

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER Crown Point Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 6685 East 117th Avenue Crown Point, IN 46307	

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>45666</p> <p>Based on record review and interview, the facility failed to document incontinence care for a resident who was dependent on staff for activities of daily living (ADLs) for 1 of 7 residents who were reviewed for ADLs. (Resident C)</p> <p>Finding includes:</p> <p>During an interview on 2/18/25 at 9:14 a.m., Resident C's Power of Attorney (POA) indicated she had come to the facility on multiple occasions and found the resident in a soaking wet brief. The resident was fully dependent on the staff for all activities of daily living (ADLs) including, but not limited to, toileting, eating, and drinking.</p> <p>The record was reviewed on 2/20/25 at 11:20 a.m. Diagnoses included, but were not limited to, Alzheimer's disease and dementia.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 12/8/24, indicated the resident was severely cognitively impaired and was dependent on staff for all ADLs including eating, toileting, personal hygiene, and transfers. She was always incontinent of bowel and bladder and received hospice care.</p> <p>The current Care Plans indicated the resident needed assistance with ADLs due to cognitive deficit and was totally dependent on staff for all ADL care. The resident was incontinent of bladder due to decreased mobility and cognition. She had a diagnosis of Alzheimer's disease and did not alert staff of her need to use the bathroom. Interventions included, but were not limited to, encourage fluids, and incontinence care with each incontinence episode.</p> <p>The CNA Task: Incontinence Care was reviewed for the last 30 days (1/23-2/20/25). The documentation frequency was every shift. The following dates and shifts were not documented:</p> <ul style="list-style-type: none"> - 1st shift on 1/28, 2/11, 2/17, and 2/18/25 - 2nd shift on 2/1, 2/4, 25, 2/6, 2/8, 2/9, 2/11, 2/14, 2/16, 2/17, and 2/18/25 - 3rd shift on 1/23, 1/26, 1/28, 2/2, 2/10, and 2/19/25 <p>During an interview on 2/21/25 at 8:17 a.m., the Director of Nursing had no further information to provide.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This citation relates to Complaint IN00453351.</p>		

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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>32582</p> <p>Based on observation, record review and interview, the facility failed to ensure infection control guidelines were in place and implemented related to improper personal protective equipment (PPE) worn in an isolation room and lack of signage in place for a room on contact isolation. (Residents D and B)</p> <p>Findings include:</p> <p>1. On 2/19/25 at 3:34 p.m., LPN 1 was observed giving medications by g-tube to Resident D. She donned a pair of gloves, assessed the g-tube for placement and checked residual. She then administered the medication dissolved in water into the g-tube.</p> <p>There was a sign on the resident's door that indicated Enhanced Barrier Precautions should be used. Everyone that entered the room should wash hands before entering and when leaving. Staff must also: Wear gloves and a gown for the following high-contact resident care activities. Activities included, but were not limited to, device care or use: central line, urinary catheter, feeding tube, tracheostomy.</p> <p>During an interview on 2/19/25, immediately after the observation, the LPN indicated the resident wasn't on isolation any longer. The sign on the door was observed and she again indicated the resident was no longer on isolation.</p> <p>During an interview on 2/19/25 at 3:54 p.m., the Director of Nursing indicated the nurse should have been wearing a gown during the g-tube medication administration and she would speak to her.</p> <p>45666</p> <p>2. During observations on 2/18/25 at 3:06 p.m., 2/19/25 at 9:22 a.m., and 2/20/25 at 3:25 p.m., Resident B was in the day room and her room was observed with an isolation bin next to the entrance with no signage posted on or near the door.</p> <p>Resident B's record was reviewed on 2/24/25 at 8:49 a.m. Diagnoses included, but were not limited to, dementia, colon and breast cancer, and traumatic brain injury.</p> <p>The February 2025 Physician's Order Summary indicated the resident was in contact isolation related to candida auris.</p> <p>During an interview on 2/20/25 at 4:05 p.m., the Infection Preventionist indicated the resident was contact isolation precautions as she had candida auris. She believed the family had removed the contact isolation sign.</p> <p>This citation relates to Complaint IN00453429.</p> <p>3.1-18(b)</p>		