

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Michigan City		STREET ADDRESS, CITY, STATE, ZIP CODE 802 US Highway 20 East Michigan City, IN 46360	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure there was adequate monitoring and interventions implemented for constipation related to a delay in treatment for a resident with no documented bowel movements for over 5 days for 1 of 3 residents reviewed for change in condition. (Resident J) Finding includes: Resident J's record was reviewed on 10/28/25 at 9:15 a.m. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following a cerebral infarction (weakness and paralysis following a stroke) affecting the left non-dominant side and epilepsy. The resident was admitted to the facility on [DATE]. The admission Minimum Data Set (MDS) assessment, dated 10/15/25, indicated the resident was cognitively intact. She was occasionally incontinent of bowel and bladder. The Care Plan, dated 10/10/25, indicated the resident was at risk for constipation related to decreased mobility and side effects of medications. Interventions included, but were not limited to, follow facility bowel protocol for bowel management, observe for medication side effects of constipation and keep physician informed of any problems, record bowel movement pattern each day, and observe for and report as needed any signs or symptoms of complications related to constipation such as abdominal distention, vomiting, bowel sounds, abdominal tenderness, guarding, or rigidity. The B&B - Bowel and Bladder Elimination, task indicated the resident had a medium sized bowel movement on 10/9/25 at 10:29 p.m., a medium sized bowel movement on 10/15/25 at 1:03 p.m., a medium sized bowel movement on 10/17/25 at 9:07 a.m., and a medium sized bowel movement on 10/19/25 at 9:14 a.m. There were no bowel movements documented on 10/10, 10/11, 10/12, 10/13, and 10/14/25. The October 2025 Physician's Order Summary indicated docusate sodium (stool softener) oral capsule 100 milligram (mg), 1 capsule once daily as needed for constipation, divalproex sodium oral tablet delayed release 250 mg 2 tablets twice daily for seizure prevention, perampanel oral tablet 4 mg 1 tablet once daily for seizure prevention, lacosamide 100 mg tablet twice daily for seizure prevention, and monitor for side effects of anticonvulsants which included, but were not limited to, dizziness, fatigue, constipation, nausea, or vomiting. The October 2025 Medication Administration Record (MAR) indicated the docusate sodium was administered on 10/15/25 at 1:49 p.m. with follow up code: unknown, 10/18/25 at 8:48 p.m. with follow up code: effective, and 10/19/25 at 10:11 p.m. with follow up code: ineffective. The monitoring for side effects of anticonvulsants indicated there were no side effects observed between 10/9/25 night shift thru 10/20/25 evening shift. A Progress Note, dated 10/12/25 at 7:37 a.m., indicated the resident was complaining of nausea related to medications. The nurse practitioner was notified and sent a new order for Zofran (preventative for nausea and vomiting) 4 milligrams three times days as needed for three days. The resident and family were aware. A Progress Note, dated 10/13/25 at 1:36 p.m., indicated the resident was alert and oriented, vital signs were stable and within normal limits, and bowel sounds were present in all quadrants. A Progress Note, dated 10/15/25 at 2:12 p.m., indicated the initial dose of Miralax (laxative) was administered. The family was informed of the new order and the resident</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: 155344	Facility ID: 155344 If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Michigan City		STREET ADDRESS, CITY, STATE, ZIP CODE 802 US Highway 20 East Michigan City, IN 46360	
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>was stating her bowels were not moving like they should. A Physician's Order, dated 10/15/25, indicated Miralax packet (polyethylene glycol 3350), give 1 packet by mouth twice daily for 5 days. The October 2025 MAR indicated Miralax was administered as ordered from 10/15/25 at 5:00 p.m. until 10/20/25 at 9:00 a.m. A Progress Note, dated 10/16/25 at 3:27 p.m., indicated the resident was continuing the Miralax twice daily regimen and had one medium soft bowel movement. A Progress Note, dated 10/17/25 at 4:42 p.m., indicated the resident had not had a bowel movement yet. A Progress note, dated 10/20/25 at 8:30 p.m., indicated the resident complained of increasing abdominal pain and was unable to have a bowel movement. The nurse practitioner (NP) was notified, and new orders were received for a Fleet enema. After the enema, the resident still did not have a bowel movement and complained of worsening pain and stated that she felt like she could have a seizure. 911 was called, the NP and family were notified. A Progress Note, dated 10/21/25 at 8:41 a.m., indicated the resident was admitted to the hospital for proctitis (an inflammation of the anus and the lining of the rectum) and constipation. The CT (computed tomography) of the abdomen and pelvis, dated 10/20/25, indicated there was a large volume of stool throughout the colon and rectum. There was mild wall thickening of the rectum with adjacent inflammatory change concerning for proctitis. Stercoral colitis (rare inflammatory form of colitis that occurs when impacted fecal material leads to distention of the colon) was not excluded. During an interview on 10/28/25 at 10:40 a.m., the Director of Nursing indicated interventions for constipation were to be initiated if a resident had not had a bowel movement in 3 days. She was unable to find any other documentation. A facility policy titled, Bowel Protocol, reviewed on 9/15/25, indicated Procedure 1. Nursing staff will record, in the EHR, each time a resident has a bowel movement. 2. The facility in coordination with the resident's attending practitioner will implement standing orders to address a lack of bowel movement. A. These orders may vary within the facility for each attending practitioner. B. These orders may vary depending on the individual needs of a resident. This citation relates to Intake 2645073. 3.1-37(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Michigan City		STREET ADDRESS, CITY, STATE, ZIP CODE 802 US Highway 20 East Michigan City, IN 46360	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident received the necessary care and treatment related to incorrect oxygen flow rate for 1 of 3 residents reviewed for respiratory care. (Resident E) Finding includes: On 10/27/25 at 1:13 p.m., Resident E was observed lying in her bed. She had a nasal cannula on and oxygen was flowing from the concentrator at 4 liters per minute (lpm). On 10/28/25 at 9:15 a.m., the resident was seated in her room with the nasal cannula on and oxygen flowing at 4 lpm. The resident indicated she was supposed to be on 2 lpm of oxygen. The resident's record was reviewed on 10/27/25 at 1:00 p.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, hypertension and chronic cough. The Quarterly Minimum Data Set assessment, dated 10/14/25, indicated the resident was cognitively intact and received oxygen. A Physician's Order, dated 4/3/24, indicated oxygen at 2 lpm continuously. During an interview on 10/28/25 at 1:20 p.m., LPN 1 indicated the resident was on 2 lpm of oxygen. She observed the resident's oxygen concentrator at 4 lpm and adjusted it to the correct flow rate. This citation relates to Intake 2645073. 3.1-47(a)(6)</p>		