

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 05/14/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>48383</p> <p>Based on record review and interview, the facility failed to ensure the resident's physician was notified of medication being held for 1 of 1 resident reviewed for notification of change. (Resident T)</p> <p>Finding includes:</p> <p>The record for Resident T was reviewed on 5/14/23 at 12:33 p.m. Diagnoses included, but were not limited to, kidney failure, hypotension (low blood pressure), and heart failure.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 3/31/25, indicated the resident was cognitively intact for daily decision making.</p> <p>A Physician's Order, dated 3/25/25, indicated the resident was to receive Midodrine (medication that increases blood pressure) 5 milligrams (mg) three times a day for hypotension.</p> <p>A Nurses Note, dated 5/2/25 at 8:10 a.m., indicated a medication administration note documented a blood pressure (BP) of 156/86.</p> <p>A Nurses Note, dated 5/2/25 at 1:14 p.m., indicated a medication administration note documented a blood pressure of 155/92.</p> <p>A Nurses Note, dated 5/12/25 at 9:07 a.m., indicated a medication administration note documented a blood pressure of 156/86.</p> <p>The Medication Administration Record (MAR) indicated Midodrine was held on the following dates:</p> <p>5/2/25 - am dose held</p> <p>5/2/25 - mid day dose held</p> <p>5/12/25 - am dose held</p> <p>There was no documentation of the resident's physician being notified the medication was held on 5/2/25 and 5/12/25.</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
---	-------	-----------

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 05/14/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/12/25 at 2:13 p.m., during a medication pass observation, RN 1 indicated the resident's BP was 112/74 and she was unsure if she was going to give the medication. She was debating whether or not she should hold the dose because the medication did not have parameters. She indicated she held Resident T's Midodrine pill that morning because his BP was in the 150s.</p> <p>During an interview on 5/13/25 at 3:51 p.m., the DON indicated she understood the concern and had no additional information to provide.</p> <p>3.1-5(a)(2)</p>		

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 05/14/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>20580</p> <p>Based on observation, record review, and interview, the facility failed to ensure the services provided met the profession standards of quality related to a medication pass observation for 2 of 8 residents observed for medication administration. (LPN 3, Residents K & S)</p> <p>Finding includes:</p> <p>During a medication pass observation on 5/12/25 at 8:07 a.m., LPN 3 indicated she was preparing Resident K's morning medications, which included potassium (supplement) 20 mEq (milliequivalents) two tablets, a multivitamin one tablet, Cinacalcet (hyperparathyroid medication) 30 mg one tablet, vitamin D (supplement) 50,000 units one capsule, amlodipine (calcium channel blocker) 5 milligrams (mg), clonazepam (anti-anxiety) 0.5 mg, and Cortef (hydrocortisone, a steroid) 20 mg one tablet. She indicated there were eight tablets/capsules in the plastic medication cup. LPN 3 then indicated she needed to get a glucometer and placed the cup of medications in the top drawer of the medication cart, locked the medication cart and went to another medication cart and retrieved a glucometer. The medication cart was not unlocked until LPN 3 returned. She then unlocked the cart, took the plastic cup with the medications out of the cart and proceeded into the room and gave the resident who resided in the bed closest to the door the medications, approximately half of the medications at a time, until all the medications were administered. She checked the resident's blood sugar with the glucometer and indicated the result was 108. LPN 3 then initialed the Medication Administration Record (MAR) for Resident K.</p> <p>The medications were reconciled on 5/14/25 at 10:00 a.m. and the medications were correct for Resident K. Upon review of the chart, the resident in the bed closest to the door who was observed receiving medications from LPN 3 was actually Resident S and possible medication errors were reported to the Director of Nursing (DON).</p> <p>During an interview on 5/14/25 at 10:48 a.m., the DON indicated she notified LPN 3, who informed the DON she was nervous and had already set up Resident S's (resident by the door) medications and had placed the medications in a plastic medication cup in the top drawer of the medication cart. LPN 3 was then asked to observe a medication pass and indicated she was going to pass medications to Resident K. She indicated after the medications were prepared, she needed to get a glucometer and placed the medication cup with Resident K's medications in the top drawer of the medication cart with Resident S's medication cup and locked the medication cart. When she returned to the medication cart, she took out Resident S's already prepared medication cup and gave Resident S the medications. LPN 3 had not informed the surveyor she was giving Resident S her medications instead of Resident K, for whom she was observed preparing the medications. The DON indicated Resident S had not received the incorrect medications.</p> <p>(continued on next page)</p>		

