

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2025
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NAME OF PROVIDER OR SUPPLIER  BELVEDERE SENIOR HOUSING	STREET ADDRESS, CITY, STATE, ZIP COD 343 E 90TH DRIVE MERRILLVILLE, IN 46410
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00447809 and IN00452292.</p> <p>Complaint IN00447809- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00452292- No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 11 and 12, 2025</p> <p>Facility number: 014178</p> <p>Residential Census: 120</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 2/17/25.</p>	R 0000		
R 0042  Bldg. 00	<p>410 IAC 16.2-5-1.2(p) Residents' Rights - Noncompliance</p> <p>Based on record review and interview, the facility failed to ensure the most recent annual survey results were readily available for review. This had the potential to affect all 120 residents of the facility.</p> <p>Finding includes:</p> <p>The State Survey Binder was reviewed on 2/12/25 at 11:10 a.m. The last annual survey was conducted 12/6/23. The survey results were not available in the binder.</p>	R 0042	<ol style="list-style-type: none"> <li>ED placed most recent annual survey in binder on 2/12/25.</li> <li>No residents were affected by the alleged deficient practice.</li> <li>ED and/or designee will audit monthly.</li> <li>QAPI committee will review the audit monthly x6 months to ensure the surveys are present at all times. The will be an ongoing</li> </ol>	03/12/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Stephanie Westphal	Executive Director	03/07/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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R 0045 Bldg. 00	<p>During an interview on 2/12/25 at 11:15 a.m., the Administrator indicated she thought she had put the last annual survey results in the binder. She looked through the binder and indicated they were not in there, but she would add them.</p> <p>410 IAC 16.2-5-1.2(r)(6-9) Residents' Rights - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure clinical records were accurate and complete related to lack of transfer/discharge documentation for 2 of 3 residents reviewed for transfer/ discharge. (Residents 7 and 8)</p> <p>Finding includes:</p> <p>1. The closed record for Resident 7 was reviewed on 2/11/25 at 2:48 p.m. Diagnoses included dementia, anxiety and hypertension.</p> <p>A Progress Note, dated 1/12/25, indicated the resident had been transferred to a memory care unit at a different healthcare facility. There was no transfer or discharge paperwork in the record.</p> <p>During an interview on 2/12/25 at 10:10 a.m., the Administrator indicated it was a family initiated discharge so they did not have to complete transfer/discharge paperwork. She later indicated the paperwork should have been completed.</p> <p>2. Resident 8's record was reviewed on 2/11/25 at 3:04 p.m. The resident discharged from the facility on 12/26/24. Diagnoses included, but were not limited to, bipolar disorder, mild cognitive impairment, and chronic kidney disease.</p> <p>A Nurses' Note, dated 12/26/24 at 9:30 a.m., indicated the resident had transitioned out of the</p>	R 0045	<p>audit to ensure the community remains in compliance.</p> <p>1. Residents 7 and 8 were discharged safely and had no adverse effects from alleged deficient practice.</p> <p>2. No adverse effects were reported from discharged residents from last 30 days.</p> <p>3. ED created internal document to capture transfer disposition per rule 410 IAC 16.2-5-8.1(g)(1-7). Staff to be educated on 2/26/25 on rule and new form to be used for any future voluntary discharges from the community.</p> <p>4. DON and/or designee will audit use of the form post any discharges and this will be reviewed at monthly QAPI meetings for the next 6 months.</p>	03/12/2025

