

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2024
NAME OF PROVIDER OR SUPPLIER Healthwin Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20531 Darden Rd South Bend, IN 46637	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47419</p> <p>Based on observation, interview, and record review, the facility failed to develop a person-centered care plan for 1 of 26 residents whose care plans were reviewed. (Resident 45)</p> <p>Finding includes:</p> <p>During an observation, on 3/12/2024 at 10:17 A.M., a black, scabbed, lesion was noted to the right side of Resident 45's jaw. The resident indicated it kept bleeding and the doctor had not looked at it.</p> <p>A record review was conducted on 3/13/2024 at 1:23 P.M. Diagnoses for Resident 45 included, but were not limited to, metabolic encephalopathy, collapsed vertebrae in thoracic region, and pain in thoracic spine.</p> <p>An Annual Minimum Data Set (MDS) assessment, dated 1/15/2024, indicated Resident 45's cognition was intact. She was at risk for pressure ulcers, but none were noted. No other skin problems were noted.</p> <p>The record lacked any physician orders or a care plan related to the skin lesion on her jaw.</p> <p>During an interview, on 3/14/2024 at 10:31 A.M., LPN 5 indicated the Nurse Practitioner (NP) looked at it last year and thought a referral was made to a dermatologist, but couldn't be sure. Resident 45 kept scratching it open, and she was not sure if it was being monitored. If it was being monitored, it would be documented in the progress notes or assessments.</p> <p>During an interview, on 3/14/2024 at 11:45 A.M., the DON indicated Resident 45 was diagnosed in 2022 with actinic keratosis. She did not feel it should be followed by the wound team, but will have the resident's physician assess the area again for further guidance. The lesion was not on the care plan.</p> <p>A current policy, titled Healthwin-Comprehensive Care Plan, and revised 1/2023, provided by the DON on 3/14/2024 at 8:30 A.M., included, but was not limited to, .The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 155153	Facility ID: 155153 If continuation sheet Page 1 of 13

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-35(a)		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38845</p> <p>Based on interview and record review, the facility failed to update a fall care plan with new interventions after a fall, for 1 of 3 residents reviewed for falls. (Resident 111)</p> <p>Finding includes:</p> <p>During an interview, on 3/11/2024 at 2:47 P.M., Resident 111 indicated he had a recent fall, but was unsure when.</p> <p>A record review was completed on 3/13/2024 at 1:22 P.M. The resident had intact cognition, with diagnoses including, but not limited to: type two diabetes, concussion without loss of consciousness, history of transient ischemic attack and cerebral infarction.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 2/6/2024, indicated the resident required extensive assistance with the assist of one person for bed mobility, transferring and toileting and supervision with the assist of setup help for eating.</p> <p>An Interdisciplinary Team Note, dated 2/20/2024, indicated the resident had slid out of his wheelchair and the intervention included therapy assessment of cushion with anti-slip device placement.</p> <p>An Interdisciplinary Team Note, dated 3/6/2024, indicated the resident had fallen while being assisted by staff with a new intervention of therapy adding the resident to therapy caseload.</p> <p>A Fall Care Plan, dated 2/1/2024, indicated interventions included, but were not limited to: wearing appropriate footwear, hourly safety checks at night and call light within reach.</p> <p>During an interview, on 3/14/2024 at 1:22 P.M., the Director of Nursing indicated the care plan should have been updated after his falls, and interventions were selected, but the care plan was not updated.