

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 09/17/2025
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 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>Based on observation, interview, and record review, the facility failed to ensure correct Personal Protective Equipment (PPE) was used by staff members (CNA 1 and CNA 2) when providing care to residents who were in EBP and failed to ensure a staff member (CNA 2) completed hand hygiene after the removal of soiled gloves for 2 of 3 residents reviewed for infection control. (Residents F and D) Findings include: 1. During an observation on 9/16/25 at 9:24 a.m., CNA 1 entered Resident F's room and assisted the resident into the bathroom. There was a sign on the door of the room that indicated EBP was required. CNA 1 had gloves on and no gown. The Director of Nursing (DON) entered and exited the bathroom and observed CNA 1 providing care without the use of a protective gown. She indicated a protective gown should have been worn. CNA 1 exited the bathroom with a soiled brief in a clear garbage bag for disposal. During an observation on 9/17/25 at 8:23 a.m., Resident F was lying in bed. There was a mid-line IV catheter inserted and dressed on the upper left arm and a urinary catheter was present. Resident F's record was reviewed on 9/16/25 at 3:39 p.m. The diagnoses included, but were not limited to urinary tract infection and endocarditis. The Profile Guide Care Plan, dated 9/16/25, indicated EBP was required for high contact care due to the presence of an intravenous catheter line (IV) and a urinary catheter. 2. During an observation on 9/16/25 at 9:37 a.m., there was a sign on Resident D's room door that indicated EBP was required. Resident D shared the room with another resident. Resident D was sitting on the toilet and CNA 2 was assisting the resident. CNA 2 wore gloves and a mask. A protective gown was not used. The resident remained on the toilet and the CNA exited the room and indicated the urinary catheter leg bag had been leaking and a new bag was needed. She was unsure which resident in the room required EBP. CNA 2 returned to the room, applied gloves, and changed the urinary drainage leg bag. A protective gown was not used. She then exited the bathroom and the resident remained on the toilet. She exited the room with the gloves still worn, removed the gloves in the hallway and placed them in the Medication Cart Trash Bin, walked to the Nurses' Desk and began writing a note to the Nurse. When asked about hand hygiene CNA 2 indicated she had not completed the care on the resident and was going back to continue care. Resident D's record was reviewed on 9/16/25 at 3:09 p.m. The diagnoses included, but were not limited to, urinary tract infection and urinary retention. A Quarterly Minimum Data Set assessment, dated 8/2/25, indicated an intact cognitive status, required set up assistance for toileting, and an indwelling urinary catheter was present. A Care Plan, dated 6/12/25, indicated EBP was required during high-contact care related to the indwelling urinary catheter. The interventions included a gown and gloves would be utilized per the EBP policy and hand hygiene would be completed before and after care. A facility EBP policy, dated 4/2024, indicated EBP would be implemented during high-contact care activities for resident with, but not limited to, catheters and central lines. PPE was to be worn even if blood and body fluid exposure is not anticipated. High-contact care activities included, but were not limited to, morning activities of daily living care and toileting. A facility hand hygiene policy, dated 3/2027, indicated hand hygiene was to be completed before and after having direct physical contact with residents and after removal of gloves. This citation relates to Intake 2612583.3.1-18(b)</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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