STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155469	A. BUILDING 00 B. WING	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CASA OF HOBART	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	This visit was for the Investigation of Complaint IN00442760. Complaint IN00442760 - Federal/state deficiencies related to the allegations are cited at F622. Survey date: September 16, 2024 Facility number: 000366 Provider number: 155469 AIM number: 100288900 Census Bed Type: SNF/NF: 91 Total: 91 Census Payor Type: Medicare: 8 Medicaid: 69 Other: 14 Total: 91 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 9/23/24.	F 0000		
F 0622 SS=D Bldg. 00	483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements Based on record review and interview, the facility failed to ensure a resident-initiated discharge was documented in the resident's medical record and appropriate information was given to the resident for continuation of care, related to a list of medications the resident received at the facility not sent with a resident and no documentation of	F 0622	CASA of Hobart Complaint Survey 9/16/2024 Plan of Correction Please accept the following as the	10/02/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dilane D Knights	Administrator	10/02/2024

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	the resident's status at the time of discharge. Finding includes: Resident B's record was reviewed on 9/16/24 at 9:12 a.m. The diagnoses included, but were not limited to, anterior cervical discectomy and fusion of the cervical 5-6 and 6-7 discs. The facility admission date was 8/28/24. A Social Service Assessment, dated 8/29/24, indicated an intact cognitive status. A "Release of Responsibility for Discharge Against Advice" form, signed by the resident on 9/5/24, indicated the resident assumed full responsibility for being discharged against the advice of the Attending Physician and Facility Administration. The resident was informed of the risks involved in discharging AMA. The signed form released the Attending Physician and the facility from all responsibility. The Social Service Director (SSD) witnessed the resident signing the form. There was no documentation that indicated the physician had been notified of the resident's request for the AMA discharge. There was no documentation that indicated the resident had discharged from the facility, with whom the resident left the facility, and if current medication orders were provided to the resident for continuation of care. During an interview on 9/16/24 at 10:53 a.m., the Director of Nursing (DON) indicated there was no documentation of the resident's AMA request and status of the resident upon leaving the facility in the Progress Notes. The Physician had not been notified of the impending AMA and no		facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. F622 - Transfer and Discharge Requirements It is the policy of Casa of Hobart to ensure that resident-initiated discharges are documented in the resident's medical record and appropriate information given to the resident for continuation of care. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice Rb - No longer resides in the facility 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. All residents residing in the facility have the potential to be affected by these alleged deficient practice What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. All nursing staff have been in-serviced on the process receiving, managing, documenting	

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	Physician's Orders or other information had been given to the resident. The resident requested the AMA on 9/5/24 and had discharged from the facility on 9/6/24. The DON indicated she spoke with LPN 1, the nurse on duty at the time of the discharge, and was informed Unit Manager (UM) 2 had indicated she would document the discharge. During an interview on 9/16/24 at 11:30 a.m., UM 2 indicated she had "no interaction" with the resident and had never said she would document the discharge. During an interview on 9/16/24 at 11:41 a.m., LPN 1 indicated she was not informed of the AMA discharge until 9/6/24 and UM 2 had indicated she would "take care of everything." When a resident requested to leave AMA, no paperwork or medications were usually sent with them. The Physician had not been notified of the impending AMA discharge nor asked if the Physician would give a discharge order. During an interview on 9/16/24 at 12:00 p.m., the DON indicated she remembered the Physician had come into the facility on 9/6/24 and was informed of the AMA discharge. The Physician was unable to recall what was said to him and the response he gave. There was no documentation that indicated he was notified or the response after the notification. The "Discharge Against Medical Advice" policy, dated 9/14/20 and received from the Administrator as current, indicated the resident had a right to sign themselves out of the facility without the consent or order from the physician and would be discharged AMA. An AMA form must be signed. Once the resident has left the facility AMA, the		and following through with a resident /Family request to discharge Against medical Advice 1. Documentation of Attempts to establish traditional discharge plan 2. Documentation of notification of Md of request for AMA 3. Documentation of notification of Family/ Responsible party of AMA 4. Documentation of presentation of AMA Form for signing 5. Documentation of presentation of current medication list and any appointments 6. Documentation in the resident record the current status at the time of discharge and with who if any and how the resident left the facility. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place. DON/Designee will review all non-traditional discharges daily X 2 weeks then 3x week X 6 month Confirming that any residents discharging AMA have done so per facility Policy and procedure. The Administrator/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.	

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	facility is under no further obligation to the resident. All medications were to be returned to the pharmacy. This citation relates to Complaint IN00442760. 3.1-12(a)(3)		Date of Compliance 10/2/2024	