

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 02/03/2026
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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. Based on record review and interview, the facility failed to ensure laboratory tests were completed as ordered, related to a vancomycin trough for 1 of 3 residents reviewed for laboratory testing. (Resident D)Finding includes: Resident D's closed record was reviewed on 2/3/26 at 1:36 p.m. Diagnoses included, but were not limited to, cellulitis, diabetes mellitus, atrial fibrillation and osteoarthritis. The resident had been discharged to the hospital on 1/20/26 due to abnormal labs. The Quarterly Minimum Data Set assessment, dated 12/13/25, indicated the resident was cognitively intact and required moderate assist with transfers.A Physician's Order, dated 1/14/26, indicated to give vancomycin HCL (an antibiotic), 1 gram, intravenously daily for cellulitis.A lab result, dated 1/14/26, indicated the resident had a vancomycin trough (a blood test to determine medication level) of less than 3.0.A Nurse Note, dated 1/15/25, indicated the vancomycin trough results had been communicated to the pharmacy and the next vancomycin trough should be done on 1/19/26. There was no order for the trough in the record, and no indication the trough had been completed on 1/19/26.During an interview on 2/3/26 at 3:52 p.m., the Executive Director and Director of Nursing indicated the nurse had filled out a lab requisition for the test on 1/19/26 but had not entered the order and the test had not been completed.This citation is related to Intake 2732385.3.1-49(f)(2)		

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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