

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Saint Anthony		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Franciscan Dr Crown Point, IN 46307	
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. (continued on next page)		

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review and interview, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice related to blood sugar levels not obtained and insulin doses not administered as ordered by the physician for 2 of 9 residents reviewed for quality of care. (Residents C and J) Findings include: 1. Resident C's record was reviewed on 12/22/25 at 10:20 a.m. The diagnoses included, but were not limited to, diabetes mellitus. A Quarterly Minimum Data Set (MDS) assessment, dated 10/20/25, indicated no cognitive impairments and the resident had received insulin for the past seven days. A Care Plan, dated 3/12/25 and revised on 12/19/25, indicated a diagnosis of diabetes. An intervention, dated 3/12/25, indicated medication would be administered as ordered by the physician. A Physician's Order, dated 5/21/25, indicated Lispro (insulin), seven units was to be administered with meals daily. The insulin was to be held (not administered) if the blood sugar was less than 100. The Lispro and blood sugar checks were scheduled for 8:00 a.m., 12:00 p.m., and 5:00 p.m. The Medication Administration Record (MAR), dated 9/2025, indicated there were no blood sugar results and the Lispro had not been administered at 12:00 p.m. on 9/3/25 and 5:00 p.m. on 9/19/25. The blood sugar result on 9/26/25 at 5:00 p.m. was 92 and the seven units of insulin had been administered. The MAR, dated 10/2025, indicated the Lispro had not been administered at 8:00 a.m. on 10/11/25 with a blood sugar of 106, on 10/15/25 with a blood sugar of 101, on 10/18/25 with a blood sugar of 154, and on 10/23/25 with a blood sugar of 101. The insulin had not been given at 12:00 P.M. on 10/18/25 with a blood sugar of 158, on 10/19/25 with a blood sugar of 147, and on 10/27/25 with a blood sugar of 158. The MAR, dated 11/2025, indicated the Lispro had not been administered at 8:00 a.m. on 11/24/25 with a blood sugar of 121. The Lispro had not been administered at 12:00 p.m. on 11/7/25 with a blood sugar of 148 and on 11/24/25 with a blood sugar of 139. The Lispro had not been administered at 5:00 p.m. on 11/10/25 with a blood sugar of 109, on 11/14/25 with a blood sugar of 106, and on 11/18/25 with a blood sugar of 204. A Physician's Order, dated 9/9/25, indicated Lantus (insulin), 30 units was to be administered subcutaneous (sq) twice a day. The blood sugar was to be obtained and the Lantus administration was scheduled for 8:00 a.m. and 8:00 p.m. The MAR, dated 9/2025, indicated there were no blood sugar levels obtained and no insulin administered on September 16, 19, and 21, 2025 at 8:00 p.m. A Physician's Order, dated 10/20/25, indicated Glargine (insulin), 20 units was to be administered daily. The blood sugar was to be obtained and the Glargine administered at 8:00 p.m. The blood sugar level had not been obtained and the insulin had not been administered on 10/23/25 at 8:00 p.m. The MAR, dated 11/2025, indicated the 20 units of Glargine had not been administered and the blood sugar level had not been obtained at 8 p.m. on 11/3/25, 11/14/25, 11/24/25, and 11/25/25. A Physician's Order, dated 10/20/25, indicated Glargine 30 units was to be administered at 8:00 a.m. daily. The MAR, dated 11/2025, indicated the 30 units of Glargine insulin had not been administered at 8:00 a.m. with a blood sugar of 121 on 11/24/25. During an interview on 12/23/25 at 8:46 a.m., the Executive Director acknowledged the missed doses of insulin and provided no further information. 2. Resident J's record was reviewed on 12/23/25 at 8:59 a.m. The diagnoses included, but were not limited to, diabetes mellitus. A Quarterly MDS assessment, dated 11/19/25, indicated no cognitive impairments and insulin had been received in the past seven days. A Care Plan, dated 8/15/22 and revised on 11/25/25, indicated diabetes mellitus. An intervention, dated 8/15/22, indicated medications were to be administered as ordered by the physician. A Physician's Order, dated 3/14/23, indicated Lispro insulin was to be administered three times a day. The amount of insulin administered depended on the result of the blood sugar (sliding scale). The doses were ordered as follows: Blood sugar 150-199 give two units Blood sugar 200-249 give four units Blood sugar 250-299 give six units Blood sugar 300-349 give eight units Blood sugar 350-400 give 10 units Blood sugars over 400, give 10 units and notify the physician. The MAR, dated 10/2025, indicated on 10/8/25 at 6:00 a.m., the blood sugar was 155 and no insulin was administered. On 10/22/25 at 6:00 a.m. the blood sugar was 185 and no insulin had been administered. The MAR, dated 11/2025, indicated the blood sugar at 4:00 p.m. was 244 and no insulin had been administered. On 11/30/25, the 4:00 p.m. blood sugar was 290 and no insulin had been administered. The MAR, dated 12/2025, indicated the 6:00 a.m. blood sugar was 222 and no insulin had been administered. A Physician's Order, dated 4/17/25 indicated 25 units of Glargine insulin was to be given at bedtime. The MAR, dated 10/2025, indicated the Glargine had not been administered on 10/30/25 at 8:00 p.m. The MAR, dated 11/2025, indicated the Glargine had not been administered on 11/30/25 at 8:00 p.m. During an interview on 12/23/25 at 10:45 a.m. the Administrator indicated she had no further information.</p>		