

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 06/17/2025
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>Based on record review and interview, the facility failed to ensure activities of daily living (ADLs) were completed for dependent residents related to showers for 2 of 3 residents reviewed for ADLs. (Residents D and B)</p> <p>Findings include:</p> <p>1. The record for Resident D was reviewed on 6/17/25 at 10:11 a.m. Diagnoses included, but were not limited to epilepsy, psychotic disorder with delusions, high blood pressure, and alcohol dementia.</p> <p>The Quarterly 5/15/25 Minimum Data Set (MDS) assessment indicated the resident was not cognitively intact for daily decision making and was dependent on staff for bathing.</p> <p>The Care Plan, revised on 2/13/24, indicated the resident required assistance with ADLs.</p> <p>The showers in the CNA Task Section indicated the resident was to receive a shower on Wednesday and Saturday evenings. The resident did not receive a shower on 4/2, 4/5, 5/17, 5/28, and 6/7/25.</p> <p>During an interview on 6/17/25 at 11:55 a.m., the Director of Nursing indicated the resident was to receive at least two showers a week.</p> <p>2. Resident B's record was reviewed on 6/17/25 at 9:05 a.m. The diagnoses included, but were not limited to, osteomyelitis (infection of bone and muscle), diabetes, COPD, asthma, and hypertension (high blood pressure).</p> <p>The 4/9/25 admission Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making and was dependent on staff for bathing, toileting, personally hygiene and oral hygiene.</p> <p>The Care Plan, dated 4/9/25, indicated the resident required assistance with ADLs including bathing. Interventions were to assist with bathing as needed, offer a shower at least 2 times daily, and offer a full/partial bed bath on non-shower days or refusals.</p> <p>The shower documentation in the CNA Task Section indicated the resident did not receive a shower on the following dates.</p> <p>4/15/25</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
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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/16/25 4/17/25 4/18/25 4/19/25 4/20/25 4/26/25 4/27/25 4/28/25 4/29/25 4/30/25 5/1/25 5/2/25 5/6/25 5/7/25 5/8/25 5/9/25 5/10/25 5/11/25 There were no documented refusals or offered attempts on the missed showers dates. During an interview on 6/17/25 at 11:48 a.m., the Nurse Consultant indicated she understood the concern and there were no shower sheets for the resident. During an interview on 6/17/25 at 11:55 a.m., the Director of Nursing (DON) indicated the resident was to receive at least two showers a week. This Citation relates to Complaint IN00460159. 3.1-38(a)(2)(A)

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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>Based on observation, interview, and record review, the facility failed to ensure infection control practices were in place and implemented related to the opening of a medication capsule without gloves during medication administration for a random observation for infection control.</p> <p>Finding includes:</p> <p>On 6/16/25 at 12:07 p.m., medication administration was observed with LPN 1 for Resident G. The resident received his medication crushed. LPN 1 opened a Gabapentin (given for nerve pain or anticonvulsant) 300 mg capsule with her bare hands and emptied the powder contents inside the medication cup with another crushed medication.</p> <p>During an interview on 6/16/25 at 12:17 p.m., the Assistant Director of Nursing (ADON) indicated she understood the concern and had no further information to provide.</p> <p>During an interview on 6/16/25 at 1:10 p.m., the Director of Nursing (DON) indicated she understood the concern and would re-educate the staff. She indicated LPN 1 thought it was okay to touch the outside capsule since she did not touch the inside contents.</p> <p>This Citation relates to Complaint IN00460159.</p> <p>3.1-18(b)</p>		