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 05/14/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 5/14/25 at 11:19 a.m., LPN 3 indicated she had already set up Resident S's medication and placed them in the medication cart. She was asked if she had a glucometer test complete, so she thought that was what needed to be observed. LPN 3 indicated she focused on getting a blood sugar test completed, so she set up the medication for Resident K and locked the medications in the cart when she needed to obtain a glucometer. When she returned to the cart, she grabbed the cup of medications for Resident S and not Resident K, proceeded to administer the medications to Resident S and obtained a glucometer reading for Resident S. LPN 3 failed to inform the surveyor she was not giving the observed medications to Resident K. LPN 3 indicated she was unaware the observation required watching the resident received the medications for which preparation was already observed.</p> <p>A medication administration policy, dated 11/3/14 and received from the DON as current, indicated the five rights of medication was to be followed: right resident, right drug, right dose, right route, and right time. Medications were to be administered at the time they were prepared. Medications were not to be pre-poured.</p> <p>A Job Specific Orientation, dated and signed by LPN 3, indicated orientation to the medication pass routine was completed on 4/28/25.</p> <p>This citation relates to Complaint IN00458693.</p> <p>3.1-35(g)(1)</p>		

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 05/14/2025
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 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>20580</p> <p>Based on observation, record review and interview, the facility failed to assist a dependent resident with incontinent care in a timely manner related to a delay in answering the call light for 1 of 5 residents reviewed for activities of daily living (ADLs). (Resident J)</p> <p>Finding includes:</p> <p>During an observation on 5/12/25 at 5:15 a.m., the call light for Resident J's room was activated. At 5:47 a.m., the Director of Nursing (DON) responded to the call light and indicated Resident J had reported he had a bowel movement and needed care. At 5:49 a.m., CNA 2 entered the resident's room and began care. The resident had been incontinent of bowel.</p> <p>Resident J's record was reviewed on 5/14/25 at 8:04 a.m. The diagnoses included, but were not limited to, end stage renal disease with dialysis required and stroke.</p> <p>A Care Plan, dated 1/31/25, indicated there was a risk for skin breakdown. The intervention included assistance with incontinent care would be provided.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 3/14/25, indicated a moderately impaired cognitive status and was dependent for toileting, dressing, bathing, hygiene, and transfers, and was always incontinent of bowel and bladder.</p> <p>During an interview on 5/13/25 at 4:30 p.m., the Director of Nursing indicated care was provided soon after the call light was answered. She had no further information to provide after being informed what time the call light was activated and the length of time until it was answered.</p> <p>This citation relates to Complaints IN00457998 and IN00458693.</p> <p>3.1-38(a)(3)</p>

