

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/22/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155469		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/18/2024	
NAME OF PROVIDER OR SUPPLIER  CASA OF HOBART				STREET ADDRESS, CITY, STATE, ZIP COD 4410 W 49TH AVE HOBART, IN 46342			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00449081 and IN00449105.</p> <p>Complaint IN00449081 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00449105 - Federal/State deficiencies related to the allegations are cited at F552, F740 and F755.</p> <p>Survey dates: December 17 and 18, 2024</p> <p>Facility number: 000366 Provider number: 155469 AIM number: 100288900</p> <p>Census Bed Type: SNF/NF: 87 Total: 87</p> <p>Census Payor Type: Medicare: 2 Medicaid: 68 Other: 17 Total: 87</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 12/26/24.</p>			F 0000			
F 0552 SS=D Bldg. 00	<p>483.10(c)(1)(4)(5) Right to be Informed/Make Treatment Decisions</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident</p>			F 0552	<p><b><u>F552</u></b></p> <p><b><u>Right to be informed /make</u></b></p>		01/10/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Alisha Boler

RN BSN RNC

01/08/2025

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 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 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.

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	<p>was given the opportunity to participate in their treatment, including understanding the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers, related to medication administration for 1 of 4 residents observed during medication administration. (Resident F)</p> <p>Finding includes:</p> <p>On 12/18/24 at 8:25 a.m., LPN 1 was observed preparing medications for Resident F. She prepared five tablets and gave them to the resident. She did not have the resident's inhaler. She exited the room and signed the medications out on the electronic medication record. She indicated at that time he did not get his inhaler, as he always refused it.</p> <p>The resident's record was reviewed on 12/18/24 at 9:15 a.m. A Physician's Order indicated to give Anora Ellipta (medication used to treat chronic obstructive pulmonary disease) 62.5/25 micrograms one inhalation daily.</p> <p>During an interview on 12/18/24 at 9:50 a.m., the Director of Nursing (DON) indicated the inhaler should at least have been offered to the resident.</p> <p>This citation relates to Complaint IN00449105.</p> <p>3.1-3(n)(2) 3.1-3(u)(1)</p>				<p><b><u>Treatment Decisions</u></b></p> <p>-</p> <p>It is the policy of Casa of Hobart to ensure that all residents are given the opportunity to participate in their treatment, including understanding the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p><b>Resident F</b> remains in the facility receiving all offered meds as ordered and allowed to accept or decline per their rights.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>All residents receiving medications have the potential to be affected by the alleged deficient practice</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b></p>		

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F 0740 SS=D Bldg. 00	483.40 Behavioral Health Services  Based on record review and interview, the facility	F 0740	<p><b>All Staff were in-serviced on:</b> 12/31/2024</p> <p>All residents are to be offered meds daily as ordered and given the opportunity to accept or decline at each administration time.</p> <p><b>How the corrective action(s) will be monitored to ensure that the deficient practice will not recur, i.e., what quality assurance programs will be put into place.</b></p> <p>The Administrator /designee will interview 5 residents to confirm that during the medication pass they have been offered all of their medications. This will be completed for 5x/ week x2 weeks then weekly for 6 months. The Director of Nursing /designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly.</p> <p><b><u>F740</u></b> <b><u>Behavioral Health Services</u></b></p>	01/11/2025	

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	<p>failed to ensure a resident with ongoing sexual behaviors was monitored and behaviors were documented for 1 of 3 residents reviewed for abuse. (Resident C)</p> <p>Finding includes:</p> <p>An Indiana State Department of Health Reportable Event, dated 10/24/24, indicated Resident C had entered Resident B's room and displayed inappropriate sexual behaviors. Resident B alerted staff and Resident C left the area. The Physician was contacted and orders were received to send Resident C out for psychiatric monitoring and stabilization. The resident was hospitalized from 10/25/24 to 11/5/24.</p> <p>The record for Resident C was reviewed on 12/17/24 at 2:10 p.m. Diagnoses included, but were not limited to, multiple sclerosis, tachycardia and mood disorder.</p> <p>The Quarterly Minimum Data Set assessment, dated 11/15/24, indicated the resident was cognitively intact and required supervision for toileting, eating and bed mobility. No behaviors were noted.</p> <p>A Physician's Order, dated 11/13/24, indicated to give Naltrexone (an opioid agonist medication) 50 milligrams (mg) twice daily for abnormal sexual function. This was previously ordered for 50 mg once daily and increased on 11/13/24.</p> <p>A Physician's Order, dated 11/6/24, indicated to give medroxyprogesterone acetate (a hormone drug) oral tablet 5 mg once daily in the morning for abnormal sexual function.</p> <p>A Psychiatry Progress Note, dated 10/7/24,</p>				<p>It is the policy of Casa of Hobart to ensure that a resident with ongoing sexual behaviors is being monitored and behaviors are documented</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>Resident C remains in the facility and staff are aware of and are monitoring and documenting observed sexual behaviors</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>All residents with behavioral concerns have the potential to be affected by the same deficient practice, thus they will have ongoing monitoring and documentation of any observed behaviors</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b></p> <p><b>All Staff were in-serviced on:</b></p>		

