STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155650	A. BUILDING _____ B. WING _____	**08/06/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LINCOLNSHIRE HEALTH & REHABILITATION CENTER	**8380 VIRGINIA ST 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.

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F 0584 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure safekeeping of a resident's belongings related to an inventory record not signed to confirm accuracy upon discharge for 1 of 3 residents reviewed for personal property. (Resident H) Finding includes: Interview with Resident H's family member on 8/4/2020 at 11:01 a.m., indicated the items which were received upon the resident's discharge did not belong to the resident and were soiled with urine and feces. Resident H's record was reviewed on 8/4/2020 at 9:45 a.m. [DIAGNOSES REDACTED]. An Inventory of Personal Items was completed on 4/6/20. Resident H passed away in the facility on 4/17/20. An SSD (Social Service Director) Progress Note, dated 5/1/2020 at 10:13 a.m., indicated the resident's belongings were ready to be picked up at the facility. An interview with the SSD on 8/4/2020 at 12:01 p.m., indicated the Nurse on duty should have gone over the personal belongings and had the family sign the inventory sheet to indicate the family had all the resident's belongings. An interview with the Housekeeping Supervisor on 8/4/2020 at 12:01 p.m., indicated the Resident's daughter had told the facility she had not received all the resident's belongings. He found another box of the resident's belongings and gave it to the family. He was unaware of what was in the box. He had not gone over the inventory sheet with the Resident's daughter. This Federal Tag relates to Complaint IN 616. 3.1-19(f) 3.1-19(g)
F 0656 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to develop and implement a comprehensive care plan for a resident receiving intravenous (IV) medications for 1 of 3 residents reviewed for IV access. (Resident E) Finding includes: The record for Resident E was reviewed on 8/5/20 at 9:33 a.m The resident was admitted to the facility on [DATE]. She was hospitalized and readmitted on [DATE]. [DIAGNOSES REDACTED]. A Minimum Data Set (MDS) 5 day assessment, dated 7/28/20, indicated she was cognitively intact and was receiving IV medications. A physician's orders [REDACTED]. There was no IV Care Plan noted. Interview with MDS Nurse 1 on 8/5/20 at 12:02 p.m , indicated IV medication use had been identified on the 5 day MDS assessment on 7/28/20 and a care plan should have been initiated at that time. This Federal Tag relates to Complaint IN 117. 3.1-35(a)
F 0677 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide care and assistance to perform activities of daily living for any resident who is unable.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure the necessary care and services were provided to a dependent resident related to unclean, untrimmed fingernails and not removing the resident's facial hair for 1 of 3 residents reviewed for activities of daily living. (Resident B) Finding includes: On 8/3/2020 at 11:30 a.m., Resident B was observed lying in bed. The resident had long facial hair observed to her chin and neck area. The resident's fingernails were also long with dark debris observed underneath them. On 8/4/2020 at 9:13 a.m., Resident B was observed lying in bed. The resident's fingernails were long with dark debris still underneath them. The resident still had long facial hair observed to her chin and neck area. Record review for Resident B was completed on 8/3/2020 at 11:46 a.m. [DIAGNOSES REDACTED]. The Annual Minimum Data Set (MDS) assessment, dated 7/8/2020, indicated the resident was cognitively impaired. The resident required an extensive 2+ person assist with dressing and personal hygiene. The July Shower record indicated the resident was shaved and fingernails were trimmed last on 7/31/20. The record lacked any documentation the resident refused to be shaved or have her fingernails trimmed and cleaned since 7/31/20. Interview with CNA 3 on 8/4/2020 at 9:14 a.m., indicated the resident received a shower twice a week. She would sometimes refuse to be shaved or have her fingernails trimmed. If the resident refused they would mark it on the shower sheet. She was unaware if staff ever cut her nails or shaved her in between shower days. Interview with the A Wing Unit Manager on 8/4/2020 at 9:20 a.m., indicated she was unaware if the resident had refused to be shaved or have her fingernails trimmed. Staff should tell her if the resident refused so she could make a care plan for the refusals. Interview with the A Wing Unit Manager and the Director of Nursing on 8/4/2020 at 9:35 a.m., indicated staff should assist the residents with all ADL care in between their bathing days. This Federal Tag relates to Complaint IN 032. 3.1-38(a)(3)(D) 3.1-38(a)(3)(E)
F 0686 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate pressure ulcer care and prevent new ulcers from developing.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to accurately monitor the weight of a nutritionally at risk resident with a pressure ulcer to monitor ongoing nutritional status to promote healing for 1 of 3 residents reviewed for pressure ulcers. (Resident C) Finding includes: Resident C's record was reviewed on 8/4/20 at 9:03 a.m. The resident was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. The 5 day Minimum Data Set (MDS) assessment, dated 6/10/20, indicated the resident had a Stage 4 pressure ulcer present. The Quarterly MDS assessment, dated 7/26/20, indicated the resident needed extensive two person assistance for bed mobility and was rarely understood. The resident's weight record was missing several entries since February 2020: 2/6/20-107 lbs 3/1/20- not done 3/15/20- 106.2 lbs 3/21/20- 106.2 lbs 3/28/20- not done 4/6/20- 100.2 lbs 4/13/20- not done 4/30/20- 100.2 lbs 5/4//20- 100.2 lbs 5/11/20- 100 lbs 5/26-6/4- hospitalized [DATE]- 124.8 lbs 6/10/20- 124.8 lbs 6/15/20- not done 6/23/20- not done 7/3/20- not done 7/2-7/6- Hospital Leave 7/7/20- not done 7/10-7/20- Hospital Leave 7/21/20- not done 7/26/20- 94 lbs 7/29/20- 97.4 lbs Interview with the Dietary Manager on 8/4/20 at 2:55 p.m., indicated the resident was on weekly weights per policy for readmission and weight loss. She indicated the missing weights were due to resident refusals. Interview with CNA 2 on 8/6/20 at 9:15 a.m., indicated she was the one who did the resident's weights, and the resident never refused her weight being measured. She used a Hoyer (mechanical) lift to weigh her. She indicated she received the list of which residents needed to be weighed from the Dietary Manager. The policy titled, Guidelines for Nutrition-At-Risk Committee Review of High Priority Cases, was received from the Dietary Manager on 8/5/20 at 3:00 p.m. The policy indicated, .2. Re-admissions: Policy requires that re-admissions be weighed weekly for four weeks and, therefore, the weight recorded for the first week after return to the facility should suggest those requiring committee evaluation The policy further indicated, .4. Weight Losses: Any weight loss that meets one or more of the following conditions: Unplanned weight loss of 5% or more in 30 days Loss of 10% or more

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

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.

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F 0686 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) below UBW (Usual Body Weight) during any period of time This Federal Tag relates to Complaint IN 226. 3.1-40
F 0760 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that residents are free from significant medication errors.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a resident received antibiotic and diuretic medications as ordered for 1 of 3 residents reviewed for medication administration. (Resident D) Finding includes: The record for Resident D was reviewed on 8/3/20 at 10:08 a.m. The resident was admitted on [DATE] with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. The Medication Administration Record [REDACTED]. Cipro, [MEDICATION NAME] and [MEDICATION NAME] were included on the list of medications provided in the CAPSA (medication dispensing device) onsite in the facility. During an interview with the B Unit Manager on 8/3/20 at 1:50 p.m., she indicated if the medications were not in the CAPSA, they should have been ordered from the pharmacy. The pharmacy would deliver between 1 and 2 in the morning. She was unsure why the medications were not given. This Federal Tag relates to Complaint IN 117. 3.1-48(c)(2)