

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 02/17/2026
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 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>Based on record review and interview, the facility failed to assess a resident with a change of condition before transfer and did not accurately document vital signs for 1 of 3 residents reviewed for change of condition. (Resident C) Finding includes: The record for Resident C was reviewed on 2/17/26 at 11:40 a.m. Diagnoses included, but were not limited to, kidney failure, heart failure, epilepsy, COPD, and diabetes. The 1/30/26 Medicare 5-day Minimum Data Set (MDS) assessment indicated the resident was severely impaired for daily decision making and was dependent with all Activities of Daily Living (ADLs) and transfers. A Situation, Background, Assessment, Recommendation (SBAR) was completed on 1/16/26, the documented reported the resident was being transferred out for a low hemoglobin. There were no vital signs or assessments listed in the SBAR except for the previous weight on 1/14/26. A Nurse's Note, dated 1/16/26 at 12:03 p.m., indicated an order was received to send the resident to the hospital for evaluation related to abnormal hemoglobin level of 6.5. A Nurse's Note, dated 1/16/26 at 8:53 p.m., indicated the resident was sent out on the previous shift for low hemoglobin and they were awaiting an update. Vital signs were documented at 8:17 a.m. and at 3:17 p.m. on 1/16/26. The record lacked documentation indicating when the resident was transferred out. A Nurse's Note, dated 1/17/26 at 10:41 a.m., indicated the resident was admitted to the hospital for a hemoglobin of 6.2 and received a blood transfusion. During an interview on 2/17/26 at 12:31 p.m., the Director of Nursing (DON) indicated the resident was removed from the census at 12:17 p.m. on 1/16/26. Vitals were again documented at 11:00 a.m., after post dialysis. These vitals were obtained before the order was received to send the resident out for evaluation. The vitals that were recorded as checked at 3:17 p.m. had been documented hours after the resident had left the facility. There was no nursing documentation completed to determine what time Resident C had left the facility, they could only go by the census. The DON agreed the SBAR should have been completed entirely with an assessment and vitals at the time of transfer. This citation relates to Intake 2738628.3.1-37(a)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155530
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