

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 06/05/2025
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 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 ensure residents received blood sugar monitoring, insulin and hypoglycemic medications as ordered by the Physician for 3 of 3 residents reviewed for diabetes management. (Residents B, C and D)</p> <p>Findings include:</p> <p>1. Resident B's closed record was reviewed on 6/4/25 at 10:43 a.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 4/28/25, indicated the resident received insulin in the past 6 days.</p> <p>A Physician's Order, dated 4/23/25 and discontinued on 5/9/25 at 1:37 p.m., indicated blood sugar levels were to be obtained before meals and at bedtime and the amount of humalog insulin to be administered was dependent on the blood sugar results (sliding scale). The order indicated blood sugar results 0-150: no insulin was to be given, blood sugars 151-200: 2 units were to be given, blood sugars 201-250: 4 units were to be given, blood sugars 251-300: 6 units were to be given, blood sugars 301-350, 8 units were to be given, blood sugars 351-400, 10 units were to be given, and a blood sugar above 400, 12 units of insulin were to be given and the physician notified. If the blood sugar was less than 70, the physician was to be notified.</p> <p>The April 2025 Medication Administration Record (MAR) indicated on 4/28/25 at 11:00 a.m., there was no blood sugar level obtained and it was coded as no insulin was required. On 4/29/25 at 9:00 p.m., there was no blood sugar level obtained and it indicated the insulin was refused.</p> <p>The May 2025 MAR indicated on 5/1/25 and 5/2/25 at 6:00 a.m., the blood sugar level was not obtained and no insulin was administered. On 5/2/25 at 9:00 p.m., there was no blood sugar level obtained and the insulin was marked as refused. On 5/3/25 at 9:00 p.m., there was no blood sugar level obtained and the insulin was marked as refused. On 5/4/25, 5/6/26, and 5/7/25 at 6:00 a.m., there was no blood sugar level obtained and no insulin was administered. On 5/9/25 at 11:00 a.m., there was no blood sugar level obtained and the insulin dose was coded as non-applicable.</p> <p>A Physician's Order, dated 5/9/25 at 5:00 p.m. indicated the blood sugar monitoring had been decreased to twice a day and the sliding scale remained the same.</p> <p>The May 2025 MAR indicated on 5/9/25 at 5:00 p.m., there was no blood sugar level obtained. On 5/10/25, 5/11/25, and 5/12/25 at 8:00 a.m. and 5:00 p.m., there were no blood sugar levels obtained.</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>During an interview on 6/4/25 at 1:55 p.m., the Director of Nursing (DON) and the Corporate RN Consultant indicated the blood sugar results were not available for the above dates. The Corporate RN Consultant indicated the resident was transferred to the hospital on 5/12/25 and his blood sugar was 115 at the hospital.</p> <p>2. Resident C's closed record was reviewed on 6/4/25 at 1:30 p.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>An admission MDS assessment, dated 3/11/25, indicated a hypoglycemic medication had been administered during the look back period.</p> <p>The Physician's Orders, dated 3/4/25, indicated the blood sugar was to be monitored four times a day and notify the physician if it was below 70 or above 400. Glipizide (hypoglycemic medication) 2.5 milligrams (mg) was to be administered daily.</p> <p>The March 2025 MAR indicated the blood sugar monitoring was scheduled for 6:00 a.m., 12:00 p.m., 5:00 p.m., and 9:00 p.m. daily. The blood sugar monitoring was marked as completed without results documented at 6:00 a.m. on March 5 through 15, 2025, March 17, 19, 20, 21, and 22, 2025. The blood sugar monitoring was marked as completed without results documented at 12:00 p.m. on March 5 through 12, 2025, March 15, 16, 17, 19, 20, 21, and 22, 2025. The blood sugar monitoring was marked as completed without results documented at 5:00 p.m. on March 5 through 10, 2025, March 12-17, 2025, March 20 and 22, 2025. On March 23, 2025 the blood sugar monitoring was not documented as completed. The blood sugar monitoring was marked as completed without results documented at 9:00 p.m. on March 5 through the 10, 2025, March 12, 14, 25, 16, 2025, and March 19, 20, and 22, 2025. On March 23, 2025 the blood sugar monitoring was not documented as completed on March 23, 2025.</p> <p>During an interview on 6/4/25 at 2:40 p.m., the Corporate RN Consultant acknowledged the blood sugar results were not documented prior to March 24, 2025.</p> <p>3. Resident D's record was reviewed on 6/5/25 at 9:31 a.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>A Quarterly MDS assessment, dated 3/10/25, indicated a hypoglycemic medication had been administered.</p> <p>The Physician's Orders, dated 5/24/24, indicated an order for blood glucose monitoring daily and to notify the physician if the blood sugar was below 70 or above 350. On 1/18/25 through 3/22/25, Metformin (hypoglycemic) 500 mg (milligrams) two times a day was to be administered. On 3/22/25, Metformin 1000 mg was to be given two times a day.</p> <p>The March 2025 Medication Administration Record (MAR) indicated the blood sugar level was not obtained on March 1 and 9, 2025. The Metformin 500 mg was not administered as ordered for the A.M. dose on March 1 and 8, 2025 and the P.M. dose on March 3, 2025.</p> <p>The May 2025 MAR indicated the blood sugar was not obtained on May 9, 2025. The Metformin 1000 mg was not administered on May 9, 2025 for the A.M. dose and on May 7 and 9, 2025 for the P.M. dose.</p> <p>(continued on next page)</p>		

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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>During an interview on 6/5/25 at 10:44 a.m., the DON indicated she was unable to verify the blood sugar testing had been completed or that the Metformin was administered as ordered.</p> <p>This citation relates to Complaints IN00456433 and IN00460374.</p> <p>3.1-37(a)</p>		