

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Lincolnshire Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8380 Virginia St Merrillville, IN 46410	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>20580</p> <p>Based on observation, interview, and record review, the facility failed to ensure correct Personal Protective Equipment (PPE) was used by a staff members (CNA 1), when providing care to a resident who was in Enhanced Barrier Precautions for 1 of 3 residents observed who were in EBP. (Resident D) This had the potential to affect 34 residents who resided on 1 of 2 Units. (A-Unit)</p> <p>Finding includes:</p> <p>During an observation on 5/30/24 at 11:06 a.m., there was a sign on the wall outside of Resident D's door that indicated the resident was on Enhanced Barrier Precautions. There was no PPE located outside or inside of the room.</p> <p>During an observation on 5/30/24 at 11:32 a.m., CNA 1 entered the room, donned gloves and started to initiate incontinence care and was stopped. CNA 1 removed the gloves and stepped into the hallway where the EBP sign was reviewed. CNA 1 indicated she was unsure what EBP was and indicated if the resident was on isolation, there was usually a cart with PPE outside the door. The Administrator was then interviewed and indicated more containers for PPE were ordered and PPE was located at the end of the hallways. The Administrator indicated CNA 1 worked as needed and inservice training on PPE/EBP had been completed and was mandatory, though the staff do not always come to the training.</p> <p>During an observation on 5/30/24 at 11:42 a.m., CNA 1 donned a gown and gloves and completed Resident D's incontinent care.</p> <p>Resident D's record was reviewed on 5/31/24 at 9:57 a.m. The diagnoses included, but were not limited to, stroke and end stage kidney disease with dependence on renal dialysis.</p> <p>A Physician's Order, dated 5/23/24, indicated EBP was to be followed due to the resident having a dialysis port.</p> <p>An EBP inservice completed by the facility, dated 5/24/24, indicated EBP was to be used for close physical contact and care. A sign would be posted at the door to alert the staff gloves and gowns were required with direct care.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The undated facility's EBP Guidelines, received as current from the Administrator 5/30/24 at 2:00 p.m., indicated the use of gown and gloves during high-contact resident care activities was required. EBP was to be used with transfers or during bathing assistance and when close physical contact is present.</p> <p>3.1-18(b)</p>