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R 0217 Bldg. 00	<p>building to a skilled nursing facility.</p> <p>There was a lack of documentation related to transfer/discharge paperwork.</p> <p>During an interview on 2/12/25 at 10:19 a.m., the Administrator indicated she was creating a transfer/discharge form that would be sent out with any future discharges. She had no transfer paperwork, as the case management company arranged for the transfer without informing the facility when it would actually occur. There had been communication between the facility and the case management company about transferring the resident due to increased care needs. After that, the case management company took over making the arrangements for transfer.</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure Service Plans were signed and/ or updated with changes related to self medication administration, home health services, hospice services, mental health services and therapy for 4 of 8 service plans reviewed. (Residents 6, 5, 4 and 8)</p> <p>Findings include:</p> <p>1. Resident 6's record was reviewed on 2/11/25 at 9:45 a.m. Diagnoses included, but were not limited to, diabetes mellitus and chronic obstructive pulmonary disease. The resident was admitted on 10/11/23.</p> <p>The resident had a Quarterly Evaluation on 1/15/25. She also received a Self Medication Assessment and was found to be capable of</p>	R 0217	<p>1. Resident 4's RSP was updated and signed on 02/20/25. Resident 5's RSP was updated and signed on 03/07/25. Resident 6's RSP was updated and signed on 02/26/25. Resident 8 was discharged.</p> <p>2. Resident service plans were audited by DON and ADON, any service plans lacking services or care needs will have service plans updated and signed by 03/12/25.</p> <p>3. DON and ADON will meet weekly to review any changes that have happened over the past 7 days and ensure the service plans are updated as needed. DON</p>	03/12/2025

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	<p>administering her own medications at that time.</p> <p>The resident's Service Plan had not been updated with changes related to the self administration of medications until requested on 2/11/25.</p> <p>During an interview on 2/11/25 at 2:25 p.m., the Director of Nursing indicated the Service Plan had been reviewed at the time of the quarterly evaluation on 1/15/25, but changes had not been made at that time.</p> <p>2. Record review for Resident 5 was completed on 2/12/25 at 9:13 a.m. Diagnoses included, but were not limited to, arthritis, diabetes, benign prostatic hyperplasia, and coronary artery disease.</p> <p>The resident was admitted to the facility on 12/14/22. On 9/4/24, the resident had a fall which resulted in a fracture and was discharged out of the facility to a hospital and then into a nursing home. The resident was admitted back to the facility on 11/4/24 with Home Health Services. The Home Health services were to manage his urinary catheter.</p> <p>A Service Plan, dated 11/5/24, indicated the resident had a catheter. The nursing staff was to empty his catheter as needed. The resident also required assistance with bathing. The plan was signed by the resident. The plan did not include the resident was to receive Home Health Services.</p> <p>During an interview on 2/12/25 at 11:31 a.m., the DON indicated the resident was receiving Home Health services to change his urinary catheter and also to assist with bathing. Home Health services were not listed on his Service Plan but should have been included.</p> <p>3. Resident 4's record was reviewed on 2/11/25 at 11:13 a.m. Diagnoses included, but were not</p>		<p>and/or designee will audit weekly for 4 weeks, bi-weekly for 1 month, and monthly for 4 months.</p> <p>4. Audits will be reviewed by QAPI committee monthly for 6 months and make recommendations as needed.</p>	

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	<p>limited to, congestive heart failure, chronic obstructive pulmonary disease, and hypertension.</p> <p>A Physician's Order, dated 1/15/25, indicated hospice to evaluate and treat.</p> <p>A Nurses' Note, dated 1/19/25 at 3:19 p.m., indicated the resident's Power of Attorney (POA) inquired about hospice or palliative care options for the resident. An order was received from the Nurse Practitioner for hospice to evaluate and treat. Paperwork was faxed to a hospice company for them to assess and manage care for the resident.</p> <p>The Resident Service Plan (RSP), signed by the resident on 1/4/24, indicated the resident was seen by psychiatry services and home health services for physical and occupational therapy.</p> <p>The RSP was not updated to reflect the resident receiving hospice services.</p> <p>During an interview on 2/11/25 at 3:09 p.m., the Director of Nursing indicated the Service Plan was not updated to reflect hospice services.</p> <p>4. Resident 8's record was reviewed on 2/11/25 at 3:04 p.m. Diagnoses included, but were not limited to, bipolar disorder, mild cognitive impairment, and chronic back pain.</p> <p>The Resident Service Plan, dated 11/11/24, indicated the resident displayed short term memory deficits.</p> <p>The Resident Service Plan was not signed by the resident or the responsible party.</p>			