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 05/14/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>20580</p> <p>Based on record review and interview, the facility failed to ensure residents received appropriate treatment and care to meet their needs related to blood sugars not monitored, insulin not administered, treatment not given for a low blood sugar, and a blood pressure medication not held as ordered for low blood pressure for 3 of 3 residents reviewed for medications/diabetic care. (Residents D, K, and L)</p> <p>Findings include:</p> <p>1. Resident D's record was reviewed on 5/12/25 at 10:51 a.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>A Care Plan, dated 6/19/24, indicated a risk for complications related to insulin depended diabetes mellitus. The interventions included, signs and symptoms of hyperglycemia and hypoglycemia were to be monitored.</p> <p>A Physician's Order, dated 11/22/24, indicated the blood sugar (BS) level was to be checked at 8 a.m. and 8 p.m. The physician was to be notified if the BS was below 70 or above 400.</p> <p>A Physician's Order, dated 11/22/24, indicated lantus insulin 35 units was to be administered two times a day for diabetes mellitus.</p> <p>A Physician's Order, dated 1/24/25, indicated novolog insulin 18 units was to be administered three times a day for diabetes mellitus. The novolog was not to be given if the blood sugar was less than 100 and the physician was to be notified.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 3/8/25, indicated an moderately intact cognitive status, received an insulin injection daily in the past seven days and received a hypoglycemic medication.</p> <p>The Medication Administration Record (MAR), dated March 2025, indicated the lantus insulin was to be administered in the a.m. and at HS (bedtime). Documentation indicated the following blood sugars, lantus insulin and physician notification status:</p> <p>- 3/19/25: the a.m. dose had no blood sugar result documented and was marked as out of parameters and insulin was not given.</p> <p>- 3/29/25: the HS blood sugar result was 121 and was marked as out of parameters and the insulin was not given.</p> <p>There were no Nurses' Progress Notes dated March 19 and 29, 2025 that indicated why the blood sugar had not been done and why the insulin had not been given.</p> <p>(continued on next page)</p>		

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 05/14/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The MAR, dated March 2025, indicated the novolog insulin was to be given in the a.m., mid-day (MD), and HS. Documentation indicated the following blood sugars, novolog insulin and physician notification status:</p> <ul style="list-style-type: none"> - 3/15/25 at MD: there was no blood sugar result documented and no insulin was administered. There was no Nurses' Progress Notes, that indicated the reason for the insulin not being administered. - 3/19/25 at MD: there was no blood sugar result and no insulin administered. There was no documentation in the Nurses' Progress Notes. - 3/19/25 at HS: the blood sugar was 85, the insulin was held, and there were no Nurses' Progress Notes that indicated the physician had been notified. - 3/24/25 at HS: the blood sugar was 100 and the insulin had not been administered. There were no Nurses' Progress Notes that indicated why the insulin had not been given. - 3/25/25 at MD: there was no blood sugar result documented and the insulin had not been administered. There were no Nurses' Progress Notes that indicated why the insulin had not been given. - 3/26/25 at MD: there was no blood sugar result documented and the insulin had not been administered. There were no Nurses' Progress Notes that indicated why the insulin had not been given. - 3/27/25 at MD: the blood sugar was 116. The insulin had not been administered and was marked as out of parameters. - 3/27/25 at HS: the blood sugar was 76, the insulin had not been administered. There was no documentation the Physician had been notified. - 3/28/25 at MD: there was no blood sugar result documented and the insulin had not been administered. There were no Nurses' Progress Notes that indicated why the insulin had not been given. - 3/29/25 at HS: the blood sugar was 121. The insulin had not been given and was marked out of parameter. <p>The Medication Administration Record (MAR), dated April 2025, indicated the lantus insulin was to be administered in the a.m. and HS. Documentation indicated the following blood sugars, insulin and physician notification status:</p> <ul style="list-style-type: none"> - 4/17/ at HS: the blood sugar level was 97 and the insulin was not marked as administered. - 4/21/25 at HS: the blood sugar level was 90 and insulin had not been administered and marked out of parameters. - 4/28/25 at HS: the blood sugar level was not documented and the insulin had not been given. There were no Nurses' Progress Notes that indicated why the insulin had not been administered. <p>(continued on next page)</p>		

