

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  George Ade Memorial Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3623 East State Rd 16 Brook, IN 47922	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>32788</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident with a pressure ulcer received the necessary treatment and services to promote healing related to a treatment not implemented timely for 1 of 3 residents reviewed for pressure ulcers. (Resident 30)</p> <p>Finding includes:</p> <p>On 1/24/25 at 1:38 p.m., the resident's left foot DTI (deep tissue injury) was observed with LPN 1. There was a small circular dark purple area about 1 cm (centimeter) x 1 cm to the bottom lateral side of the foot.</p> <p>The resident's record was reviewed on 1/23/25 at 1:08 p.m. Diagnoses included, but were not limited to, hypertension, cerebral infarction, and Alzheimer's disease.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 11/29/24, indicated the resident was cognitively impaired and had a current unhealed pressure ulcer/DTI.</p> <p>A Care Plan, updated 12/2/24, indicated the resident had a DTI to his left lateral foot. The interventions included to treat per Physician's order.</p> <p>A Progress Note, dated 11/22/24 at 1:42 p.m., indicated the resident was a new admission to the facility. A dark brownish purple area was noted to his left foot.</p> <p>The Admission Observation, dated 11/22/24, indicated the resident had a pressure ulcer injury to the left foot outer aspect. It was brownish purple in color and measured at 0.8 cm x 3 cm.</p> <p>A Progress Note, dated 11/26/24 at 6:22 p.m., indicated a dry red maroon discoloration was observed to the resident's left outer foot. The edges were starting to lift. A new order was received for skin prep daily.</p> <p>A Physician's Order, dated 11/26/24, indicated to apply skin prep to the left outer plantar DTI daily.</p> <p>The Treatment Administration Record (TAR), dated 11/2024, lacked any treatment to the left lateral foot from 11/22/24, when the area was first noted, through 11/26/24. The skin prep treatment was first documented as completed on 11/27/24.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/23/25 at 2:15 p.m., the Director of Nursing (DON) indicated they should have put a treatment in place when they had identified the DTI upon admission.</p> <p>A facility policy, titled Skin Condition and Pressure Ulcer Assessment, indicated, .7. At the earliest sign of a pressure or other type of ulcer, or skin tear, resident, legal representative, and attending physician will be notified. The Director of Nursing will be notified daily using 24-hour condition report. The size and description will also be described in the nursing notes and a pressure or non-pressure event will be completed in the EMR .</p> <p>3.1-40(a)(2)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>32788</p> <p>Based on observation, record review, and interview, the facility failed to ensure fall precautions were in place for a resident with a history of falls for 1 of 3 residents reviewed for accidents. (Resident 52)</p> <p>Finding includes:</p> <p>On 1/21/25 at 11:23 a.m., Resident 52 was observed lying in bed. Her wheelchair was at her bedside. There were no anti-rollback bars noted to her wheelchair.</p> <p>On 1/22/25 at 2:53 p.m., Resident 52 was observed seated in her wheelchair in the hall near the Nurse's Station. There were no anti-rollback bars noted to her wheelchair.</p> <p>On 1/23/25 at 9:56 a.m., Resident 52 was observed seated in her wheelchair at the Nurse's Station. There were no anti-rollback bars noted to her wheelchair.</p> <p>The record for Resident 52 was reviewed on 1/22/25 at 1:14 p.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, anxiety disorder, and hypertension.</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 12/26/24, indicated the resident was cognitively impaired. She had one fall with no injury since the prior assessment and required partial to moderate staff assistance with bed mobility.</p> <p>A Care Plan, updated 12/31/24, indicated the resident was at risk for falls due to weakness and impaired mobility. An intervention, dated 11/26/24, indicated anti-roll back bars to wheelchair.</p> <p>A Progress Note, dated 11/25/24 at 11:44 a.m., indicated the resident was found sitting on the floor in the dining room. She was assisted back to her wheelchair by staff. The cameras were reviewed, and she had scraped her back and head on the table when she fell .</p> <p>An IDT (interdisciplinary team) note, dated 11/26/24 at 9:58 a.m., indicated the team had reviewed the resident's fall and anti-rollback bars had been applied to her wheelchair for safety.</p> <p>During an interview on 1/23/25 at 10:46 a.m., the Director of Nursing (DON) indicated there should have been anti-rollback bars on the resident's wheelchair.</p> <p>A facility policy, titled Fall Prevention, indicated, .The Interdisciplinary Team will use their initial assessment to determine how to provide the safest environment for each patient. Safety interventions will be initiated as needed for each patient .II. Fall risk interventions include: .F. Implement patient targeted interventions to reduce risk .</p> <p>3.1-45(a)</p>		

