

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 08/19/2025
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 0580</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>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on record review and interview, the facility failed to ensure a resident's family/Responsible Party was notified for a new medication order, for 1 of 3 residents reviewed for family/Responsible Party notification. (Resident O) Finding includes: Resident O's record was reviewed on 8/18/25 at 1:06 p.m The diagnoses included, but were not limited to, osteomyelitis and schizophrenia. A Nurse Practitioner's Progress Note, dated 8/12/25 at 12:29 p.m., indicated the resident voiced she was not able to fall asleep at night and when she does fall asleep, she has difficulty staying asleep. A Nurse Practitioner's Order, dated 8/12/25, indicated melatonin three milligrams was to be administered every night for insomnia. There was no documentation that indicated the resident's Responsible Party/family had been notified of the change in medication. During an interview on 8/19/25 at 3:10 p.m., the Regional Nurse Consultant indicated the Responsible Party/family had not been notified of the medication order. This citation relates to Intake 2590825.3.1-5(a)(3)</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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