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 05/14/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Medication Administration Record (MAR), dated April 2025, indicated the novolog insulin was to given in the a.m., mid-day (MD), and HS. Documentation indicated the following blood sugars, insulin and physician notification status:</p> <ul style="list-style-type: none"> - 4/1/25 at HS: the blood sugar result was not documented and the insulin had not been given due to out of parameters. There was no documentation the physician had been notified. - 4/2/25 at MD: there was no blood sugar result documented and no insulin administered. There was no documentation in the Nurses' Progress Notes that indicated why the insulin had not been administered. - 4/6/25 at MD & HS: there was no blood sugar documented and insulin was not administered. It was marked out of parameters. - 4/7/25 at MD: the blood sugar was 96 and the insulin was not administered and was marked out of parameters. There was documentation that indicated the physician had been notified. - 4/10/25 at MD: the blood sugar was 65 and the insulin had not been administered. There was no documentation the low blood sugar had been treated, rechecked, and the physician had been notified. - 4/14/25 at MD: the blood sugar result had not been documented and the insulin had not been given. There was no documentation in the Nurses' Progress Notes why the insulin had not been administered. - 4/17/25 at MD: the blood sugar result had not been documented and the insulin had not been given. There was no documentation in the Nurses' Progress Notes why the insulin had not been administered. - 4/17/25 at HS: the blood sugar level was 97 and the insulin was not marked as administered. There was no documentation the physician had been notified. - 4/18/25 at MD: the blood sugar result had not been documented and the insulin had not been given and was marked out of parameters. There was no documentation in the Nurses' Progress Notes why the insulin had not been administered. - 4/21/25 at HS: the blood sugar was 90. The insulin had not been administered. There was no documentation that indicated the physician had been notified. - 4/26/25 at MD: the blood sugar was 101. The insulin had not been administered. There was no documentation that indicated why the insulin had not been administered. - 4/28/25 at HS: the blood sugar was not documented and the insulin had not been given. There were no Nurses' Progress Notes that indicated why the insulin had not been administered. <p>The MAR, dated May 2025, indicated the following:</p> <ul style="list-style-type: none"> - 5/5/25 at HS: the blood sugar was 140 and the insulin had not been administered. It was marked out of parameters. <p>(continued on next page)</p>		

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 05/14/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 5/6/25 at HS: the blood sugar was 140 and the insulin had not been administered. It was marked out of parameters.</p> <p>- 5/10/25 at MD: the blood sugar result was not documented and the insulin had not been given. There were no Nurses' Progress Note that indicated why the insulin had not been administered.</p> <p>During an interview on 5/13/25 at 11:42 a.m., the Director of Nursing (DON) acknowledged the missing blood sugar results, the insulin not administered as ordered, the physician not notified and a lack of treatment for a low blood sugar.</p> <p>An undated facility guideline for hypoglycemia, received as current from the DON as current on 5/13/25 at 12:00 p.m., indicated the physician was to be contacted if the blood sugar was below 60 unless there were specific call parameters. The findings, interventions, and physician contact was to be documented in the clinical record</p> <p>2. Resident K's record was reviewed on 5/14/25 at 8:25 a.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>A Care Plan, dated 11/1/24, indicated a risk for complications related to diabetes mellitus. The interventions included medications would be administered as ordered and blood sugars would be checked as ordered.</p> <p>A Physician's Order, dated 3/11/25, indicated Aspart insulin was to be administered three times a day after the blood sugar level was checked. The amount of insulin administered depended on the results of the blood sugar (sliding scale). The blood sugar was to be checked three times a day and the physician was to be notified for a blood sugar level over 400.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 3/26/25, indicated an intact cognition, received and received insulin for 5 days.</p> <p>The MAR, dated April 2025, indicated the midday (MD) blood sugars were not checked on April 2, 9, 17, 18, and 21, 2025 and there was no insulin administered. There was no documentation in the Nurses' Progress Notes that indicated why the insulin had not been given.</p> <p>During an interview on 5/14/25 at 10:40 a.m., the DON acknowledged there were no blood sugars obtained and the insulin had not been given.</p> <p>3. Resident L's record was reviewed on 5/14/25 at 10:13 a.m. The diagnoses included, but were not limited to, hypotension.</p> <p>A Physician's Order, dated 10/25/24, indicated sacubitril-valsartan 24-26 mg (milligrams) (treatment of chronic heart failure), one tablet two times a day. Hold if the blood pressure was less than 110.</p> <p>The Medication Administration Record (MAR), dated April 2025, indicated on April 10, 2025 at 8 a.m., the blood pressure was 106/66 and the sacubitril-valsartan was administered. On April 11, 2025 at 8 p.m., the blood pressure was 104/64 and the sacubitril-valsartan was administered.</p> <p>(continued on next page)</p>		

