

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 10/27/2025
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 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>Based on observation, record review, and interview, the facility failed to ensure a resident who required maximum to dependent care received incontinence care in a timely manner, for 1 of 3 residents reviewed for incontinence care. (Resident B) Finding includes: During an observation on 10/27/25 at 10:27 a.m., Resident B was awake and lying in bed with the head of the bed elevated. The over the bed table was over the bed and the breakfast tray was on the table. The food on the tray had all been eaten. The resident indicated she was waiting on the staff to come and assist out of bed into the chair. She indicated when they brought the breakfast tray to her, they said they would be back to help her get out of bed. During an observation on 10/27/25 at 11:12 a.m., CNA 1 and CNA 2 entered the room. CNA 1 indicated the resident had incontinence care last completed at 7:30 a.m. and the resident was incontinent of large amounts of urine. The CNA's started morning care. The resident's incontinent brief was saturated, the lift sheet underneath her was soaked through to the bottom sheet on the bed and there was a large circle of wetness on the bottom sheet. CNA 1 acknowledged the saturated brief and wetness of the sheets. Resident B's record was reviewed on 10/27/25 at 10:41 a.m. The diagnoses included, but were not limited to, metabolic encephalopathy, multiple UTI's (urinary tract infections), and sepsis. A Hospital Physician's Note, dated 10/15/25 at 5:12 p.m., indicated the resident had recurrent urinary tract infections. A Care Plan, dated 4/11/25 and revised on 9/2/25, indicated there was urinary incontinence. The interventions included the resident would be offered and provided assistance to the toilet as needed and/or requested. A Quarterly Minimum Data Set assessment, dated 9/4/25, indicated a moderately impaired cognitive status, dependent for toileting hygiene and transfers, maximum assistance for hygiene, moderate assistance for bed mobility and was always incontinent of bowel and bladder. A re-admission Observation Assessment, dated 10/23/25 at 8:24 p.m., indicated the resident was oriented to person, place, and time. There was no mental impairment. She was incontinent of bowel and bladder and was unable to recognize the need to void. The Baseline Care Plan, dated 10/23/25, indicated the toilet would be offered upon rising, before and after meals, and before bedtime. The resident would be checked for incontinence and the brief would be changed as needed. During an interview on 10/27/25 at 1:58 p.m., the Director of Nursing (DON) indicated there was no facility policy for how often a resident was to be checked for incontinence. She indicated if they voided a lot, they should be checked more often. The residents were usually checked before and after meals and before bedtime. A Professional Resource, titled, Indiana State Department of Health Nurse Aide Curriculum, revised 11/19/15, Lesson #12, Activities of Daily Living (dressing and toileting), indicated residents with incontinence were to be monitored frequently for needed perineal care and change of brief. This citation relates to Intake 2645656.3.1-38(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155795
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