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	<p>indicated for nursing to monitor for obscene gesturing, touching or hugging another person, exposing body parts or disrobing and masturbating in public.</p> <p>A Behavior Observation, dated 10/25/24, indicated Resident B had notified nursing staff that Resident C had entered her room. He proceeded to pull out his penis in front of her. He then pulled out some lotion and began to ejaculate. Resident B told him to get out and put the call light on, the resident quickly left.</p> <p>A Social Service Note, dated 12/16/24, indicated the Interdisciplinary Team (IDT) had met and reviewed the resident's behaviors of masturbating in common areas. IDT did not feel Abilify (an antipsychotic medication) was contributing to improvement of behaviors and would be decreased. The resident would continue to receive redirection/education when behaving inappropriately.</p> <p>A Psychiatry Progress Note, dated 12/16/24, indicated staff reported the resident continued with sexual inappropriate behaviors but it has decreased overall. Nursing was to monitor for obscene gestures, touching or hugging another person, exposing body parts, disrobing and masturbating in public.</p> <p>During an interview on 12/18/24 at 9:45 a.m., QMA 1 indicated the resident had sexually inappropriate behaviors almost daily. He would also refuse medications that affected his sexual performance.</p> <p>During an interview on 12/18/24 at 11:32 a.m., LPN 2 indicated Resident C displayed sexually inappropriate behaviors weekly. When a behavior occurred, staff were to complete a Behavior</p>				<p>12/31/2024</p> <p>Regarding the process for monitoring, documenting, and reporting All Socially inappropriate behaviors</p> <p><b>How the corrective action(s) will be monitored to ensure that the deficient practice will not recur, i.e., what quality assurance programs will be put into place.</b></p> <p>The Administrator /designee will observe 5 residents and staff interactions observing behaviors and confirming proper documentation and reporting. This will be completed for 3x/ week x2 weeks then weekly for 6 months.</p> <p>The Director of Nursing /designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly.</p> <p><b>Compliance Date: 1/10/2025</b></p>		

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F 0755 SS=D Bldg. 00	<p>Observation and notify the Physician and responsible party. The resident would also take inappropriate pictures of staff.</p> <p>During an interview on 12/18/24 at 10:40 a.m., the Regional Nurse Consultant indicated behavior charting should be documented in the Medication Administration Record (MAR) or in Nursing Notes.</p> <p>During an interview on 12/18/24 at 12:15 p.m., the Director of Nursing indicated the behaviors were charted in the aides POC charting.</p> <p>The POC charting, from 11/5/24 to 12/18/24, had only one entry related to Resident C being sexually inappropriate. There were no Nursing Notes related to behaviors since readmission. There was no documentation in the MAR related to behaviors. There were only two Behavior Observations entered in 2024 on 6/21/24 and 10/25/24.</p> <p>This citation relates to Complaint IN00449105.</p> <p>3.1-43(a)(1)</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records Based on observation, record review, and interview, the facility failed to ensure medications were ordered and available timely, including staff being aware of stocked backup medications for 2 of 4 residents observed during medication administration. (Residents G and H)</p> <p>Findings include:</p> <p>1. On 12/18/24 at 8:39 a.m., QMA 1 was observed</p>			F 0755	<p><u>F755</u> <u>Pharmacy</u> <u>Srvcs/Procedures/Pharmacist/R</u> <u>ecords</u></p> <p>- It is the policy of Casa Hobart to ensure medications are ordered and available in a timely manner and ensure that staff are aware of and utilize the in-house back-up</p>		01/10/2025

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	<p>preparing medications for Resident G. She indicated the resident was out of the prednisone 5 milligram (mg) tablet. She indicated she would notify the nurse.</p> <p>During an interview on 12/18/24 at 9:50 a.m., LPN 2 indicated prednisone 5 mg was in the Capsa (automated device that stores routine medications) machine. She was made aware Resident G had not received the prednisone and indicated she would give it at that time.</p> <p>A Medication Note, dated 12/18/24 at 8:59 a.m., was created at 10:00 a.m. by the DON. The note indicated prednisone 5 mg had been ordered from the pharmacy and would be delivered stat (asap). The Physician had been notified and indicated to give the medication when it arrived.</p> <p>During an interview on 12/18/24 at 9:50 a.m., the DON indicated she had been made aware the medication was not available for the resident and had ordered it. She was going to check the Capsa but had not done so yet.</p> <p>2. On 12/18/24 at 8:50 a.m., QMA 1 was observed preparing medications for Resident H. She indicated the resident was out of Miralax and she would notify the nurse.</p> <p>During an interview on 12/18/24 at 9:50 a.m., LPN 2 indicated they normally kept house stock of Miralax in the medication room which could be used. The DON was present at the time and indicated the Miralax should be resident specific. Miralax was not stocked in the Capsa machine.</p> <p>A Medication Note, dated 12/18/24 at 10:02 a.m. by the DON, indicated the medication was not</p>				<p>medication.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>- Both Residents G and H remain in the house and have all prescribed medication on hand</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>All residents receiving medication have the potential to be affected by the same alleged deficient practice.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b></p> <p><b>All Staff were in-serviced on:</b> 12/31/2024</p> <p>Regarding the process for Timely re-ordering of medications</p>		

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	<p>available and the Physician had been notified and it was okay to give upon arrival.</p> <p>The current policy, "Medication Administration", indicated, "...21...If a drug is unavailable, either in the med cart or the emergency medication box, notification of attending physician, resident, and responsible party will occur...."</p> <p>This citation relates to Complaint IN00449105.</p> <p>3.1-25(g)(3)</p>				<p>and utilizing the on-hand stock medication when a med hasn't arrived from the pharmacy</p> <p><b>How the corrective action(s) will be monitored to ensure that the deficient practice will not recur, i.e., what quality assurance programs will be put into place.</b></p> <p>The Administrator /designee will interview 5 residents to confirm that during the medication pass they have been offered all of their medications. This will be completed for 5x/ week x2 weeks then weekly for 6 months. The Director of Nursing /designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly.</p> <p><b>Compliance Date: 1/10/2025</b></p>		