</p> <p>On 3/14/2024 at 8:30 A.M., the Director of Nursing provided a policy, titled, Comprehensive Care Plans, and indicated this was the current policy used by the facility. The policy indicated .9. Care plan revisions occur on a routine basis. Examples of adjustments to the care plan include but not limited to order changes, incidents, and behaviors</p> <p>3.1-35(c)(1)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>38845</p> <p>Based on observation, record review, and interview, the facility failed to administer a PRN (as needed) diuretic medication per Physician's Orders, for 1 of 5 residents whose medication orders were reviewed. (Resident 174)</p> <p>Finding includes:</p> <p>During an interview, on 3/11/2024 at 2:37 P.M., Resident 174 was observed to have edema (swelling) to bilateral (both) feet.</p> <p>A record review was completed on 3/14/2024 at 10:41 A.M. Resident 174's diagnoses included, but were not limited to chronic congestive heart failure, chronic kidney disease, pacemaker, and a cardiac defibrillator.</p> <p>Current Physician Orders included: Daily Weights: See PRN (as needed) medication order for weight gain of 2 lbs. (pounds) or greater in 24 hour in the morning. Lasix (diuretic) 20 mg (milligram) give 1 tablet by mouth every 24 hours as needed for CHF (Congestive Heart Failure) for weight gain of 2 lbs. or greater in 24 hours.</p> <p>Resident 174's current weights were as follows:</p> <p>3/7/2024--245 lbs.</p> <p>3/8/2024--245</p> <p>3/10/2024--238</p> <p>3/11/2024---247 (gain of 9 lbs.)</p> <p>3/12/2024--248</p> <p>3/13/2024--250</p> <p>3/14/2024--251</p> <p>The March 2024 MAR (Medication Administration Record) indicated Resident 174 did not receive the as needed diuretic medication on 3/11/2024 for the weight gain of 9 lbs.</p> <p>During an interview, on 3/15/2024 at 9:35 A.M., the Director of Nursing indicated the resident did not receive the medication on 3/11/2024 as ordered.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/15/2024 at 9:47 A.M., the Director of Nursing provided the policy, titled, Medication Administration Policy, dated 1/2023, and indicated the policy was the one currently used by the facility. The policy indicated . Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice 3.1-37		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48145</p> <p>Based on observation, record review, and interview, the facility failed to ensure oxygen equipment was stored appropriately and cleaned, for 2 of 3 residents reviewed for oxygen use. (Residents 8 & 83)</p> <p>Findings include:</p> <p>1. During an observation, on 3/11/2024 at 2:33 P.M., Resident 8's CPAP mask was lying on top of the bedside dresser, not placed in the SloClean machine and without a storage bag.</p> <p>During an observation, on 3/12/2024 at 8:57 A.M. the resident's CPAP mask was lying on top of the bedside dresser, not placed in the SloClean machine and without a storage bag.</p> <p>During an observation, on 3/13/2024 at 9:50 A.M., the resident's CPAP mask was lying on top of bedside dresser, not placed in the SloClean machine and without a storage bag.</p> <p>During an observation, on 3/14/2024 at 1:34 P.M., Resident 8's CPAP mask was not bagged and was lying on top of the dresser, not in the SloClean machine and without a storage bag.</p> <p>During an interview, on 3/14/2024 at 1:30 P.M., the Director of Nursing indicated CPAP masks should be kept in the SloClean Machine for cleaning purposes while not in use.</p> <p>During an interview, on 3/14/2024 1:39 P.M., RN 6 indicated the CPAP mask should be bagged if not in the SloClean machine, and not lying on top of the dresser open to air.</p> <p>A record review was completed on 3/15/2024 at 9:53 A.M. Resident 8's diagnoses included, but were not limited to: atrial fibrillation, type two diabetes, obstructive sleep apnea, and asthma.</p> <p>Physician Orders, dated 4/2/2023, indicated the CPAP mask was to be placed in the SloClean Machine with tubing intact after removing the mask from the resident in the morning.</p> <p>A review of a Care Plan, for altered respiratory status, dated 9/27/2023, indicated interventions included, but were not limited to: CPAP as ordered, observe for signs and symptoms of respiratory distress, SloClean as ordered.</p> <p>2. An observation of Resident 83 was completed on 3/11/2024 at 10:08 A.M. Resident 83 was wearing her nasal cannula and the oxygen was set to two liters. Resident 83's oxygen tubing and humidification bottle, connected to the oxygen concentrator, was not labeled with a date. Resident 83's oxygen tubing, connected to the nebulizer mask, did not have a date, and the nebulizer mask was sitting in the nebulizer's main body cabinet, unbagged. The nebulizer's main body contained a build-up of dust and loose debris.