

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Harbor Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 5025 McCook Ave East Chicago, IN 46312	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32582</p> <p>Based on observation, record review and interview, the facility failed to ensure fall interventions were care planned for a resident with a history of falls for 1 of 5 care plans reviewed. (Resident E)</p> <p>Finding includes:</p> <p>During an observation on 6/19/24 at 9:54 a.m., Resident E was observed in bed. The bed was in low position and there was a mat on the floor next to him.</p> <p>During observations on 6/20/24 at 9:05 and 9:55, the resident was observed in bed in the low position with a mat on the floor next to him.</p> <p>The resident's record was reviewed on 6/20/24 at 9:40 a.m. The resident was admitted on [DATE]. Diagnoses included, but were not limited to, dysphagia (difficulty swallowing), Diabetes Mellitus and hypertension.</p> <p>The Admission Minimum Data Set assessment was in progress. The Brief Interview for Mental Status, dated 6/12/24, indicated the resident was cognitively intact. The Baseline Care Plan, dated 6/7/24, indicated the resident was two person assist for bed mobility.</p> <p>A Post Fall Observation, dated 6/8/24, indicated the resident had fallen while trying to reach for something. No injury had occurred.</p> <p>The Fall Care Plan indicated the resident was at risk for injury related to falls. Interventions were to continue interventions on the at-risk care plan, educate resident/ caregivers about safety reminders and what to do if a fall occurs, pharmacy consult to evaluate medications, PT (physical therapy) to evaluate and treat as ordered and reach assist bar. There were no interventions to have the bed low or a mat on the floor.</p> <p>During an interview with the Director of Nursing, on 6/20/24 at 10:17 a.m., she indicated the care plan had been updated after the fall to include the reach assist bar, a grabbing tool. The care plan did not have interventions of low bed or mat on the floor.</p> <p>This citation relates to Complaint IN00434134.</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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-35(a)

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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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>32582</p> <p>Based on record review and interview, the facility failed to ensure resident received the necessary care and services related to lack of blood glucose parameters in place and Physician notification of elevated blood glucose levels for 1 of 3 residents reviewed for diabetic care. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 6/19/24 at 1:45 p.m. Diagnoses included, but were not limited to, Diabetes Mellitus, heart failure and hypertension.</p> <p>The Quarterly Minimum Data Set assessment, dated 4/12/24, indicated the resident was cognitively intact and received insulin.</p> <p>Current Physician Orders indicated the resident was to receive Insulin lispro, 8 units, three times a day and Lantus (long acting insulin) 20 units at bedtime. There were no parameters in place when to notify the Physician of low or high blood glucose levels.</p> <p>A Progress Note, dated 5/31/24, indicated the resident's blood glucose level was 422 (milligrams per deciliter). The resident received an additional 8 units of lispro.</p> <p>A Progress Note, dated 6/10/24, indicated the resident's blood glucose level was 509. The resident received an additional 8 units of lispro.</p> <p>On the following days, the resident's blood glucose was above 400:</p> <p>5/13/24- 422</p> <p>5/20/24- 412</p> <p>6/3/24- 401</p> <p>6/5/24- 434</p> <p>6/9/24- 409</p> <p>6/17/24- 484</p> <p>There was no documentation the Physician had been notified of the elevated blood glucose levels on the above dates.</p> <p>During an interview with RN 1, on 6/19/24 at 2:18 p.m., he indicated unless there were specific Physician orders, the Physician should be notified if the blood glucose was over 400.</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 with the Director of Nursing, on 6/20/24 at 10:17 a.m., she indicated if there were no Physician's orders in place the general rule was to notify the Physician if the blood glucose level was less than 60 or above 400. She also indicated she had noted several residents without parameters in place the previous day, but that had been corrected.</p> <p>The current policy, Diabetes Mellitus Guidelines, indicated, .1. An abnormal lab or blood glucose must be called to the physician. Results are to be recorded in the nurse's notes .</p> <p>This citation relates to Complaint IN00434134.</p> <p>3.1-37</p>