

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155844	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/03/2024
NAME OF PROVIDER OR SUPPLIER  Ignite Medical Resort Chesterton		STREET ADDRESS, CITY, STATE, ZIP CODE 2775 Village Point Chesterton, IN 46304	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32582</b></p> <p>Based on record review and interview, the facility failed to ensure a resident received the necessary care and treatment related to a wound treatment not provided as ordered for 1 of 3 residents reviewed for non-pressure wound care. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's closed record was reviewed on 6/3/24 at 9:02 a.m. The resident was admitted to the facility on [DATE] and was discharged on [DATE]. Diagnoses included, but were not limited to, infection and inflammatory reaction of right knee prosthesis, Diabetes Mellitus and hypertension.</p> <p>The Admission Minimum Data Set assessment, dated 3/11/24, indicated the resident was cognitively intact, had a surgical wound, and received surgical wound care.</p> <p>A Physician's Order, dated 3/23/24, indicated to cleanse the right knee with 0.9% normal saline, apply xeroform gauze and apply a cover dressing daily and as needed for soilage or dislodgment.</p> <p>The March 2024 Treatment Administration Record lacked documentation the dressing change had been completed on 3/24, 3/26 and 3/28. The progress notes lacked documentation indicating if the dressing had been completed.</p> <p>A Care Plan, dated 3/5/24, indicated the resident was admitted with a surgical incision to the right knee. Interventions included, but were not limited to, treat per Physician's orders.</p> <p>During an interview on 6/3/24 at 3:17 p.m. with the Director of Nursing, she indicated she was unable to locate documentation related to the dressings being completed on the above dates.</p> <p>This citation relates to Complaint IN00432281.</p> <p>3.1-37(a)</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32582</p> <p>Based on record review and interview, the facility failed to ensure a resident was free of significant medication errors related to missed doses of an antibiotic for 1 of 3 residents reviewed for infections. (Resident C)</p> <p>Finding includes:</p> <p>Resident C's record was reviewed on 6/3/24 at 12:08 p.m. The resident was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, mechanical complication of other vascular grafts, localized infection of the skin and subcutaneous tissue and peripheral vascular disease.</p> <p>The Admission Minimum Data Set assessment, dated 5/1/24, indicated the resident was cognitively intact, had a surgical wound, and received surgical wound care.</p> <p>A Physician's Order, dated 4/25/24, indicated to give meropenem (an antibiotic) 1 gram intravenously every 8 hours for a wound infection for 8 weeks.</p> <p>The May 2024 Medication Administration Record lacked documentation the antibiotic was given on 5/7 x 2 doses, 5/14, 5/22 and 5/28. The there was no documentation in the progress notes related to the medication not being given.</p> <p>A Care Plan, dated 4/25/24, indicated the resident was on antibiotic therapy related to local infections of the skin and subcutaneous tissue. Interventions included, but were not limited to, administer the medication as ordered.</p> <p>During an interview with the Director of Nursing on 6/3/24 at 2:18 p.m., she indicated she had spoken on the phone to 4 of the 5 nurses who had not signed out the medication and they claim they had given the medication but had not signed it out. She indicated the medication should have been signed out if given.</p> <p>This citation relates to Complaint IN00432281.</p> <p>3.1-48(c)(2)</p>