</p> <p>(continued on next page)</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>An observation of Resident 83 was completed on 3/12/2024 at 2:29 P.M. Resident 83 was wearing her nasal cannula and the oxygen was set to two liters. Resident 83's oxygen tubing and humidification bottle, connected to the oxygen concentrator, was not labeled with a date. Resident 83's oxygen tubing, connected to the nebulizer mask, did not have a date, and the nebulizer mask was in an undated bag with other respiratory supplies. The nebulizer's main body contained a build-up of dust and loose debris.</p> <p>An observation of Resident 83 was completed, on 3/13/2024 at 9:52 A.M. Resident 83 was wearing her nasal cannula and the oxygen was set to two liters. Resident 83's oxygen tubing and humidification bottle, connected to the oxygen concentrator, was not labeled with a date. Resident 83's oxygen tubing, connected to the nebulizer mask, did not have a date, and the nebulizer mask was in an undated bag with other respiratory supplies. The nebulizer's main body contained a build-up of dust and loose debris.</p> <p>Resident 83's record review was completed on 3/13/2024 at 10:45 A.M.</p> <p>Resident 83's record lacked the documentation to indicate her oxygen tubing, humidification bottle, nebulizer tubing, and oxygen storage bag had been changed.</p> <p>A Physician's Order, dated 11/22/2023, indicated two liters of oxygen to keep oxygen saturation level above ninety percent, as needed.</p> <p>A Physician's Order, dated 11/30/2023, indicated Ipratropium-Albuterol Inhalation Solution 0.5-2.5 3 milligram/3 milliliter (breathing treatment) for shortness of breath every two hours, or every six hours for wheezing, as needed.</p> <p>An interview with LPN 3 was completed on 3/13/2024 at 1:00 P.M. LPN 3 indicated he was the nurse responsible for Resident 83. Resident 83's oxygen tubing and humidification bottle, connected to the oxygen concentrator, was not labeled with a date, but should be dated. Resident 83's oxygen tubing, connected to the nebulizer, was not labeled with a date, but should be dated. The bag Resident 83's nebulizer mask was stored in was not labeled with a date, but should be. Resident 83's nebulizer mask was stored in the same bag as other respiratory supplies, but should be stored separately. Resident 83's nebulizer's main body was dirty, but should be clean. LPN 3 indicated Resident 83 did not have orders to change the oxygen tubing, humidification bottle, and nebulizer tubing, but he followed the facility policy, which was to change oxygen tubing, humidification bottles, and bags storing nebulizers once a week, and document the respiratory supplies were changed in the resident's record.</p> <p>An interview with the Director of Nursing (DON) was completed on 3/14/2024 at 9:11 A.M. The DON indicated there was no documentation in Resident 83's record to indicate the resident's oxygen tubing, humidification bottle, or nebulizer storage bag had been changed since receiving the Physician's Order to begin oxygen or nebulizer treatments.</p> <p>(continued on next page)</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 3/14/2024 at 8:30 A.M., an undated policy was received from the Director of Nursing titled, Oxygen Concentrator Policy, and the Director of Nursing identified the policy as the one currently used by the facility. The policy indicated, .1. Care of the Resident .j. Cannulas and masks should be changed weekly or as necessary .2. Care of the Concentrator- Document in the resident's clinical record .b. Change tubing weekly. c. Change humidifier bottle weekly. d. Change nebulizer tubing weekly. The main body cabinet should be dusted when needed and can be wiped clean with a damp cloth and mild household cleaner in necessary</p> <p>On 3/14/2024 at 8:30 A.M., an undated policy was received from the Director of Nursing titled, Cleaning and Disinfection of C-pap/Bi-pap Equipment, and the Director of Nursing identified the policy as the one currently used by the facility. The policy indicated, .It is the policy of this facility to follow infection control principles to prevent spread of infection through use of Bi-pap/C-pap equipment</p> <p>3.1-47(a)(6)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>48145</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident received person centered dementia care for 1 of 1 residents reviewed for dementia care. (Resident 6)</p> <p>Finding includes:</p> <p>A random observation was completed on 3/13/2024 at 9:53 A.M. Resident 6 was in the restroom yelling out she was going to sue the facility because she did not want the help from the two CNAs trying to help her. CNA 8 was heard telling the resident she was going to get the paperwork and a pen so the resident could sue the facility.