

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155835	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Ignite Medical Resort Crown Point LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1555 S Main Street Crown Point, IN 46307	

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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20580</p> <p>Based on record review and interview, the facility failed to provide residents' medical records to the resident/ Power of Attorney (POA) in a timely manner after a request was made for 3 of 3 residents reviewed for medical record requests. (Residents B, C, and D)</p> <p>Finding includes:</p> <p>1. Resident B's closed record was reviewed on 12/5/24 at 9:04 a.m. The diagnoses included, but were not limited to, fractured left femur. Resident B was discharged from the facility on 7/3/24.</p> <p>A Power of Attorney (POA) form and Healthcare Representative (HCR) form, both dated 6/26/18, indicated the resident's husband was appointed POA and HCR. In the absence of the resident's husband, the resident's daughter was the successor.</p> <p>During an interview with resident's POA on 12/5/24 at 9:38 a.m., she indicated the resident's condition had deteriorated and a signed release of information approval had been given to a law firm. The firm had received part of the medical record, though there were several duplicates in the file received and the full record had not been received as requested. The law firm had been attempting to notify the facility for the rest of the medical records and had no return communication from the facility.</p> <p>During an interview on 12/5/24 at 10:15 a.m., the Administrator indicated the only request he had been aware of was a request for the billing records, and those had been sent. He indicated the facility had received a letter from the law firm on either 11/29/24 or 12/2/24, that had been dated 11/7/24. The letter indicated the law firm had received part of the medical record and requested the rest of the record to be sent. He indicated the facility Medical Records Coordinator (MRC) had left the position and the position had just been filled by another person. All requests were to be forwarded to the Corporate MRC for approval, then were to be sent as requested.</p> <p>During a telephone interview on 12/5/24 at 10:20 a.m., the former MRC indicated she did not remember if a request had been made for the medical record. If she had received a request, the request would have been forwarded to the Administrator, Director of Nursing, and the Corporate MRC. The record would not have been sent until the Corporate MRC approved the request.</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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/5/24 at 10:25 a.m., the Administrator provided the medical record request and grievance letter received from the law firm. The title page indicated the letter had been faxed to the facility on [DATE]. The Administrator indicated he had just received the letter. The current MRC indicated the letter had been placed in her facility mailbox and she received the letter either on 11/29/24 or 12/2/24. She was unsure who had placed the letter in her mailbox. She indicated the letter had not been faxed to her fax machine.</p> <p>The letter faxed to the facility was dated 11/7/24, and the timeline documented indicated the first request for the medical record was on 8/28/24. They had received 106 pages on 8/29/24, which was triple copies of the same 36 pages. The former MRC was contacted on 8/30/24 and informed the full record had not been received and the records received were triple copies. On 9/9/24, the former MRC had messaged the law firm and indicated the resident had been at the facility for a short time so there was not a lot of information in the record. An email had been sent to the former MRC on 11/7/24 and the email was returned undeliverable. Several attempts were made to contact the facility by telephone, and the calls were not answered.</p> <p>During an interview on 12/5/24 at 10:55 a.m., the current MRC indicated she had received the letter on 11/24/24 and forwarded the request/grievance to the Corporate MRC.</p> <p>During an interview on 12/5/24 at 10:58 a.m., the Corporate MRC indicated when a request was made for a medical record, it was forwarded to her and she would then give the approval to send the requested record. She had not received a request for Resident B's full medical record. She had only received the request for the billing record and it had been sent. The full medical record would be sent to the law firm today (12/5/24).</p> <p>During an interview on 12/5/24 at 11:04 a.m., the Administrator indicated the requested medical record had not been provided timely.</p> <p>2. Resident C's record was reviewed on 12/5/24 at 11:26 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease.</p> <p>The resident requested a copy of the complete medical record on 10/11/24.</p> <p>A Progress Note, dated 10/25/24, indicated the medical record had been sent through secure email.</p> <p>3. Resident D's record was reviewed on 12/5/24 at 11:31 am The diagnoses included, but were not limited to, dislocation of left shoulder.</p> <p>The resident requested a copy of the complete medical record from 8/4/24 through 10/7/24 on 10/11/24.</p> <p>A Progress Note, dated 10/25/24, indicated the medical record had been sent to the resident.</p> <p>A medical records policy and procedure, dated 5/2023 and received as current from the Administrator, indicated the resident/representatives will have the ability to review, inspect and/or obtain a copy of his/her protected health information in the health record. A copy of the record or any portions of the record would be provided upon request and two working days advance notice to the facility.</p> <p>(continued on next page)</p>		

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