STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedars The	14409 Sunrise CT Leo, IN 46765

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46156 Based on observation, record review, and interview the facility failed to ensure there was an assessment and documentation of resident's dislodged PICC (peripherally inserted central catheter) line (thin, soft tube inserted into a vein in the arm, leg or neck for long-term intravenous antibiotics, nutrition, medications, and blood draws) and PICC line site in 1 of 1 resident reviewed (Resident C). Findings include: An Indiana report form, dated 7/17/24 at 7:01 AM, indicated during morning care Certified Nursing Aide (CNA) 2 noticed Resident C's Peripherally Inserted Central Catheter (PICC) line was out of her arm. The resident indicated she was not sure how it came out. Resident C's record was reviewed on 7/17/24 at 9:42 AM. Diagnoses included sepsis, metabolic encephalopathy, and diverticulitis of the large intestine with perforation and abscess with bleeding. Resident C's current Comprehensive Minimum Data Set (MDS), dated [DATE], indicated her Basic Interview for Mental Status (BIMS) score was 14 (cognitive intact). The MDS indicated she had recent open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair) surgery involving the gastrointestinal tract and required wound care. The MDS indicated the resident was on antibiotics, diuretics, opioids, was on IV medication and had IV access. Resident C's current Care plan, revised 7/11/24, indicated the resident had IV (intravenous) medications related to her infection in the colostomy stoma with a goal she would be free from complications related to her IV therapy with a target date of 10/2/24. Interventions included: 1) If IV infiltrated antidote for vesicant/irritant medication may be infused into the IV catheter prior to removal. 2) If IV infiltrated stop infusion and thoroughly examine the site .remove the cannula, elevate the arm, notify the physician. 3) Change dressing as ordered and observe every shift. 4) Monitor/document/report signs and symptoms of infection as needed. 5) Monitor/document/report signs and symptoms of IV fluid leakage at the insertion site. Physician orders dated 6/25/24 at 22:00 indicated Resident C's PICC line was to be maintained, could be used for law draws, and to apply biopatch to the PICC line. The order was discontinued on 7/17/24. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2024
NAME OF PROVIDER OR SUPPLIER: Cedars The		STREET ADDRESS, CITY, STATE, ZIP CODE: 14409 Sunrise CT Leo, IN 46765	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident C's Treatment Administration Record (TAR), dated 7/1/24 through 7/16/24 indicated the facility staff documented the resident's PICC line was to be maintained, could be used for lab draws, and to apply biopatch to PICC line days, evenings, and nights except on the following dates: 7/6/24, 7/13/24 on days and 7/5/24, 7/11/24, and 7/16/24 on evenings. A witness statement by CNA 2 indicated she was doing morning care when she noticed Resident C's PICC line was out. She indicated she asked her what happened, and the resident indicated she was not sure, it must had been pulled out. CNA 2 indicated she took the PICC line to Licensed Practical Nurse (LPN) 4 and reported what Resident C told her. In an interview on 7/22/24 at 8:35 AM LPN 4 indicated on 7/17/24 around 6:10 AM CNA 2 brought Resident C's PICC line to her. She indicated CNA 2 indicated the resident had just handed it to her. LPN 4 indicated there was a small amount of dried bright red blood on the tip of the PICC line. LPN 4 indicated she went in the resident's room and checked the site. She indicated the dressing was still intact at the PICC line site on the resident's left upper arm and there was no blood on the dressing. She indicated she did not remove the dressing. She indicated she did not measure the length of the PICC line after it came out of Resident C's arm or document, however she did report the PICC line being out to the physician. No orders were given. In an interview on 7/22/24 at 8:31 AM LPN 3 indicated she observed CNA 2 bring Resident C's PICC line to the nurses' station area and hand it to LPN 4. She indicated she did not observe the resident's PICC line. No progress note could be located relating to the 7/17/24 dislodgement assessment and documentation of Resident C's PICC line and/or left upper mid anterior PICC line site. No information was provided related to the 7/17/24 dislodgement assessment and documentation of Resident C's PICC line and/or left upper mid anterior PICC line site. In an Interview on 7/22/24 at 12:06 PM the Director of Nursing indicated the dislodged PICC Line and the PICC line site should had been assessed and documented and it was not . A current policy, dated 6/24/24, titled, Central Lines Policy/Procedures, provided by the DON on 7/22/24 at 1:43 PM, indicated when a PICC line was discontinued the length of the PICC line, the intactness of the catheter tip, the site appearance, and dressing applied needed to be documented. 3.1-37