DON on 1/30/24 at 11:00 a.m., indicated, prior to making a room change or roommate assignment, all persons involved in the change, such as residents and their representatives, will be given advance notice of such change as was possible. The notice of a change in room or roommate will be provided in writing and/or verbal notification, and include the reason why the move or change was required.</p> <p>This citation relates to Complaint IN00423872.</p> <p>3.1-12(a)(15)(A)</p> <p>3.1-12(a)(16)(A)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>10770</p> <p>Based on record review and interview, the facility failed to ensure meal consumption logs were completed for a resident with a history of a significant weight loss, for 1 of 3 residents reviewed for a significant change in condition. (Resident C)</p> <p>Finding includes:</p> <p>The record for Resident C was reviewed on 1/30/24 at 9:30 a.m. Diagnoses included, but were not limited to, right humerus fracture, heart disease, high blood pressure, heart failure, pressure ulcer of the sacrum, cardiac pacemaker, vision loss of both eyes, and a history of falls.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 11/21/23, indicated the resident was moderately impaired for decision making, and weighed 88 pounds. The resident needed partial assistance with eating.</p> <p>The resident's weights were as follows:</p> <p>11/14/23 - 88 pounds</p> <p>11/22 - 94 pounds</p> <p>11/22 - 94 pounds</p> <p>11/29 - 101 pounds</p> <p>11/29 - 101 pounds</p> <p>12/6 - 99 pounds</p> <p>12/13 - 100 pounds</p> <p>12/14 - 100 pounds</p> <p>12/20 - 101 pounds</p> <p>12/30 - 88 pounds</p> <p>1/3/24 - 84 pounds</p> <p>The meal consumption logs indicated the breakfast meal was not documented on 11/20, 11/27, 12/5, 12/8, 12/11, 12/7, 12/19, 12/24, 12/25/23, and 1/3/24. The lunch meal was not documented on 11/17, 11/20, 11/27, 12/4, 12/8, 12/10, 12/11, 12/17, 12/19, 12/24, and 12/25/23, and the dinner meal was not documented on 11/15, 11/17, 11/26, 11/28, 12/9, 12/12, 12/17, 12/19, 12/20, 12/21, 12/24, 12/28, and 12/31/23.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/30/24 at 2:15 p.m., the Director of Nursing indicated the meal consumption logs were to be completed after every meal.</p> <p>This citation relates to Complaint IN00425781.</p> <p>3.1-46(a)(1)</p>