</p> <p>An interview with CNA 8 was completed on 3/13/2024 at 9:55 A.M. CNA 8 indicated there were no excuses for what she said to Resident 6, and she should not have told Resident 6 that she was going to get paperwork and a pen to sue the facility.</p> <p>A record review was completed on 3/13/2024 at 2:15 P.M. Resident 6's diagnoses included, but were not limited to: dementia, pseudobulbar affect, traumatic brain injury, anxiety disorder, major depressive disorder, and obsessive-compulsive disorder.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 2/7/2024, indicated Resident 6 had severe cognitive impairment, no hallucinations or delusions, and had no behaviors during the assessment period. Resident 6 had the ability to make herself understood and had the ability to understand others.</p> <p>There was a Care Plan for anxiety, but Resident 6's record lacked documentation to indicate she had a Care Plan related to dementia care and specific cognitive deficits or needs before 3/13/2024.</p> <p>An interview with CNA 1 was completed on 3/14/24 at 10:59 A.M. CNA 1 indicated all CNAs have access to Care Plans, and Care Plans were used to identify a resident's triggers and interventions in order to provide care.</p> <p>An interview with the Director of Nursing (DON) was completed on 3/14/24 at 2:48 P.M. The DON indicated facility staff did use the care plan as a way communicate resident needs. In this situation, one person could have just stayed in the bathroom and allowed her a moment to calm down and understand.</p> <p>An interview with CNA 9 was completed on 3/14/2024 at 2:51 P.M. CNA 9 indicated she was alone in the restroom with Resident 6 when Resident 6 began yelling and refusing help while on the toilet. CNA 9 indicated she did not call for assistance, but CNA 8 heard the yelling and came into the restroom. CNA 9 did hear CNA 8 tell Resident 6 she was going to get the paperwork and a pen needed to sue the facility, after CNA 8 and CNA 9 could not redirect Resident 6. CNA 9 indicated no paperwork was provided to Resident 6 to sue the facility, and telling Resident 6 the paperwork and pen to sue the facility would be provided should not have been said.</p> <p>(continued on next page)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/15/2023 at 8:39 A.M., the Director of Nursing provided an undated policy titled, Healthwin-Comprehensive Care Plans, and indicated it was the policy currently used by the facility. The policy indicated, .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident</p> <p>On 3/15/2023 at 8:39 A.M., the Director of Nursing provided an undated policy titled, Healthwin Specialized Care Departmental Policy and Procedure, and indicated it was the policy currently used by the facility. The policy indicated, .Healthwin shall provide a system of dementia care that is person-centered, comprehensive, and interdisciplinary .Activities of Daily Living .Ensure a safe environment for the resident, while promoting autonomy and independence to the extent possible, Keep distractions to a minimum, Remain calm, being aware of the tone of voice used when talking to the resident</p> <p>3.1-37(a)</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47419</p> <p>Bases on observation, interview, and record review, the facility failed to properly label medications with the patient identification and date the medication was opened, for 3 medications found in 2 of 6 medication carts. (Northwest Cart 1 & East cart 1). The facility also failed to maintain a clean and sanitary environment for medication storage to preserve medication integrity, for 1 of 6 medication carts observed. (Riverlane Cart)</p> <p>Findings include:</p> <p>1. During an observation of the Northwest Cart 1 with RN 4, on 3/14/2024 at 9:15 A.M., a bottle of Flonase was found open, but no open date was noted.