

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155596	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Lakeland Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 N Williams St Angola, IN 46703	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to ensure an injury of unknown origin was reported for 1 of 3 residents reviewed (Resident G).</p> <p>Findings include:</p> <p>On 2/20/25 at 10:52 A.M., Resident G's record was reviewed. Diagnoses included severe vascular dementia with mood disorder, parkinsonism, restlessness and agitation. She resided on the secured memory care unit.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 12/26/24, indicated the resident had severely impaired cognition. She had behaviors of rejecting care daily. She required moderate assistance with chair/bed to chair transfers and maximal assistance with getting on and off the toilet. She was frequently incontinent of bowel and bladder and utilized adult briefs to manage incontinence. The resident was receiving hospice services and was prescribed medication for pain but was not prescribed blood thinning medications.</p> <p>An Occurrence note, dated 2/2/25 at 3:15 p.m., indicated Resident G was being assisted to use the toilet when staff observed a large purple bruise to the residents inner right thigh which measured 15 centimeters (cm) by 4 cm and was dark purple in color. The note did not indicate there was any redness or shearing to the skin. When asked, the resident indicated she hadn't known what happened and just sat in her chair all day and watched people. Staff immediately completed a skin and pain assessment and interviewed staff about possible cause of the bruise. The physician and resident's family were notified of the injury at 7:00 p.m. The note didn't indicate when the Director of Nursing or Administrator had been notified of the injury and there was no nursing note documentation completed.</p> <p>An Interdisciplinary (IDT) note, entered 2/6/25 at 9:33 a.m. and dated 2/3/25 at 9:26 a.m., indicated the IDT had met and reviewed the occurrence of bruise found on the residents inner thigh. The resident indicated she didn't know how it had occurred. During evaluation of the resident's environment and habits, it was thought she most likely sat on the arm rest of her wheelchair during a self transfer. The bruise was linear in shape. The resident was in a stooped position when she transferred and most likely had not gotten positioned over the seat of the chair. Staff would monitor the area.</p> <p>A Nurse Practitioner (NP) note, dated 2/3/25 at 11:15 a.m., indicated the NP was asked to look at the resident's bruise on her right thigh. The resident didn't know what happened but indicated it was painful to touch. The bruise was observed to be linear on the medial right thigh going around to the posterior thigh. The NP indicated the bruise was possibly from a brief rubbing. Staff were to monitor the bruising for resolution.</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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Confidential staff interviews, conducted during the survey, indicated staff who worked on the memory care unit during the time the bruise had been observed were not asked about the origin of the bruise and were not aware Resident G had a large bruise on her thigh. One staff member indicated they were not aware how the resident got the bruise but had observed the bruise as being wide and wrapping around the resident's upper thigh.</p> <p>On 2/20/25 at 11:48 A.M., the Director of Nursing (DON) was interviewed. When asked, she indicated she observed the resident's bruise on 2/3/25 and asked the resident how the bruise had occurred. She indicated the resident didn't know how she got it. She questioned staff regarding how the bruise had occurred but staff didn't know and weren't aware of any falls that may have occurred to cause the bruising. The DON indicated the incident was not reported to the Indiana Department of Health and there was no further investigation completed.</p> <p>A current facility policy, titled Abuse and Incident Reporting Policy, was provided by the Regional Nurse Consultant on 2/20/25 at 1:15 P.M. and stated: It is the policy of this facility to report and submit abuse and incidents to the Indiana State Department of Health in compliance with federal regulations and/or state rules and this policy as applicable .The facility will ensure that all alleged violations involving mistreatment or exploitation, neglect, or abuse including injuries of unknown origin .are reported immediately to the Administrator .Any incident or accident that meets the requirement of 'reportable incident' as outlined in the policy must be immediately reported to the Administrator or Director of Nursing. A full investigation will be conducted to accurately determine the root cause of the incident .Definitions .Injuries of unknown source: An injury should be classified as an 'injury of unknown source' when all the following criteria are met: a. The source of the injury was not observed by any person And b. The source of the injury could not be explained by the resident or clinical condition And c. The injury is suspicious because of the extent of the injury, or the location of the injury, or the number of injuries observed at one particular point in time, or the incidence of injuries over time</p> <p>This Citation relates to Complaint IN00451871.</p> <p>3.1-28(c)</p>		