

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER HAMMOND-WHITING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1000 114TH ST WHITING, IN 46394	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure treatments were completed as ordered for 1 of 3 residents reviewed for skin conditions (non-pressure related). (Resident B) Finding includes: Interview with Resident B on 3/4/20 at 9:45 a.m., indicated he received new treatment orders from his Physician on 2/4/20 but his treatments weren't completed as ordered for over a week. The record for Resident B was reviewed on 3/4/20 at 11:25 a.m. [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) assessment, dated 12/23/19, indicated the resident was cognitively intact for daily decision making, had a surgical wound and received [MED] injections. An Alert Nurses' Note, dated 2/4/20 at 5:32 p.m., indicated the resident returned from his Physician's office with new orders for collagen dressing to be changed daily and continue non weight bearing status. A physician's orders [REDACTED]. The February 2020 Treatment Administration Record (TAR), indicated the collagen treatment was not started until 2/18/20, 14 days after the original order. Interview with the Nursing Consultant on 3/5/20 at 1:00 p.m., indicated the treatment was ordered on [DATE] but was not initiated until 2/18/20. This Federal tag relates to Complaint IN 903. 3.1-37(a)		
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 residents were free of significant medication errors related to [MED] administration for 1 of 10 residents reviewed. (Resident B) Finding includes: Interview with Resident B on 3/4/20 at 9:45 a.m., indicated he had received his [MED] late on several occasions in the past few weeks. The record for Resident B was reviewed on 3/4/20 at 11:25 a.m. [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) assessment, dated 12/23/19, indicated the resident was cognitively intact for daily decision making, had a surgical wound and received [MED] injections. A physician's orders [REDACTED]. The policy indicated medications were to be administered within timeframes specified by facility policy. Interview with the Nurse Consultant on 3/5/20 at 12:50 p.m., indicated the [MED] could be given an hour before and no later than an hour after it was due. This Federal tag relates to Complaint IN 903. 3.1-25(b)(9)		

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.