STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155469	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa of Hobart	4410 W 49th Ave Hobart, IN 46342

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 48144 Based on observation, record review, and interview, the facility failed to ensure a resident had Physician's Orders and an assessment to self-administer medication, for 1 of 1 resident reviewed for self-administration of medications. (Resident C) Finding includes: During an observation, on 3/25/24 at 1:22 p.m., Resident C was observed in bed in her room. There was a canister of fluticasone propionate and salmeterol (inhaler for difficulty breathing) 100 mcg (micrograms)/50 mcg on her over the bed table in front of her. She indicated that she self-administered the inhaler. During an observation, on 3/27/24 9:27 a.m., the resident was in bed. There was a canister of fluticasone propionate and salmeterol on the over the bed table. She indicated she self-administered the inhaler twice a day and it was her own personal medication brought from home. The record for Resident C was reviewed on 3/27/24 at 10:05 a.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and asthma. The Quarterly Minimum Data Set (MDS) assessment, dated 3/13/24, indicated the resident was cognitively intact and able to make decisions. There was no Physician's Order to self-administer medications. There was no self-administration of medication assessment completed for the resident. During an interview with the Nurse Consultant, on 3/27/24 at 1:12 p.m., she indicated there should have been an assessment and order for this resident to self-administer medication. The current 2/15/21 Self- Administration of Medication Program policy, provided by the Nurse Consultant, indicated If a resident requested to self-administer medications, it is the responsibility of the IDT (Interdisciplinary Team) to determine that it was safe, before the resident may self-administer medications. This citation relates to Complaint IN00430302. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155469	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa of Hobart	4410 W 49th Ave Hobart, IN 46342

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-11(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155469	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa of Hobart	4410 W 49th Ave Hobart, IN 46342

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 20580 Based on record review and interview, the facility failed to ensure a resident's Responsible Party was notified of a change in condition, related to pressure sores, for 1 of 3 residents reviewed for notification of family/Responsible Party. (Resident D) Finding includes: Resident D's closed record was reviewed on 3/25/24 at 2:02 p.m. The diagnoses included, but were not limited to, pneumonia, respiratory failure, and dementia. The resident was readmitted from the hospital on 2/8/24. Cross reference F686. A Nurse Practitioner (NP) Progress Note, dated 2/13/24 at 9:08 a.m., indicated the resident was observed in a soiled bed and an unstageable pressure ulcer was observed on the coccyx. The Wound Care Nurse and Director of Nursing were notified and the resident was placed on a low air loss bed. The area was described by the NP as a bruising wound. There was no documentation that indicated the family/Responsible Party had been notified of the new pressure ulcer. A facility skin condition policy, dated 9/1/20 and received as current from the Nurse Consultant, indicated, at the earliest sign of a pressure injury, the resident and Responsible Party would be notified. A facility undated Change of Condition policy, received as current from the Nurse Consultant on 3/27/24 at 3:07 p.m., indicated the resident's family member/Responsible Party were to be informed of a significant change in status upon the identified change in condition. This citation relates to Complaint IN00430628. 3.1-5(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Casa of Hobart		STREET ADDRESS, CITY, STATE, ZIP CODE 4410 W 49th Ave Hobart, IN 46342	