</p> <p>During an interview, on 3/14/2024 at 9:15 A.M., RN 4 indicated the Flonase should have had an open date on the box.</p> <p>2. During an observation of the East Cart 1 medication cart with LPN 13, on 3/14/2024 at 2:54 P.M., 2 sealed bottles of nitroglycerin tablets were in the drawer, with no label or patient identifier information.</p> <p>During an interview, on 3/14/2024 at 2:54 P.M., LPN 13 indicated she did not know to whom the nitroglycerin belonged, and they should be labeled.</p> <p>A current policy titled, . Pharmaceuticals 2023 Policies and Procedures, provided on 3/14/2024 at 1:03 P.M. by the DON, indicated, .When the original seal of a manufacturer's container or vial is initially broken, the container of vial will be dated by nursing on the area supplied by the pharmacy or by applying a date opened sticker on the medication and documenting the date opened and the new date of expiration</p> <p>3. During an observation of the Riverview Lane medication cart with RN 12, on 3/15/2024 at 9:20 A.M., the drawer containing liquid and other pourable medications was found with residue from spilled liquids in the bottom.</p> <p>During an interview, on 3/15/2024 at 9:20 A.M., RN 12 indicated she should have cleaned the drawer to store medications in a sanitary manner.</p> <p>A current policy titled, Medication Cart Sanitizing and revised 11/5/2010, provided by the DON on 3/15/2024 at 10:05 A.M., included, but was not limited to, .The medication cart shall be disassembled weekly on the night shift. Both interior and exterior surfaces shall be cleaned. Individual cubicles will be removed and each drawer cleaned</p> <p>3.1-25(j)</p> <p>3.1-25(k)</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Healthwin Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 20531 Darden Rd South Bend, IN 46637	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38845</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was handled appropriately, foods were sealed appropriately, and foods were dated when opened. This had the potential to affect the 120 residents who receive meals from the kitchen.</p> <p>Findings include:</p> <p>1. During a meal observation , on 3/11/2024 at 12:18 P.M., CNA 8 approached a resident and picked up the residents roll with a bare hand and buttered the roll. The CNA then approached another resident, and with bare hands, picked up the resident's roll and buttered it. CNA 8 approached a third resident and asked about needing a roll buttered. The third resident replied yes, and the CNA picked up the roll with a bare hand and buttered the roll.</p> <p>During an interview, on 3/11/2024 at 12:24 P.M., CNA 8 indicated she should not have touched the food with her bare hands.</p> <p>2. During a walk-through observation of the main kitchen, on 3/11/2024 at 9:40 A.M., with dietary staff 7, the following was observed in the walk-in freezer: an open, unsealed bag of chicken tenders without a label or date, an open and unsealed bag of fish fillets without a label or date, an open and unsealed bag of beef patties in a box with an open date of 3/9/2024, and an open, unsealed bag of beef franks in a box with an open date of 3/7/2024.</p> <p>During an interview, on 3/11/2024 at 9:40 A.M., Dietary Staff 7 indicated the food items should have been sealed back up or placed in a sealed bag with a label and date on them.</p> <p>On 3/14/2024 at 8:30 A.M., the Director of Nursing provided a policy titled, Food Safety Requirements, dated 12/2022, and indicated this was the policy currently used by the facility. The policy indicated .1) Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident. Elements of the process include the following: .b) Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms .f) Employee hygienic practices .iv) Labeling, dating and monitoring refrigerated food, including but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable) discarded .e) use of gloves when touching and assisting with ready-to-eat foods .b) staff shall not touch food with bare hands, exhibiting appropriate use of gloves, tongs, deli paper and spatulas .h) Gloves will be worn when directly touching ready-to-eat foods and when serving residents who are on transmission based precautions</p> <p>3.1-21(i)(3)</p>		