

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155662	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER Rehabilitation Center at Hartsfield Village		STREET ADDRESS, CITY, STATE, ZIP CODE 503 Otis R Bowen Dr Munster, IN 46321	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>10770</p> <p>Based on record review and interview, the facility failed to ensure the resident's family was notified of a change in condition, for 1 of 3 residents reviewed for notification of change. (Resident H)</p> <p>Finding includes:</p> <p>The record for Resident H was reviewed on 3/19/24 at 4:25 p.m. Diagnoses included, but were not limited to, sepsis, chronic respiratory failure, atrial fibrillation, anemia, heart failure, cirrhosis of the liver, alcohol abuse, and chronic kidney disease.</p> <p>A Nurse's Note, dated 2/26/24 at 9:31 a.m., indicated the Nurse Practitioner (NP) was notified due to the resident not being easily aroused, and only able to verbalize some words but was very lethargic. The NP indicated she would be in to assess the patient.</p> <p>A Nurse Practitioner (NP) Progress Note, dated 2/16/24 at 11:03 a.m., indicated the patient was being evaluated for increased lethargy and dyspnea (shortness of breath). Nursing staff indicated the patient refused oral intake this morning, and his breathing appeared labored. Labs were repeated this morning and results were pending. The patient was noted to awaken to verbal stimuli, however he had increased confusion, and respirations were tachypneic (rapid shallow breathing), but did not appear to be in distress.</p> <p>A Nurse's Note, dated 2/26/24 at 11:59 a.m., indicated the NP was made aware of the resident's hemoglobin of 6.9. A new order was obtained to check his Hemoglobin and Hematocrit stat (immediately).</p> <p>A Nurse's Note, dated 2/26/24 at 2:51 p.m., indicated the resident was being sent to the emergency room for altered mental status and acute kidney injury.</p> <p>A Nurses' Note, dated 2/27/24 at 12:43 a.m., indicated the resident was admitted to the hospital with the diagnoses of altered mental status, acute kidney injury, anemia, pneumonia, and hypotension.</p> <p>The Hospital Transfer Form, dated 2/26/24, indicated the time of transfer was 2:30 p.m., due to altered mental status.</p> <p>There was no documentation the resident's family was notified of the change of condition and the transfer to the hospital on 2/26/24.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 3/20/24 at 9:15 a.m., the Assistant Director of Nursing indicated nursing staff were supposed to notify the resident's family at the time of the change in status.</p> <p>During an interview, on 3/20/24 at 12:00 p.m., the Director of Nursing indicated the resident's family was not notified of his change of condition and transfer to the hospital.</p> <p>This citation relates to Complaint IN00429419.</p> <p>3.1-5(a)(2)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>48383</p> <p>Based on record review and interview, the facility failed to provide appropriate social services follow up, related to an outside allegation of exploitation and misappropriation for a resident by family and facility staff, for 1 of 3 residents reviewed for change of condition. (Resident B)</p> <p>Finding Includes:</p> <p>During a phone interview, on 3/20/24 at 11:13 a.m., the Adult Protective Services (APS) representative indicated she had contacted the assigned facility Social Worker (SW) regarding Resident B and left voice messages. Detailed voicemails were left for the SW on 1/24/24 at 12:16 p.m. and on 1/25 at 1:52 p.m. The SW called the APS representative back on 1/25/24 at 2:10 p.m. During that call, the APS representative discussed the reports of allegations, which included neglect and financial exploitation of Resident B. A psychiatric evaluation was recommended, APS jurisdiction was explained, and documentation for the current healthcare POA was requested. The facility's fax number was provided by the SW, and on 1/29/24 at 12:33 p.m., APS faxed a blank physician report to be completed and faxed back by the SW. The APS representative indicated they never received any further communication or documentation.</p> <p>The record for Resident B was reviewed on 3/19/24 at 1:18 p.m. Diagnoses included, but were not limited to, hemiplegia, hypertension (high blood pressure), asthma, dysarthria (difficulty speaking), aphasia (difficulty with comprehension), muscle weakness, protein calorie malnutrition and atrial fibrillation (abnormal heart rhythm).</p> <p>The 1/26/24 Admission Minimum Data Set (MDS) assessment, indicated the resident was severely impaired with daily decision making. The resident had impairments in both upper and lower extremities, used a wheelchair and was dependent with oral hygiene, toileting hygiene, shower and bathing, upper and lower body dressing, and all transfers. Eating required substantial/maximum assistance.</p> <p>There was no Social Service documentation regarding exploitation and misappropriation allegations.</p> <p>There was no documentation of communication with the APS representative.</p> <p>During an interview on 3/19/24 at 3:03 p.m., the Administrator indicated there were no grievances for the last 3 months, and Administration empowers the unit managers to handle concerns as they come up.</p> <p>During an interview, on 3/20/24 at 10:15 a.m., the Social Service Director (SSD) indicated there was no documentation in Resident B's chart about a concern the resident was being financially exploited or neglected. There was also no documentation of communication with APS. The SW formerly assigned to Resident B no longer worked at the facility.</p> <p>During an interview, on 3/20/24 at 11:54 p.m., the Director of Nursing indicated she was unaware of the situation.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This citation relates to Complaint IN00427268.</p> <p>3.1-34(a)</p>