

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  09/16/2024
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)
<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20580</p> <p>Based on record review and interview, the facility failed to ensure a resident-initiated discharge was documented in the resident's medical record and appropriate information was given to the resident for continuation of care, related to a list of medications the resident received at the facility not sent with a resident and no documentation of the resident's status at the time of discharge.</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 9/16/24 at 9:12 a.m. The diagnoses included, but were not limited to, anterior cervical discectomy and fusion of the cervical 5-6 and 6-7 discs. The facility admitted was 8/28/24.</p> <p>A Social Service Assessment, dated 8/29/24, indicated an intact cognitive status.</p> <p>A Release of Responsibility for Discharge Against Advice form, signed by the resident on 9/5/24, indicated the resident assumed full responsibility for being discharged against the advice of the Attending Physician and Facility Administration. The resident was informed of the risks involved in discharging AMA. The signed form released the Attending Physician and the facility from all responsibility. The Social Service Director (SSD) witnessed the resident signing the form.</p> <p>There was no documentation that indicated the physician had been notified of the resident's request for the AMA discharge. There was no documentation that indicated the resident had discharged from the facility, with whom the resident left the facility, and if current medication orders were provided to the resident for continuation of care.</p> <p>During an interview on 9/16/24 at 10:53 a.m., the Director of Nursing (DON) indicated there was no documentation of the resident's AMA request and status of the resident upon leaving the facility in the Progress Notes. The Physician had not been notified of the impending AMA and no Physician's Orders or other information had been given to the resident. The resident requested the AMA on 9/5/24 and had discharged from the facility on 9/6/24. The DON indicated she spoke with LPN 1, the nurse on duty at the time of the discharge, and was informed Unit Manager (UM) 2 had indicated she would document the discharge.</p> <p>During an interview on 9/16/24 at 11:30 a.m., UM 2 indicated she had no interaction with the resident and had never said she would document the discharge.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/16/24 at 11:41 a.m., LPN 1 indicated she was not informed of the AMA discharge until 9/6/24 and UM 2 had indicated she would take care of everything. When a resident requested to leave AMA, no paperwork or medications were usually sent with them. The Physician had not been notified of the impending AMA discharge nor asked if the Physician would give a discharge order.</p> <p>During an interview on 9/16/24 at 12:00 p.m., the DON indicated she remembered the Physician had come into the facility on [DATE] and was informed of the AMA discharge. The Physician was unable to recall what was said to him and the response he gave. There was no documentation that indicated he was notified or the response after the notification.</p> <p>The Discharge Against Medical Advice policy, dated 9/14/20 and received from the Administrator as current, indicated the resident had a right to sign themselves out of the facility without the consent or order from the physician and would be discharged AMA. An AMA form must be signed. Once the resident has left the facility AMA, the facility is under no further obligation to the resident. All medications were to be returned to the pharmacy.</p> <p>This citation relates to Complaint IN00442760.</p> <p>3.1-12(a)(3)</p>		