

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Chesterton Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Beverly Dr Chesterton, IN 46304	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>48383</p> <p>Based on observation, record review, and interview, the facility failed to ensure dependent residents received timely assistance with ADL's (activities of daily living) related to incontinence care for 2 of 4 residents reviewed for ADL's. (Residents C and F)</p> <p>Findings include:</p> <p>1. On 11/12/24 at 5:38 a.m., Resident C was observed lying in bed asleep. The room had a strong urine odor that could be smelled from the doorway. CNA 1 checked on the resident and asked if care could be provided. When CNA 1 pulled the sheet up from the resident's body, there was stool and urine that had leaked onto the bed sheet. The resident's brief was soiled through with urine and stool.</p> <p>During an interview at the time, CNA 1 indicated the resident was not soiled when she came in at 11:00 p.m. CNA 1 had not checked the resident for incontinence since 11:00 p.m. on 11/11/24.</p> <p>The Record for Resident C was reviewed on 11/12/24 at 12:33 p.m. Diagnosis included, but were not limited to, Alzheimer's, depression, anxiety, anemia, and hypertension.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 10/23/24, indicated the resident was moderately impaired for daily decision making. The resident had impairment on both sides of the lower extremities. Toileting hygiene and personal hygiene required substantial/maximum assistance and the resident was always incontinent of bowel and urine.</p> <p>A Care Plan, dated 10/17/24, indicated the resident was incontinent of urine. Interventions were to identify incontinence patterns, establish a toileting plan, provide incontinence care as needed, and provide preventative skin care with each incontinent episode.</p> <p>A Care Plan, dated 10/17/24, indicated the resident was incontinent of bowel. Interventions were to identify incontinence patterns, establish a toileting plan, and provide preventative skin care with each incontinent episode.</p> <p>A Care Plan, dated 10/17/24, indicated the resident had an ADL self-care performance deficit related to general weakness, Alzheimer's, and impaired cognition. Interventions indicated the resident required 1-2 staff members for toilet use.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/12/24 at 1:45 p.m., the Administrator indicated Resident C should not have been soiled, and should have been changed and repositioned every 2 hours.</p> <p>2. On 11/12/24 at 5:50 a.m. and 6:39 a.m., Resident F was observed awake lying in bed. The resident indicated the brief they were wearing was soaked. The resident pulled the covers over and showed the soiled brief.</p> <p>During an interview at the time, Resident F indicated the brief was last changed the previous day on 11/11/24 at 3:00 p.m.</p> <p>The record for Resident F was reviewed on 11/13/24 at 9:55 a.m. Diagnosis included, but were not limited to, respiratory failure, oxygen dependence, weakness and difficulty walking.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 10/14/24, indicated the resident was cognitively intact for daily decision making. The resident was occasionally incontinent of urine and always incontinent of bowel. Toileting required substantial/maximum assistance and the resident was dependent with lower body dressing.</p> <p>A Care Plan, dated 10/11/24, indicated Resident F was incontinent of bowel. Interventions were to provide peri care after each incontinent episode and to provide peri skin care.</p> <p>A Care Plan, dated 10/11/24, indicated the resident had an ADL self care performance deficit related to impaired mobility. Interventions indicated the resident was totally dependent on staff for toilet use and the resident required 2 staff participation for bed mobility.</p> <p>During an interview on 11/12/24 at 1:48 p.m., the Administrator indicated Resident F should not have been soiled, and should have been changed every 2 hours.</p> <p>This citation relates to Complaint IN00445328.</p> <p>3.1-38(a)(2)(C)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>20580</p> <p>Based on observation, interview, and record review, the facility failed to ensure correct Personal Protective Equipment (PPE) was used by a staff member (CNA 3) when providing care to a resident (Resident E) who was in Enhanced Barrier Precautions (EBP) and failed to ensure hand hygiene was completed by a staff member (CNA 2) after the care had been completed, for one random observation for infection control.</p> <p>Finding includes:</p> <p>During an observation on 11/12/24 from 5:37 a.m. through 5:59 a.m., the following was observed:</p> <p>At 5:37 a.m., Resident E was lying in bed. She indicated she had been incontinent of a bowel movement. A urinary catheter drainage bag was observed positioned on the the side of the bed. A sign posted above the bed indicated Enhanced Barrier Precautions were to be used during care.</p> <p>At 5:40 a.m., CNA 3 entered the room and indicated she would need to have another staff member assist her with the incontinence care. CNA 3 donned gloves, retrieved a plastic measuring container from the bathroom, and started to empty out the urinary catheter drainage bag. CNA 3 was stopped prior to starting the task. She indicated the resident required EBP, then continued to empty the urine into the measuring container without the the correct PPE applied (gown). She indicated there was 900 milliliters of urine drained from the bag and emptied the measuring container in the toilet. CNA 3 then donned a gown over her uniform.</p> <p>At 5:55 a.m., CNA 2 entered the room and asked CNA 3 why the gown was worn. CNA 3 indicated the resident was on EBP due to the urinary catheter. CNA 2 indicated she was unaware the resident required EBP.</p> <p>At 5:59 a.m., incontinent care was completed. Resident E requested fresh water for her tumbler. CNA 2 removed one glove, pulled the trash bag out of the trash can and tied the bag, then picked up the tumbler and walked to the door. She then removed the gown and the other glove and rolled it in a wad, and exited the room, while holding the tumbler and the closed trash bag. She then obtained a new trash bag located on the side of the Medication Cart, sitting outside the room in the hall, and placed the gown and glove in the bag and tied the bag up and started to walk down the hallway. CNA 2 was stopped. She indicated the hand gel in the hallway was, old and she would wash her hands. She delivered the trash bags to the soiled utility room, walked out of the room then entered the pantry with the tumbler and washed her hands in the pantry's sink.</p> <p>Resident E's record was reviewed on 11/12/24 at 7:47 a.m. The diagnoses included, but were not limited to, cystitis and lung cancer.</p> <p>A Quarterly Minimum Data Set assessment, dated 8/27/24, indicated an intact cognitive status, was dependent for toileting and bed mobility, and had an indwelling catheter.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Care Plan, dated 4/4/24, indicated a suprapubic urinary catheter was present and EBP was required. The interventions included, the EBP would be used and appropriate hand washing procedures would be completed after care was completed.</p> <p>A Physician's Order, dated 8/27/24, indicated EBP was to be used due to the suprapubic catheter.</p> <p>A facility EBP policy, dated 8/2022 and received as current from the Director of Nursing (DON) on 11/13/24 at 8 a.m., indicated a gown and gloves were to be used during high contact resident care activities. Face protection may be used if there was a risk of splashing or spray. The examples of high contact activities included hygiene, brief change, and device care (urinary catheter). The communication for EBP included signage would be used.</p> <p>A facility hand hygiene policy, dated 11/28/2016 and received from the DON as current, indicated hand hygiene was the final step after removing and disposing of personal protective equipment.</p> <p>3.1-18(b)</p>		