

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  08/29/2024
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>45666</p> <p>Based on record review and interview, the facility failed to ensure correct parameters for a blood pressure medication were followed and medications were administered as ordered for 1 of 3 residents reviewed for unnecessary medications. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's closed record was reviewed on 8/29/24 at 9:36 a.m. Diagnoses included, but were not limited to, pneumonia, sepsis (condition in which the body responds improperly to an infection), type 2 diabetes mellitus, end stage renal disease, hypotension (low blood pressure), heart failure, and dependence on renal dialysis.</p> <p>The Discharge Minimum Data Set (MDS) assessment, dated 7/23/24, indicated the resident was cognitively intact for daily decision making. He received scheduled pain, anti-anxiety, antidepressant, hypnotic, antibiotic, opioid, and antiplatelet medications.</p> <p>The July 2024 Physician's Order Summary indicated the resident received the following medications:</p> <ul style="list-style-type: none"> <li>- ascorbic acid tablet 500 milligrams (mg) once a day</li> <li>- aspirin 81 mg capsule once a day</li> <li>- chlorhexidine gluconate external pad 2% (antiseptic agent) application from neck down once a day</li> <li>- vitamin D3 tablet 1000 unit once a day</li> <li>- digoxin (treatment for irregular heart rhythm/rate) 125 microgram tablet once a day</li> <li>- finasteride 5 mg tablet (benign prostate hyperplasia treatment) once a day</li> <li>- gabapentin 300 mg capsule (for neuropathy) once a day</li> <li>- niacin 1000 mg extended release tablet (cholesterol reducing medication) once a day</li> <li>- pantoprazole sodium 40 mg tablet (heartburn medication) once a day</li> </ul> <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- pravastatin sodium 40 mg tablet (cholesterol reducing medication) once a day</li> <li>- sertraline 150 mg capsule (antidepressant) once a day</li> <li>- vitamin E capsule once a day</li> <li>- ativan 0.5 mg tablet (anti-anxiety medication) twice daily</li> <li>- ticagrelor 60 mg tablet (anticoagulant) twice daily</li> <li>- topiramate (anticonvulsant) 50 mg tablet twice daily</li> <li>- midodrine (treats hypotension) 5 mg tablet three times daily if systolic blood pressure (the top number of the blood pressure) is less than 130</li> <li>- nystatin 10000 units/milliliter 6 milliliters (ml) four times a day for oral thrush</li> <li>- nafcillin sodium injection solution 2000 mg intravenously (IV) every four hours (antibiotic medication)</li> </ul> <p>The July 2024 Medication Administration Record (MAR) indicated the medications were not administered on the following dates and times:</p> <ul style="list-style-type: none"> <li>- ascorbic acid, aspirin, chlorhexidine gluconate, cholecalciferol, digoxin, finasteride, ticagrelor, topiramate, vitamin E, sertraline, pantoprazole, pravastatin sodium, and gabapentin at 9:00 a.m. on 7/8, 7/10, 7/12, 7/15, 7/17, 7/19, and 7/22/24</li> <li>- ativan 0.5 mg tablet at 9:00 a.m. on 7/11/24, 7/12/24, 7/15/24, and 7/17/24, at 2:00 p.m. on 7/22/24, and 5:00 p.m. on 7/11/24.</li> <li>- midodrine 5 mg tablet at 6:00 a.m. on 7/19/24, 11:00 a.m. on 7/6, 7/8, 7/10, 7/11, 7/13, 7/15, 7/17, 7/18, 7/19, 7/22, and at 4:30 p.m. on 7/14, 7/18, and 7/19/24.</li> <li>- niacin 1000 mg tablet at 9:00 p.m. on 7/3, 7/6, 7/13, and 7/15/24.</li> <li>- nystatin 10000 unit/ml at 8:00 a.m. on 7/12 and 7/15, 12:00 p.m. on 7/8, 7/10, 7/11, and 4:00 p.m. on 7/10/24.</li> <li>-nafcillin 2000 mg solution at 12:00 a.m. on 7/4, 8:00 a.m. on 7/8, 7/10, 7/12, 7/15, 7/17, 7/19, 7/22, 12:00 p.m. on 7/8, 7/10, 7/15, 7/17, and 7/22/24</li> </ul> <p>The July 2024 MAR indicated the midodrine 5 mg tablet was administered outside of the parameters on the following dates and times:</p> <ul style="list-style-type: none"> <li>- 7/4/24 at 6:00 a.m., blood pressure (bp) 158/79</li> <li>- 7/5/24 at 4:30 p.m., bp 151/57</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 7/9/24 at 6:00 a.m., bp 140/30</p> <p>- 7/10/24 at 4:30 p.m., bp 159/86</p> <p>- 7/11/24 at 4:30 p.m., bp 132/64</p> <p>- 7/15/24 at 6:00 a.m., bp 162/72</p> <p>- 7/15/24 at 4:30 p.m., bp 162/72</p> <p>- 7/16/24 at 4:30 p.m., bp 134/78</p> <p>- 7/17/24 at 6:00 a.m., bp 150/72</p> <p>- 7/17/24 at 4:30 p.m., bp 150/72</p> <p>- 7/18/24 at 6:00 a.m., bp 132/78</p> <p>During an interview on 8/29/24 at 1:30 p.m., the Director of Nursing indicated in preparation for the facility's annual survey, they found that some medications were not administered as ordered, especially for their residents who went out to dialysis. They implemented a new admission checklist, which added an order for any medication needing to go with the resident to dialysis and notification to the clinician when verifying the medications. There was no documentation the physician was notified of the missed medications for Resident B. In the case of missed antibiotics, the physician would usually give orders to continue the medication for the amount of missed doses at the end. She believed the medications were administered when the resident returned from dialysis, but was unable to locate documentation.</p> <p>This citation relates to Complaint IN00438622.</p> <p>3.1-37(a)</p>		