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R 0241 Bldg. 00	<p>A Nurses' Note, dated 12/16/24 at 2:52 p.m., indicated the therapist was unable to complete the therapy session as ordered due to the resident not being in her apartment or common areas of the community.</p> <p>A Nurses' note, dated 12/17/24, indicated the psychiatry services Nurse Practitioner had a visit with the resident on this day and reviewed fall history, medications, behavior concerns, and self-care.</p> <p>There was no documentation, Physician's Orders, or a Service Plan to reflect the resident receiving psychiatric services or therapy services.</p> <p>During an interview on 2/12/24 at 11:28 a.m., the Director of Nursing indicated the Service Plan should have been updated to reflect the services she was receiving. She was unsure when the resident had started receiving therapy because the medical management company initiated the therapy and used their own therapist.</p> <p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>Based on record review and interview, the facility failed to ensure physician's orders were followed, related to medications not administered as ordered for 1 of 8 residents reviewed. (Resident 8)</p> <p>Finding includes:</p> <p>Resident 8's record was reviewed on 2/11/25 at 3:04 p.m. Diagnoses included, but were not limited to, diabetes mellitus, chronic kidney disease, and bipolar disorder.</p> <p>The Resident Service Plan, dated 11/11/24,</p>	R 0241	<ol style="list-style-type: none"> <li>1. Resident 8 had no adverse effects from alleged deficient practices.</li> <li>2. All residents that have medications administered have the potential to be affected by alleged deficient practice. No other residents were negatively affected by alleged deficiencies.</li> <li>3. DON and ADON completed education and training on 2/26/25</li> </ol>	03/12/2025

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	<p>indicated the resident had a diagnoses of diabetes mellitus. Interventions included, but were not limited to, assist/administer medications as ordered and monitor for effectiveness.</p> <p>A Physician's Order, dated 9/23/24, indicated the resident received Humalog (insulin injection) 100 unit/milliliter Kwikpen, inject subcutaneously three times daily with meals per sliding scale (dose based on blood sugar (BS) levels): BS 201-250 = 2 units (U), 251-300 = 4U, 301-350 = 8U; and 351-400 = 10U.</p> <p>The December 2024 Medication Administration Record (MAR) indicated the resident had not received the Humalog dose as ordered on 12/1 at 4:00 p.m., 12/10 at 4:00 p.m., 12/11 at 4:00 p.m., 12/12 at 8:00 a.m. and 4:00 p.m., 12/14 at 4:00 p.m., and 12/20/24 at 4:00 p.m. Each dose was marked "Away." There were no corresponding notes to indicate the physician was notified.</p> <p>The December 2024 MAR indicated the resident received the incorrect dose of Humalog on the following dates and times:</p> <ul style="list-style-type: none"> <li>- 12/4/24 at 8:00 a.m., the dose administered was blank with a blood sugar of 231. The resident should have received 2U.</li> <li>- 12/6/24 at 8:00 a.m., the dose administered was marked 2U with a blood sugar of 252. The resident should have received 4U.</li> <li>- 12/11/24 at 12:00 p.m., the dose administered was marked 0U with a blood sugar of 229. The resident should have received 2U.</li> <li>- 12/19/24 at 8:00 a.m., the dose administered was blank with a blood sugar of 205. The resident should have received 2U.</li> </ul> <p>During an interview on 2/12/25 at 1:20 p.m., the Director of Nursing indicated she had no further</p>		<p>for nursing staff on following physician orders and notifying physicians when resident refuses or is unavailable to administer medications as ordered. DON and/or designee will audit medication administration weekly for 4 weeks, bi-weekly for 1 month and monthly for 4 months.</p> <p>4. Audits will be reviewed monthly by QAPI committee for 6 months and make recommendations as needed.</p>	