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 20580 Based on observation, record review and interview, the facility failed to ensure services to prevent the development of pressure injuries were effectively provided to Resident D, who was admitted to the facility without a pressure ulcer and developed a facility-acquired unstageable pressure ulcer (pressure ulcer known but not stageable due to coverage of wound bed by slough and/or eschar) and also failed to ensure services were provided to Resident E, who developed a facility-acquired stage three (full thickness tissue loss) pressure ulcer, in accordance with the physician orders, for 2 of 3 residents reviewed for pressure ulcers. This deficient practice resulted in Resident D developing a facility-acquired wound initially identified by the facility as an unstageable pressure injury on the sacrum, that required surgical debridement after re-admission into the hospital. Findings include: 1. Resident D's closed record was reviewed on 3/25/24 at 2:02 p.m. The diagnoses included, but were not limited to, pneumonia, respiratory failure, and dementia. The resident was readmitted from the hospital on 2/8/24. A Quarterly Minimum Data Set assessment, dated 11/18/23, indicated a severely impaired cognitive status, dependent for all activities of daily living, was a risk for pressure ulcers, and had not pressure ulcers. A Care Plan, dated 8/11/23, indicated a potential for alteration in skin integrity. The interventions, last dated 10/4/23, included to avoid scratching and keep hands and body parts from excessive moisture, keep fingernails short, educate the resident/family/caregivers of causative and measures to prevent skin injury, follow facility protocols for treatment of injury, identify/document potential causative factors and eliminate/resolve where possible, keep skin clean and dry, use lotion on dry skin, use a draw sheet or lifting device to move the resident, weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations. The Nurse's Re-admission Assessment, dated 2/8/24 indicated no skin impairment was observed. A Weekly Skin Assessment, dated 2/9/24, indicated the skin was intact and there were no concerns. The CNA Bathing Task form, indicated bathing had been completed by the staff on February 9, 10, 11, 12, 13, and 14, 2024. The CNA Skin Condition Task Form, dated 2/10/24 at 10:59 p.m., indicated, red area, discoloration, open area was found and the nurse had been notified. The CNA Skin Condition Task Forms did not include documentation to indicate a red discolored open area was observed on February 11, 12, 13, and 14, 2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Casa of Hobart		STREET ADDRESS, CITY, STATE, ZIP CODE 4410 W 49th Ave Hobart, IN 46342	

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 0686 Level of Harm - Actual harm Residents Affected - Few	A Nurse Practitioner (NP) Progress Note, dated 2/13/24 at 9:08 a.m., indicated the NP observed Resident D lying in a soiled bed with an unstageable pressure ulcer on the coccyx. The note indicated the NP notified the Wound Care Nurse and Director of Nursing (DON), and the resident was placed on a low air loss bed. The area was described by the NP as a bruising wound. There were no measurements or further description of the area documented and no treatment orders given. A NP Progress Note, dated 2/14/24 at 12:37 p.m., indicated the Administrator had informed her the resident had been declining. The resident was assessed as cachectic (wasting with loss of muscle mass) and was unresponsive to verbal stimuli. The blood pressure was 84/53 and temperature was 101.9 and the resident had a new pressure area. An order was received to transfer him to the emergency room for an evaluation. The clinical record did not include documentation to indicate an assessment of the open area had been completed by a licensed nurse between 2/10/24 when it was observed by staff and 2/13/24 when the area was observed and documented by the Nurse Practitioner. The clinical record did not include documentation to show treatment orders for the unstageable coccyx wound were received from the NP or the physician between 2/10/24 when an open area was first documented by facility staff and 2/14/24 when the resident was sent to the hospital for a change in condition. A Significant Change Minimum Data Set (MDS) assessment, dated 2/14/24, indicated a severely impaired cognitive status, no behaviors, dependent for all activities of daily living, was always incontinent of bowel and bladder, dependent on tube feedings, and had one unstageable pressure ulcer that was not present on admission. There was no updated Pressure Ulcer Care Plan which included interventions to provide complete pressure relief to the coccyx wound. An emergency room Physician's Note, dated 2/14/24, indicated Resident D was evaluated at 1:23 p.m. The resident's blood pressure measurement was 114/95 mm/Hg, the heart rate measurement was 102 bpm (beats per minute), and the temperature measurement was 98.5 degrees Fahrenheit. The resident was assessed to have bilateral pneumonia and was admitted for antibiotic treatment and also debridement of a pressure ulcer on the sacrum (coccyx). Hospital Wound Care Notes, dated 2/14/24. indicated the wound was assessed as a full thickness wound, stage 4 (full thickness tissue loss with exposed bone, tendon, or muscle) with palpable bone palpable. The wound measured 15.0 centimeters (cm) L (length) by 10.0 cm W (width). There was no depth documented. The note indicated the wound had no drainage and the the peri-wound was fragile. The Debridement Procedure Notes of the sacral wound, dated 2/19/24, indicated the preoperative diagnosis was unstageable sacral decubitus ulcer and postoperative diagnosis was a stage four sacral decubitus ulcer. A scanned photograph of the area from the hospital, dated 2/14/24, was reviewed on 3/28/24. The photograph indicated the wound was a large area with a blackened/brown covering on the sacrum/coccyx skin area, with a reddened partial thickness loss area on the left buttock under the blackened/brown area. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Casa of Hobart		STREET ADDRESS, CITY, STATE, ZIP CODE 4410 W 49th Ave Hobart, IN 46342	

