STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155764	A. Building B. Wing	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spring Mill Health Campus	101 W 87th Ave 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)
F 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20580 Based on record review and interview, the facility failed to implement the admission policy, related to an Admission Agreement not explained and signed by a resident who had been admitted into the facility for 1 of 1 resident reviewed for Admission Agreement implementation. (Resident D) Finding includes: Resident D's record was reviewed on 2/18/25 at 10:53 a.m. The diagnoses included, but were not limited to, chronic respiratory failure. The Census History indicated the resident was admitted into the facility on [DATE]. A transfer/discharge to an acute care hospital occurred on 9/25/24 and a return re-admission occurred on 9/30/24. A transfer/discharge to an acute care hospital occurred on 10/2/24 with a return re-admission on 10/8/24. A transfer/discharge to an acute care hospital occurred on 11/14/24 with a return re-admission on 11/18/24. The resident was discharged to another facility on 1/16/25. A Quarterly Minimum Data Set assessment, dated 11/24/24, indicated an intact cognitive status. There was no signed Admission Agreement that included, but was not limited to, the consent for treatment, explanations of resident rights, characteristics and services of the facility, conditions for transfer discharges, bed hold policies, room changes, personal property, financial responsibilities, which included Medicare and Medicaid services, the daily basic rate and what was covered by the basic rate and what was not covered by the basic rate, physician services, grievance procedures, safe guarding personal property, and other terms of agreements. During an interview on 2/18/25 at 1:20 p.m., the Admission's Manager indicated the resident had not signed the Admission Agreement and she had not explained the items in the agreement to the resident. She indicated the resident seemed confused when he came back from dialysis and she did not feel comfortable going over the paperwork and having the resident sign the agreement since there was a lot of information in the Admission Agreement. No further information was provided when asked why the Admission Agreement had not been completed on the non-dialysis days. During the interview on 2/18/15 at 1:20 p.m., the Administrator indicated the Admission Agreement was to be completed for all admissions. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155764	A. Building B. Wing	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spring Mill Health Campus	101 W 87th Ave 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)
F 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-4(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155764	A. Building B. Wing	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spring Mill Health Campus	101 W 87th Ave 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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 20580 Based on record review and interview, the facility failed to ensure a resident received blood sugar monitoring to determine if insulin was required (sliding scale) for 1 of 3 residents reviewed for unnecessary medications. (Resident B) Finding includes: Resident B's record was reviewed on 2/18/25 at 9 a.m. The diagnoses included, but were not limited to, stroke and diabetes mellitus. A Quarterly Minimum Data Set assessment, dated 11/4/24, indicated a severely impaired cognitive status and received insulin in the past seven days. A Physician's Order, dated 11/13/24, indicated the blood sugars were to be obtained before meals and at bedtime and Humalog insulin was to be administered if the blood sugar was 151 or higher. The doses of insulin was to be given per the results of the blood sugar results (sliding scale). The Medication Administration Record (MAR), dated 12/2024, indicated the blood sugar was not obtained to determine if insulin was required on 12/1/14 at 9 p.m., 12/8/24 at 11:30 a.m., 5:30 p.m., and 9 p.m., 12/21/24 at 9 p.m., and 12/28/24 at 5:30 p.m. and 9 p.m. The MAR, dated 1/2025, indicated the blood sugar was not obtained to determine if insulin was required on 1/8/25 at 9 p.m., 1/11/15 at 9 p.m., 1/13/24 at 9 p.m., 1/15/25 at 9 p.m., 1/27/25 at 9 p.m., 1/29/25 at 11:30 a.m., and 1/30/25 at 5:30 p.m. and 9 p.m. The Director of Nursing (DON) was informed of the missed blood sugar monitoring on 2/18/25 at 11 a.m. No further information was provided at end of the Exit Conference on 2/18/25 at 3:42 p.m. A facility glucose testing policy, dated 1/2/21 and received as current from the DON, indicated the Physician's Order was to be reviewed prior to the testing and all results of the testing were to be recorded on the MAR. A facility medication administration policy, dated 2/17/20 and received as current from the DON, indicated medications were to be administered in accordance with the Prescriber's orders. This citation relates to Complaint IN00452516. 3.1-48(a)(3)