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 05/14/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The MAR, dated May 2025, indicated on May 3, 2025, the blood pressure was 103/63 at 8 a.m. and the sacubitril-valsartan was administered. On May 7, 2025, the blood pressure was 102/70 at 8 a.m. and the sacubitril-valsartan was administered.</p> <p>During an interview on 5/14/25 at 12:27 p.m., the DON indicated the medication should not have been administered.</p> <p>A medication administration policy, dated 11/3/14 and received from the DON as current, indicated medications were to be administered in accordance with the written orders of the prescriber.</p> <p>This citation relates to Complaints IN00458519 and IN00458693.</p> <p>3.1-37(a)</p>		

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 05/14/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48383</p> <p>Based on observation and interview, the facility failed to ensure medications were properly labeled and stored for 1 of 3 medication carts observed. (Cherry Lane medication cart).</p> <p>Finding includes:</p> <p>On 5/12/25 at 2:15 p.m., the Cherry Lane Medication Cart was observed with RN 1. The following medications were not labeled or stored properly:</p> <p>a. There were 9 Albuterol sulfate inhalation packets that were stored in the bottom drawer; there was no label on any of the 9 packets.</p> <p>During an interview at the time, RN 1 indicated she did not know to which residents the Albuterol packets belonged.</p> <p>b. There were 2 inhalers in the top drawer that had no name or label.</p> <p>c. There was an inhaler in the top drawer with Resident U's name and room number listed, but there were no administration instructions.</p> <p>d. There was an Albuterol Sulfate Inhalation packet in the top drawer with no label.</p> <p>During an interview at the time, RN 1 indicated she was unsure why the medications were not labeled because the medication cart had been audited recently.</p> <p>During an interview on 5/12/25 at 2:30 p.m., the Director of Nursing (DON) indicated the pharmacy had just audited all of the medication carts. She understood the concern and had no further information to provide.</p> <p>This citation relates to Complaint IN00456268.</p> <p>3.1-25(j)</p>		

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 05/14/2025
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>48383</p> <p>Based on record review and interview, the facility failed to ensure a urinalysis (UA) was collected as ordered for 1 of 1 resident reviewed for infections. (Resident M)</p> <p>Finding includes:</p> <p>The record for Resident M was reviewed on 5/13/25 at 11:17 a.m. The diagnoses included, but were not limited to, cellulitis, diabetes, and heart failure.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 3/5/25, indicated the resident was cognitively intact for daily decision making.</p> <p>A Nurse's Note, dated 4/27/25 at 11:30 p.m., indicated the Resident's daughter had called and explained her mother was confused and thought she had to go to work. The resident's daughter indicated she believed she had a urinary tract infection (UTI).</p> <p>A Nurse's Note, dated 4/28/25 at 10:19 a.m., indicated the resident was exhibiting increased intermittent confusion. Labs and a UA were ordered.</p> <p>A Physician's Order, dated 4/29/25, indicated to obtain a urinalysis related to altered mental status.</p> <p>A Physician's Order, dated 5/1/25, indicated to obtain a lab urinalysis with reflex culture for increased confusion.</p> <p>A Nurse's Note, dated 5/1/25 at 3:30 p.m., indicated the resident was educated on the need for a urine sample. The resident refused a straight cath but was agreeable to use bedpan when able.</p> <p>A Nurse's Note, dated 5/1/25 at 6:01 p.m., indicated the UA attempt was unsuccessful due to a bedpan spill.</p> <p>A Nurse's Note, dated 5/1/25 at 9:42 p.m., indicated the resident refused to have a straight cath performed to obtain a urine sample.</p> <p>A Nurse's Note, dated 5/2/25 at 10:28 p.m., indicated the writer notified the physician of the resident's refusal of a straight cath.</p> <p>A Nurses Note, dated 5/8/25 at 7:04 p.m., indicated the resident was admitted to the hospital with a primary diagnosis of acute cystitis.</p> <p>There were no further documented attempts, refusals or notifications related to obtaining a urine sample from 4/28 - 5/1/25 and from 5/3 - 5/8/25.</p> <p>(continued on next page)</p>		