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 0686 Level of Harm - Actual harm Residents Affected - Few	The Hospital Wound Care Notes indicated the area on the coccyx was debrided on 2/19/24 and a wound vacuum was placed. During an interview, on 3/27/24 at 1:15 p.m., the Nurse Consultant indicated the facility had determined the Wound Program was not being implemented correctly and had made some changes to improve the program. She had not realized it was that bad. During an interview, on 3/27/24 at 2:25 p.m., the Administrator indicated the NP had asked her to come to the resident's room to look at the wound. The Administrator acknowledged she was not a nurse and was unable to assess the area. The Nurse Consultant indicated the resident's health was declining and acknowledged skin areas were not being assessed at that time and the Director of Nursing was responsible for ensuring the pressure areas were assessed. The Director of Nursing and the Wound Nurse at the time were no longer employed at the facility. During an interview, on 3/27/24 at 3 p.m., the Administrator indicated the CNA who had found the skin concern on 2/10/24, was no longer employed at the facility. A facility skin condition policy, dated 9/1/20, and received as current from the Nurse Consultant, indicated a wound assessment would be initiated and documented in the resident's record when pressure and/or other non-pressure skin conditions were identified by a licensed nurse. 10770 2. During an observation on 3/27/24 at 9:15 a.m., CNA 1 was observed repositioning Resident E onto the left side so the Wound Nurse could perform a treatment to a pressure ulcer on the sacrum. The Wound Nurse was observed to remove the bandage from the resident's sacral area, and the pressure ulcer was noted to be red with minimal drainage. The record for Resident E was reviewed on 3/27/24 at 11:15 a.m. Diagnoses included but were not limited to, type 2 diabetes, weakness, anemia, anxiety, and high blood pressure. The 12/27/23 Quarterly Minimum Data Set (MDS) assessment, indicated the resident was cognitively intact for daily decision making and had no pressure ulcers. The resident needed partial to moderate assistance with rolling to the left and the right, and was at risk for pressure ulcers, however there were none. A Skin/Wound Note, dated 3/14/24 at 8:16 a.m., indicated the resident was observed with a facility-acquired pressure wound to the sacrum with blanchable erythema (redness of the skin) covering 10% of the area and 90% of the wound was noted with slough (necrotic tissue) that was non-adherent. A Wound Assessment Details Report, dated 3/14/24, indicated the resident experienced a facility-acquired stage three (Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.) injury to the sacrum that measured 0.8 centimeters (cm) L (length) by 0.5 cm (width) by unknown depth. The report indicated the wound contained 90% slough. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155469	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa of Hobart	4410 W 49th Ave Hobart, IN 46342

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 0686 Level of Harm - Actual harm Residents Affected - Few	Physician's Orders, dated 3/14/24, indicated a new order was received to cleanse the facility-acquired sacral wound with wound cleanser and pat dry, apply a thin layer of Medi Honey (a debriding agent indicated for dry to moderately exuding wounds such as: pressure ulcers (partial- and full-thickness) to the wound bed, and cover with a dry dressing in the morning every Monday, Wednesday and Friday. There was no documentation on the March 2024 Treatment Administration Record (TAR), for 3/14, 3/15, and 3/18/24 to indicate the Medi Honey treatment was completed as ordered to the sacral pressure ulcer. A Care Plan, revised on 3/26/24, indicated the resident had impaired skin breakdown to the sacrum, related to mobility and weakness. The approaches were to administer treatments as ordered and monitor for effectiveness. During an interview, on 3/27/24 at 2:30 p.m., the Nurse Consultant indicated the treatment of the Medi Honey was not transcribed onto the TAR, so the nurses could not sign it out after it had been completed. She was unable to provide any documentation to show the treatment was completed in accordance with the physician's orders. The current and reviewed 11/1/23 Skin Condition Assessment and Monitoring Pressure and Non-Pressure policy, provided by the Nurse Consultant on 3/27/24 at 2:50 p.m., indicated physician ordered treatments shall be initialed by the staff on the electronic Treatment Administration Record after each administration. Other measurements not involving medications shall be documented in the weekly wound assessment or nurses notes. This citation relates to Complaint IN00430628. 3.1-40(a)(2)