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R 0275 Bldg. 00	<p>information to provide.</p> <p>410 IAC 16.2-5-5.1(h) Food and Nutritional Services - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure there was a physician's order for a diet for 7 of 8 residents reviewed for dietary orders. (Residents 3, 6, 7, 5, 9, 2, and 4)</p> <p>Findings include:</p> <p>1. Resident 3's record was reviewed on 2/11/24 at 10:45 a.m. Diagnoses included, but were not limited to, diabetes mellitus, atrial fibrillation and seizure disorder. The resident was admitted on 1/23/21.</p> <p>There was no physician's order for a diet in the record.</p> <p>During an interview on 2/12/25 at 10:10 a.m., the Director of Nursing indicated there was no physician's order for a diet.</p> <p>2. Resident 6's record was reviewed on 2/11/25 at 9:45 a.m. Diagnoses included, but were not limited to, diabetes mellitus and chronic obstructive pulmonary disease. The resident was admitted on 10/11/23.</p> <p>There was no physician's order for a diet in the record.</p> <p>During an interview on 2/12/25 at 10:10 a.m., the Director of Nursing indicated there was no physician's order for a diet.</p>	R 0275	<p>1. Residents 2, 3, 4, 5, 6, 7, and 9 diet orders were obtained from provider. No adverse effects noted.</p> <p>2. All residents have potential to be affected by alleged deficient practice. No other residents were negatively affected by alleged deficient practice.</p> <p>3. DON and/or designee to fax all physicians and obtain diet orders for residents who currently are issuing them. DON obtained updated admission packet to ensure Diet Orders are received prior to admission for all future admits. DON and/or designee to fax quarterly to all physicians to ensure diet orders are up to date and accurate. DON and/or designee to audit weekly for 4 weeks, bi-weekly for 1 month, and monthly for 4 months.</p> <p>4. Audits will be reviewed in monthly QAPI for 6 months and make recommendations as needed.</p>	03/12/2025

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	<p>3. The closed record for Resident 7 was reviewed on 2/11/25 at 2:48 p.m. Diagnoses included, but were not limited to, dementia, anxiety and hypertension. The resident was admitted on 6/9/22.</p> <p>There was no physician's order for a diet in the record.</p> <p>During an interview on 2/12/25 at 10:10 a.m., the Director of Nursing indicated there was no physician's order for a diet. 4. Record review for Resident 5 was completed on 2/12/25 at 9:13 a.m. Diagnoses included, but were not limited to, arthritis, diabetes, benign prostatic hyperplasia, and coronary artery disease. The resident was admitted to the facility on 12/14/22.</p> <p>There was no documentation to indicate what the resident's diet orders were or that they were reviewed by the physician.</p> <p>During an interview on 2/12/25 at 11:31 a.m., the DON indicated she could not provide any documentation of what the resident's diet orders were or that they were reviewed by the physician.</p> <p>5. Record review for Resident 9 was completed on 2/11/25 at 10:21 a.m. Diagnoses included, but were not limited to, diabetes mellitus, hypertension, and atrial fibrillation. The resident was admitted to the facility on 3/9/22.</p> <p>There was lack of any physician's order for the resident's diet in the record.</p> <p>During an interview on 2/11/25 at 2:29 p.m., the DON indicated she had requested a diet order from the physician on 10/17/24 by fax and had not received anything back.6. Record review for Resident 2 was completed on 2/11/25 at 9:59 a.m.</p>			

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R 0409  Bldg. 00	<p>Diagnoses included, but were not limited to, diabetes and high blood pressure.</p> <p>There was lack of documentation of any physician's orders for a diet in the record.</p> <p>During an interview on 2/11/25 at 1:10 p.m., the Administrator indicated they had not received diet orders when the resident admitted to the facility. The diet orders were just received today from the in-house physician and would be entered into the chart.</p> <p>7. Record review for Resident 4 was completed on 2/11/25 at 11:13 a.m. Diagnoses included, but were not limited to, congestive heart failure and high blood pressure.</p> <p>There was lack of documentation of any physician's orders for a diet in the record.</p> <p>During an interview on 2/11/25 at 3:09 p.m., the Director of Nursing indicated there were no diet orders for the resident currently, but she would reach out to the physician and obtain new orders.</p> <p>410 IAC 16.2-5-12(d) Infection Control - Noncompliance</p> <p>Based on record review and interview, the facility failed to ensure each resident had a signed annual health statement for 7 of 8 records reviewed for annual health statements. (Residents 3, 6, 7, 5, 2, 4 and 8)</p> <p>Findings include:</p> <p>1. Resident 3's record was reviewed on 2/11/24 at 10:45 a.m. Diagnoses included, but were not</p>	R 0409	<p>1. Residents 2, 3, 4, 5, 6, 7, and 8 Annual Health Statement were obtained from provider.</p> <p>2. All residents that do not have annual statement have potential to be affected by alleged deficient practice. No other residents were negatively affected by alleged deficient practice.</p>	03/12/2025

