

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155733	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER Colonial Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 119 N Indiana Ave 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>20580</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents had a clean and homelike environment related to soiled bed linens for 2 of 8 residents reviewed for a clean and homelike environment. (Residents B and D)</p> <p>Findings include:</p> <p>1. During an observation on 3/18/25 at 4:58 a.m., Agency CNA 2 entered Resident B's room to completed incontinence care. A soiled incontinent brief was removed, pericare was completed and a clean brief was applied. When the resident was turned to the side, there was a dried urine ring under the resident's incontinent pad. Agency CNA 2 indicated she had not checked the bottom sheet under the incontinent pad when she provided care earlier in the night.</p> <p>Resident B's record was reviewed on 3/18/25 at 10:03 a.m. The diagnoses included, but were not limited to chronic obstructive pulmonary disease.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 1/16/25, indicated a moderately impaired cognitive status, was dependent for toileting, and was always incontinent of bowel and bladder.</p> <p>2. During an observation on 3/18/25 at 5:40 a.m., Agency CNA 2 and RN 1 were providing incontinence care to Resident D. The resident had a urinary catheter and had been incontinent of bowel. There was a clean dressing located on her left knee. There was dried blood and other drainage on the sheet under the resident's knee. RN 1 acknowledged the dried drainage on the sheet.</p> <p>Resident D's record was reviewed on 3/18/25 at 10:36 a.m. The diagnoses included, but were not limited to, stroke.</p> <p>A Care Plan, dated 3/11/24, indicated a pressure ulcer was present on the left knee. The interventions indicated a treatment would be completed as ordered by the physician.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 1/28/25, indicated a short and long term memory problem, had a urinary catheter, and was always incontinent of bowel movement. She had one stage three (full thickness tissue loss) pressure ulcer present on admission.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Treatment Administration Record, dated 3/2025, indicated the treatment to the left knee had been completed on 3/17/25 on the day shift.</p> <p>This citation relates to Complaint IN00454373.</p> <p>3.1-19(f)</p>

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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>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 ensure residents who were dependent on staff received incontinence care for 2 of 7 residents reviewed for activities of daily living. (Residents E and F)</p> <p>Findings include:</p> <p>1. During an observation on 3/18/25 at 5:26 a.m., RN 1 and Agency CNA 2 entered Resident E's room on the C-Hall, to assist with positioning the resident in bed. The incontinence brief was saturated with urine. The incontinence pad under the resident was soaked with urine and there were circles of dried urine on the sheet under the incontinence pad. The staff repositioned the resident in bed and Agency CNA 2 informed the resident she would be back in a few minutes. She indicated she had last provided incontinence care at 3:00 a.m.</p> <p>During an observation on 3/18/25 at 6:08 a.m., incontinence care had not yet been completed.</p> <p>During an observation on 3/18/25 at 7:19 a.m., CNA 3 and LPN 4 entered the room and completed incontinence care and a linen change. There was a strong urine odor in the room. LPN 4 acknowledged the saturated brief, wet incontinence pad, and the dried urine rings under the pad.</p> <p>Resident E's record was reviewed on 3/18/25 at 10:56 a.m. The diagnoses included, but were not limited to, chronic respiratory failure and vascular dementia.</p> <p>A Care Plan, dated 3/1/25, indicated there was urinary incontinence. The interventions included, incontinence care would be completed as needed.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 3/4/25, indicated a severely impaired cognitive status, maximum assistance was required for toileting and hygiene, and she was always incontinent of bladder and bowel.</p> <p>During an interview on 3/18/25 at 5:35 a.m., Agency CNA 2 indicated she was providing care to the best of her abilities.</p> <p>During an interview on 3/18/25 at 5:46 a.m., Agency CNA 2 indicated she had not completed care on the C-hall yet.</p> <p>2. During an observation of Resident F, who resided on the C-Hall, on 3/18/25 at 6:07 a.m. with LPN 4, the incontinence brief, top sheet, and lift sheet were saturated with urine. There were rings of urine on the bottom sheet under the lift sheet. At 6:11 a.m., Agency CNA 5 entered the room and assisted LPN 4 with the resident's incontinence care and linen change.</p> <p>Resident F's record was reviewed on 3/18/25 at 11:09 a.m. The diagnoses included, but were not limited to, stroke.</p> <p>(continued on next page)</p>		

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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>A Care Plan, dated 4/1/21, indicated there was incontinence of the bladder. The interventions included, incontinence care would be completed as needed.</p> <p>A Quarterly MDS assessment, dated 12/28/24, indicated a moderately impaired cognitive status, was dependent for toileting and hygiene, and was always incontinent of bladder and bowel.</p> <p>This citation relates to Complaint IN00454373.</p> <p>3.1-38(a)(3)</p>		

