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| 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 04/08/2025 |
| 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) |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48383</p> <p>Based on observation, record review, and interview, the facility failed to ensure oxygen was set at the correct flow rate and signed out on the Medication Administration Record (MAR) for 1 of 3 residents reviewed for respiratory care. (Resident E)</p> <p>Finding includes:</p> <p>On 4/7/25 at 9:08 a.m., Resident E was observed lying in bed. The resident's nasal cannula tubing was sitting under her nose and the oxygen flow rate was set a little above 1.5 liters as the ball was under the 2 liter line.</p> <p>On 4/8/25 at 8:51 a.m., the resident was observed in bed eating breakfast. Resident E was wearing oxygen via nasal cannula and the flow rate was set little over 1.5 liter line.</p> <p>During and interview at the time, LPN 1 indicated the resident was on 2 liters of oxygen. When asked to verify the rate again, LPN 1 verified it was not at 2 liters and moved the ball to the middle line of the 2 liter line.</p> <p>The record for Resident E was reviewed on 4/8/24 at 9:11 a.m. Diagnoses included, but were not limited to, dementia, COPD, high blood pressure, heart failure and anxiety.</p> <p>The 3/3/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was moderately impaired for daily decision making. The resident required set/up and clean up assistance for eating and oral hygiene. The resident required dependent care with toileting, shower/bathing, upper and lower body dressing, putting on footwear and personal hygiene.</p> <p>A Care Plan, dated 3/3/25, indicated the resident required oxygen therapy as needed related to COPD and shortness of breath. Interventions were to, administer oxygen via nasal cannula as ordered by physician and administer, give medications as ordered and monitor for side effects and effectiveness.</p> <p>Physician's Orders, dated 3/23/25, indicated to administer oxygen at 2 liters via nasal cannula as needed for shortness of breath.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 4/8/25 at 1:32 p.m., the DON indicated the nurses were supposed to be checking oxygen flow rates and had been previously in-serviced about getting down to eye level to ensure the ball is on the correct liter flow. The oxygen rate should have been correct.</p> <p>3.1-47(a)(6)</p> | | |