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	<p>limited to, diabetes mellitus, atrial fibrillation and seizure disorder. The resident was admitted on 1/23/21.</p> <p>There was no documentation an Annual Health Statement had been completed.</p> <p>During an interview on 2/12/25 at 10:10 a.m., the Director of Nursing indicated there was no Annual Health Statement for the resident.</p> <p>2. Resident 6's record was reviewed on 2/11/25 at 9:45 a.m. Diagnoses included, but were not limited to, diabetes mellitus and chronic obstructive pulmonary disease. The resident was admitted on 10/11/23.</p> <p>There was no documentation an Annual Health Statement had been completed.</p> <p>During an interview on 2/12/25 at 10:10 a.m., the Director of Nursing indicated there was no Annual Health Statement for the resident.</p> <p>3. The closed record for Resident 7 was reviewed on 2/11/25 at 2:48 p.m. Diagnoses included, but were not limited to, dementia, anxiety and hypertension. The resident was admitted on 6/9/22.</p> <p>There was no documentation an Annual Health Statement had been completed.</p> <p>During an interview on 2/12/25 at 10:10 a.m., the Director of Nursing indicated there was no Annual Health Statement for the resident.</p> <p>4. Record review for Resident 5 was completed on 2/12/25 at 9:13 a.m. Diagnoses included, but were</p>		<p>3. DON and ADON completed an audit of all resident charts to determine who was missing Annual Health Statements. DON and/or designee to fax all physicians and obtain Annual Health Statements for residents who currently are missing them. DON obtained updated admission packet to ensure Annual Health Statements are received prior to admission for all future admits. DON and/or designee to fax quarterly to all physicians to ensure Annual Health Statements are received at least annually. DON and/or designee to audit weekly for 4 weeks, bi-weekly for 1 month, monthly for 4 month.</p> <p>4. Audits will be reviewed in monthly QAPI for 6 months and make recommendations as needed.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2025
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NAME OF PROVIDER OR SUPPLIER  BELVEDERE SENIOR HOUSING	STREET ADDRESS, CITY, STATE, ZIP COD 343 E 90TH DRIVE MERRILLVILLE, IN 46410
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	<p>not limited to, arthritis, diabetes, benign prostatic hyperplasia, and coronary artery disease. The resident was admitted to the facility on 12/14/22.</p> <p>There was no documentation to indicate an Annual Health Statement that the resident was free of communicable diseases had been completed.</p> <p>During an interview on 2/12/25 at 11:31 a.m., the DON indicated she could not provide any documentation an Annual Health Statement had been completed. 5. Resident 2's record was reviewed on 2/11/25 at 9:59 a.m. The resident was admitted to the facility on 1/14/25. Diagnoses included, but were not limited to, diabetes and high blood pressure.</p> <p>The record lacked a health statement to indicate the resident was free of communicable diseases.</p> <p>During an interview on 2/11/25 at 11:40 a.m., the Director of Nursing indicated she did not have an annual health statement and would reach out the physician for an order.</p> <p>6. Resident 4's record was reviewed on 2/11/25 at 11:13 a.m. The resident was admitted to the facility on 6/11/21. Diagnoses included, but were not limited to, congestive heart failure and high blood pressure.</p> <p>The record lacked a health statement to indicate the resident was free of communicable diseases.</p> <p>During an interview on 2/11/25 at 3:09 p.m., the Director of Nursing indicated the resident did not have an annual health statement.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2025
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NAME OF PROVIDER OR SUPPLIER  BELVEDERE SENIOR HOUSING	STREET ADDRESS, CITY, STATE, ZIP COD 343 E 90TH DRIVE MERRILLVILLE, IN 46410
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>7. Resident 8's record was reviewed on 2/11/25 at 3:04 p.m. The resident was admitted to the facility on 8/13/24. Diagnoses included, but were not limited to, bipolar disorder and diabetes mellitus.</p> <p>The record lacked a health statement to indicate the resident was free of communicable diseases.</p> <p>During an interview on 2/12/25 at 10:03 a.m., the Director of Nursing indicated the resident did not have an annual health statement.</p>			