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<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 ensure correct Personal Protective Equipment (PPE) was used by staff members (Agency CNA 1 and Agency CNA 5) when providing care to residents (Resident D and F) who were in Enhanced Barrier Precautions (EBP) for 2 of 2 residents reviewed for EBP. The facility also failed to ensure hand hygiene was completed by a staff member (Agency CNA 1) after care had been completed on a resident (Resident B) and care initiated on another resident (Resident C) and to ensure a personal care item was used for only 1 resident and was not used for multiple residents (Residents B, C, G, D, and H) by a staff member related to incontinent wipes. (Agency CNA 1)</p> <p>Findings include:</p> <p>1. During an observation on 3/18/25 at 5:30 a.m., Agency CNA 1 entered Resident D's room to provide care. There was a sign on the outside of the entry door that indicated the resident required EBP during care. Agency CNA 1 applied gloves and was stopped prior to starting care. She indicated she had no idea if the resident required PPE due to EBP. The CNA then acknowledged the EBP sign on the outside of the door. She then applied PPE to provide incontinence care.</p> <p>Resident D's record was reviewed on 3/18/25 at 10:36 a.m. The diagnoses included, but were not limited to, stroke.</p> <p>A Physician's Order, dated 4/19/24, indicated EBP was required due to a feeding tube and pressure wounds.</p> <p>A Care Plan, dated 4/20/24, indicated EBP was required. The interventions included the guidelines for EBP would be followed.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 1/28/25, indicated a feeding tube and pressure ulcer were present.</p> <p>2. During an observation on 3/18/25 at 6:11 a.m., Agency CNA 5 wore gloves and started to provide incontinence care to Resident F and was stopped. Agency CNA 5 indicated she was unsure if the resident required EBP. She then looked at the EBP sign located on the wall outside of the room door and applied the PPE.</p> <p>Resident F's record was reviewed on 3/18/25 at 11:09 a.m. The diagnoses included, but were not limited to, stroke.</p> <p>A Physician's Order, dated 4/19/24, indicated EBP was to be followed due to a feeding tube.</p> <p>A Care Plan, dated 4/20/24, indicated EBP was required due to the feeding tube. The interventions included EBP guidelines would be followed.</p> <p>A Quarterly MDS assessment, dated 12/28/24, indicated a feeding tube was present.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A facility policy for EBP, dated 8/2022 and received as current from the Director of Nursing (DON), indicated EBP was to be used for high contact resident care activities. Gloves and gown would be applied prior to performing the high contact resident care activity.</p> <p>3. During an observation on 3/18/25 at 4:58 a.m., Agency CNA 2 completed incontinence care on Resident B. Upon completion of the care, Agency CNA 2 removed her gloves and exited the room without washing her hands. She then started to enter Resident C's room to provide incontinence care and started to don gloves and was stopped. She then went to the sink in the common area and washed her hands.</p> <p>A facility policy for handwashing and hand hygiene, dated January 2019 and received from the DON as current, indicated hand hygiene procedures would be followed to help prevent the spread of infections.</p> <p>4. During an observations on 3/18/25 from 4:58 a.m. through 5:51 a.m., Agency CNA 2 completed incontinence care on Resident B. Upon leaving Resident B's room, she removed the package of cleansing wipes. She indicated at the time of the observation that she didn't have any other wipes to use. She then entered Resident C's room to provide incontinence care and placed the package of wipes on the over the bed table and provided incontinence care using the wipes.</p> <p>Agency CNA 2 then entered Resident G's room and placed the cleansing wipes package on the resident's bed. She then completed incontinence care. After the care, she exited the room with the package of cleansing wipes.</p> <p>Agency CNA 2 then entered Resident D's room and used the wipes to complete incontinence care and exited the room with the cleansing wipes package.</p> <p>Agency CNA 2 then entered Resident H's room with the cleansing wipes package and used the wipes to complete incontinence care.</p> <p>During an interview on 3/18/25 at 6:29 a.m., the Central Supply Clerk indicated there were cleansing wipes in the store room and the nurses' had a key to the storeroom if they were needed. An observation of the store room indicated there were cases of cleansing wipes.</p> <p>3.1-18(b)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20580</p> <p>Based on observation, record review, and interview, the facility failed to ensure the residents' environment was clean and in good repair related to scraped paint, nicks and gouges on the walls, dried feeding on the feeding poles, a oxygen concentrator and on the floor, debris and trash on the floors, a dirty floor mat, and a stool with a cracked vinyl seat for 1 of 2 floors. (First Floor).</p> <p>During an environmental tour with the Director of Maintenance/Housekeeping on 3/18/25 from 12:59 through 1:29 p.m., the following was observed:</p> <p>a. room [ROOM NUMBER] - There were paint scrapes behind the head of the bed. During an interview at the time of the observation, the Director of Maintenance/Housekeeping acknowledged the scrapes and indicated when the residents were discharged or moved rooms, the walls were repaired.</p> <p>b. room [ROOM NUMBER], bed 2 - There was dried feeding on the feeding pump pole, the oxygen concentrator and on the floor. The Director of Maintenance/Housekeeping indicated the Housekeeper probably had not mopped due to all the cords.</p> <p>c. room [ROOM NUMBER], bed 2 - There were nicks on the wall, debris on the floor by the baseboard behind the bed and a plastic medication cup under the bed, which was also observed earlier at 6:06 a.m. The Director of Maintenance /Housekeeping indicated the Housekeeper may not have cleaned the room yet.</p> <p>d. room [ROOM NUMBER] bed 2 - There was dried liquid feeding on the feeding pump pole. There was a dried liquid substance on the floor mat and paper/debris on the floor. There was a rolling stool with a cracked vinyl on the seat in the corner of the room.</p> <p>e. room [ROOM NUMBER] - there were scrapes and a large gouge on the wall behind the bed.</p> <p>f. room [ROOM NUMBER], bed 1 - there was paper and a mask on the floor and nicks on the wall behind the head of the bed.</p> <p>During an interview on 3/18/25 at 1:15 p.m., Housekeeper 6 indicated the rooms on the first floor had all been cleaned.</p> <p>The Housekeeping Completion Form, received as current from the Director of Maintenance/Housekeeping on 3/18/25 at 1:18 p.m., indicated the rooms were to be dusted, swept, and mopped daily including underneath the bed. The walls, furniture, and bedrails were to be cleaned daily.</p> <p>This citation relates to Complaint IN00454373.</p> <p>3.1-19(e)</p>