

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  Avalon Springs Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE  2400 Silhavy Road Valparaiso, IN 46383	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48383</p> <p>Based on observation, record review, and interview, the facility failed to ensure fall interventions were in place to prevent injury for a resident with multiple falls for 1 of 3 residents reviewed for accidents. (Resident C)</p> <p>Finding includes:</p> <p>On 2/27/25 at 10:06 a.m., Resident C was observed in bed asleep. The resident's bed was against the wall, he had bed rails, and there was a trapeze bar above the bed. The room was clean and clutter free and the call light was within reach. There were no bolsters observed on the resident's bed.</p> <p>On 2/27/25 at 10:25 a.m., and 1:10 p.m., the resident was observed sitting on the side of the bed. There were no bolsters on the bed.</p> <p>Record review for Resident C was completed on 2/27/25 at 10:36 a.m. Diagnoses included, but were not limited to, dysphagia (difficulty swallowing), stroke, chronic obstructive pulmonary disease (COPD), depression, and diabetes.</p> <p>The Significant Change in Status Minimum Data Set (MDS) assessment, dated 12/10/24, indicated the resident was cognitively impaired. The resident required substantial/maximum assistance with shower/bathing, toileting, lower body dressing, and putting on footwear. The resident was on hospice services. The resident had impairment on one side of upper and lower extremities, used a wheelchair, and required hospice services.</p> <p>A Care Plan, last reviewed on 1/9/25, indicated the resident was at risk for falls related to weakness and impaired physical functioning. Approaches were to provide a trapeze to assist resident with positioning, place bed against the wall, have hospice review medications, and have hospice provide bolsters to the resident's bed.</p> <p>The last two months were reviewed and the resident had four falls on the following dates:</p> <p>1/6/25</p> <p>2/9/25</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/11/25</p> <p>2/26/25</p> <p>A Nurses's Progress Note, dated 2/26/25 at 9:04 p.m., indicated the writer entered the room to respond to the call light, the resident was lying on the floor. The resident claimed he was trying to reposition himself in bed using the trapeze bar when he slipped and fell out of bed.</p> <p>A Nurses's Progress Note, dated 2/11/25 at 11:18 a.m., indicated the resident was found kneeling on the floor next to his bed. The resident claimed he was attempting to sit up in bed and began to slide out.</p> <p>A Nurses's Progress Note, dated 2/09/25 at 7:00 a.m., indicated the resident was found kneeling next to his bed. The resident was assessed with no signs and symptoms noted.</p> <p>A Nurses's Progress Note, dated 1/06/25 at 7:01 a.m., indicated the resident had turned on the call light and upon entering the room, the resident was observed sitting on the floor with his back against the bed. The resident indicated he was lying there and was not reaching for anything. The resident was assisted back to bed via Hoyer (mechanical) lift.</p> <p>During an interview on 2/27/25 at 1:18 p.m., RN 1 indicated the resident does not have bolsters on his bed or in his room. She could not recall the resident ever having bolsters on his bed.</p> <p>During an interview on 2/27/25 at 1:44 p.m., the Director of Nursing (DON) acknowledged the care plan had bolsters as an approach and she would go observe the resident.</p> <p>During an interview on 2/27/25 at 2:36 p.m., the DON indicated the resident did not have bolsters on his bed and she had no additional information to provide.</p> <p>This citation relates to Complaint IN00449145.</p> <p>3.1-45(a)(2)</p>