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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>32788</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents received proper treatment and care related to oxygen administration for 1 of 2 residents reviewed for respiratory care. (Resident 4)</p> <p>Finding includes:</p> <p>On 1/21/25 at 2:36 p.m., Resident 4 was observed seated in his wheelchair in the hallway outside his room. He had no oxygen in place.</p> <p>On 1/22/25 at 2:52 p.m., Resident 4 was observed seated in his wheelchair in the hallway outside his room. He had no oxygen in place.</p> <p>On 1/23/25 at 9:55 a.m., Resident 4 was observed seated in his wheelchair in the therapy room. He had no oxygen in place.</p> <p>Record review for Resident 4 was completed on 1/22/25 at 1:17 p.m. Diagnoses included, but were not limited to, congestive heart failure, chronic respiratory failure, and type 2 diabetes mellitus.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 1/7/25, indicated the resident was cognitively impaired and received oxygen therapy.</p> <p>A Care Plan, updated 1/7/25, indicated the resident had heart failure and chronic respiratory failure with a history of a pulmonary nodule. The interventions included to administer oxygen as ordered and as needed.</p> <p>A Care Plan, updated 1/7/25, indicated the resident was at risk for respiratory distress related to respiratory failure and hypoxia. The interventions included to administer oxygen as ordered.</p> <p>The Physician's Order Summary, dated 1/2025, indicated an order for oxygen 2-4 L (liters) per nasal cannula every shift. There were no other instructions or parameters listed.</p> <p>A Progress Note, dated 1/6/25 at 8:52 p.m., indicated the resident had a diagnosis of chronic respiratory failure with hypoxia and had an order for oxygen 2-4 L, which he refused during the day and sometimes at night.</p> <p>A Progress Note, dated 1/7/25 at 7:14 p.m., indicated the resident had a diagnosis of chronic respiratory failure and was oxygen dependent during the night only.</p> <p>The Medication Administration Record (MAR), dated 1/2025, indicated the oxygen had been signed off as administered every shift. An oxygen saturation was documented every shift, but the rate of oxygen administered was not documented. There were not any documented refusals.</p> <p>During an interview on 1/23/25 at 11:13 a.m., the Director of Nursing indicated she had updated the Physician, and the oxygen orders were now PRN (as needed).</p> <p>(continued on next page)</p>		

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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>A facility policy, titled Oxygen Therapy, indicated, .12. Turn on liter flow to the ordered rate .18. Record oxygen therapy on the treatment or special record and nursing notes if PRN. Include type of catheter, liter flow, and response to treatment .</p> <p>3.1-47(a)(6)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>32788</p> <p>Based on observation, record review and interview, the facility failed to attempt alternative measures and assess the necessity for bed rails for 1 of 1 resident reviewed for bed rails. (Resident 52)</p> <p>Finding includes:</p> <p>On 1/21/25 at 11:23 a.m., Resident 52 was observed lying in bed. There were half length side rails to the top of the bed on both sides.</p> <p>On 1/21/25 at 1:41 p.m., Resident 52 was observed lying in bed. There were half length side rails to the top of the bed on both sides.</p> <p>The record for Resident 52 was reviewed on 1/22/25 at 1:14 p.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, anxiety disorder, and hypertension.</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 12/26/24, indicated the resident was cognitively impaired. She required partial to moderate staff assistance with bed mobility, was receiving hospice services, and bed rails were not used as a physical restraint.</p> <p>A Care Plan, updated 12/31/24, indicated the resident was at risk for falls due to weakness and impaired mobility. An intervention, dated 11/26/24, indicated to provide with safety device or appliance as needed.</p> <p>The Physician's Order Summary, dated 1/2025, lacked any orders for side rails.</p> <p>There was a lack of any evaluation or assessment completed for the use of side rails.</p> <p>During an interview on 1/23/25 at 11:13 a.m., the Director of Nursing (DON) indicated she was unable to find any assessment for the side rails but would have one completed now. She was unsure if any other interventions had been attempted prior to the side rails.</p> <p>On 1/24/25, the DON provided a Side Rail Assessment, dated 1/23/25. The bilateral top half side rails were to be used when in bed for assistance with transfers and bed mobility.</p> <p>A facility policy, titled Side Rails, indicated, .2. An assessment will be performed to determine if full length side rails are needed to treat medical symptoms. Use of full side rails require a Physician's Order. A one half side rail will be used in accordance with assessed need and resident desires .</p> <p>3.1-45(a)(2)</p>		