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 05/14/2025
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/13/25 at 3:51 p.m., the Director of Nursing (DON) indicated Resident M's refusals were not well documented, and she did not document the education she provided to Resident M. She understood the concern and had no additional information to provide.</p> <p>This citation relates to Complaint IN00459297.</p> <p>3.1-49(f)(1)</p>		

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 05/14/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>20580</p> <p>Based on observation, record review, and interview, the facility failed to provide a safe and sanitary environment to help prevent the potential for transmission of communicable diseases and infections related to a glucometer (blood sugar monitor) not sanitized after it was used for 1 of 2 glucometer tests observed. (LPN 3, Resident S) This had the potential to affect 5 residents with glucometer orders assigned to the nurse. The facility also failed to ensure correct Personal Protective Equipment (PPE) was used by a staff member (CNA 4) when providing care to a resident (Resident F) who was in Enhanced Barrier Precautions (EBP) for 1 random observation for infection control.</p> <p>Findings include:</p> <p>1. During an observation on 5/12/25 at 8:07 a.m., LPN 3, entered Resident S's room and performed a glucometer test. After the test was completed, LPN 3 removed her gloves and exited the room and placed the glucometer in the top drawer of the medication cart with sanitizing the monitor.</p> <p>During an interview on 5/12/25 at 8:15 a.m., LPN 3 indicated the glucometer was to be sanitized after each use.</p> <p>A facility glucometer cleaning policy, dated 9/1/20, and received from the Director of Nursing (DON) as current, indicated the glucometer was to be cleaned and disinfected between each resident test.</p> <p>2. During an observation on 5/12/25 at 4:25 a.m., CNA 4 entered Resident F's room to provide care. There was a sign on the resident's room door that indicated EBP was required. CNA 4 indicated the resident was in need of incontinence care due to having had a bowel movement. She donned gloves. When CNA 4 was asked which resident in the room required EBP, she indicated she was unsure and continued to provide incontinence care to Resident F without the required PPE of a gown.</p> <p>Resident F's record was reviewed on 5/13/25 at 11:08 a.m. The diagnoses included, but were not limited to, end stage renal disease and dialysis.</p> <p>An Annual Minimum Data Set (MDS) assessment, dated 3/7/25, indicated an intact cognitive status, required moderate assistance with toileting, dressing, hygiene, and bed mobility and maximum assistance with bathing and transfers. She was always incontinent of bowel and bladder and was receiving dialysis.</p> <p>A Care Plan, dated 3/31/25, indicated hemodialysis was required. The interventions included to check the dialysis access site and EBP was to be utilized.</p> <p>A Physician's Order, dated 4/30/25, indicated EBP was required related to dialysis. The interventions included an EBP sign would be posted outside of the room and a gown and gloves were required for high contact resident care activities.</p> <p>The Director of Nursing (DON) was informed of the above observation on 5/12/25 at approximately 6:30 a.m. and had no further information to provide.</p> <p>(continued on next page)</p>		

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 05/14/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A facility EBP protocol, undated, received from the DON as current, and reviewed on 5/12/25 at 3:00 p.m., indicated EBP was required with dressing or bathing and other high-contact resident care activities.</p> <p>3.1-18(b)</p>		