

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/14/2026
NAME OF PROVIDER OR SUPPLIER LAKE PARK RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 RIPLEY ST, LAKE STATION, , 46405			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. This visit included the Investigation of Intakes 469527, 470142, and 471338. Intake 469527 -- No deficiencies related to the allegations are cited. Intake 470142 -- No deficiencies related to the allegations are cited. Intake 471338 -- No deficiencies related to the allegations are cited. Survey dates: 8/11/26, 8/13/26, and 8/14/26 Facility number: 001136 Residential Census: 86 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on	R 0000			

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	8/24/26.			
R 0246	Health Services - Deficiency 410 IAC 16.2-5-4(e)(6) (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact. Based on record review and interview, the facility failed to ensure QMAs received authorization from a licensed nurse prior to administering as needed (PRN) medication for 1 of 8 sampled residents. (Resident 5) Finding includes: The record for Resident 5 was reviewed on 8/13/26 at 10:17 a.m. Diagnoses included, but were not limited to, severe depression, history of stroke, and hypertension. A Physician's Order, dated 6/11/25, indicated the resident was to receive Ibuprofen (a pain	R 0246	1. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice. QMA1 is no longer employed at Lake Park. QMA's 2 and #3 was in-serviced , as well as other QMA's about obtaining the prior authorization from a licensed nurse before administering a PRN. A Licensed Nurse and Licensed Nursing House Supervisor are available on 24 hour basis to give prior authorization before administering any PRNs. 2. How will the facility identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken. All residents have the potential to be affected by the alleged deficient practice. 3.What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not recur? All QMA's will be re-in serviced about obtaining prior	10/18/2026

reliever) 800 milligrams (mg) three times a day with food as needed (PRN) for pain. The January 2026 Medication Administration Record (MAR) indicated QMA's 1 and 3 administered the resident's PRN Ibuprofen on the following dates and times without prior authorization from a licensed nurse: - 1/3/26 at 8:41 p.m. - 1/4/26 at 9:01 p.m. - 1/5/26 at 7:25 p.m. - 1/9/26 at 7:25 a.m. - 1/10/26 at 7:00 a.m. - 1/11/26 at 7:00 a.m. - 1/12/26 at 7:00 a.m. - 1/25/26 at 8:15 a.m. The February 2026 MAR indicated QMA 1 administered the resident's PRN Ibuprofen on the following dates and times without prior authorization from a licensed nurse: - 2/16/26 at 10:00 a.m. - 2/26/26 at 10:40 a.m. The March 2026 MAR indicated QMA's 1 and 2 administered the resident's PRN Ibuprofen on the following dates and times		authorization from a licensed nurse before administering a PRN medication to a resident. QMA's will document in the resident record that authorization was obtained from a licensed nurse before administering PRN medication. QMA's will also document in a binder that the authorization was given by a licensed before administering a PRN medication. 4. How will corrective action will be monitored to ensure the alleged deficient practice will not recur; i.e. what quality assurance program will be put into place. The Director of Nursing and/or designee will audit PRN administration binder on a monthly basis for six months, thereafter Director of Nursing and/or designee will randomly audit PRN Administration binder on a quarterly basis. 5 By what date the systemic changes will be completed. October 18, 2026	
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	without prior authorization from a licensed nurse: - 3/4/26 at 7:23 a.m. - 3/5/26 at 6:50 a.m. - 3/7/26 at 8:00 a.m. - 3/8/26 at 7:00 a.m. - 3/12/26 at 7:00 a.m. - 3/23/26 at 7:00 a.m. - 3/24/26 at 9:00 a.m. During an interview on 8/14/26 at 9:28 a.m., the Director of Nursing indicated the QMAs should have received prior authorization from a licensed nurse before administering the PRN Ibuprofen, the QMAs usually ask for authorization from the nurse but sometimes they don't document it.			
R 0298	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(2) (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility;	R 0298	1.What corrective will be accomplished for those residents found to have affected by the alleged deficient practice? Resident 5 was reviewed by the Genoa Pharmacist on August 28th, 2026 and recommendations were made for lab work to be done in September 2026. Resident #5 didn't miss any necessary labwork that needed to be done	10/18/2026

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(C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days. Based on record review and interview, the facility failed to ensure each resident's drug regimen was reviewed at least once every 60 days by the Consulting Pharmacist for 1 of 8 records reviewed. (Resident 5) Finding includes: The record for Resident 5 was reviewed on 8/13/26 at 10:17 a.m. Diagnoses included, but were not limited to, severe depression, history of stroke, and hypertension. The facility administered the resident's medications. The resident's medications were not reviewed by the pharmacist in March, May, and June 2026. During an interview on 8/14/26 at 9:28 a.m., the Director of Nursing indicated the resident's medications were not reviewed		during the missed months of pharmacist reviews. Director of Nursing will provide pharmacist recommendation for Resident #5 to the primary physician. 2. How will the facility identify other residents having the potential to be affected by the same alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. 3. What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not recur? All new admissions will be emailed to the Pharmacist as they are admitted to the facility. The pharmacist will receive a roster monthly on monthly visit to the facility when completing the reviews to ensure all residents are captured for the pharmaceutical review. All recommendations will be given to the Director of Nursing who will double check to ensure all residents are reviewed every sixty (60) days.	
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	by the pharmacist for the above dates.		4. How will corrective action will be monitored to ensure the alleged deficient practice will not recur; i.e. what quality assurance program will be put into place. The Director of Nursing and/or designee will review all pharmaceutical reviews monthly to ensure that all residents have completed pharmaceutical reviews every sixty (60) days for six months. Director of Nursing will randomly audit the pharmaceutical reviews quarterly and report any findings to Pharmacist and Administrator. 5. By what date the systemic changes will be completed. October 18, 2026	
R 0299	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(3) (3) The medication review, recommendations, and notification of the physician, if necessary, shall be documented in accordance with the facility ' s policy. Based on record review and interview, the facility failed to follow-up with a pharmacist's medication recommendation for 1 of 7 resident records	R 0299	1. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice? Genoa Pharmacy Pharmacist reviewed Resident #5 drug regimen on August 28th, 2026 and recommendations for lab work with regards to Vitamin D will be done in September 2026.	10/18/2026

reviewed. (Resident 7)

Finding includes:

The record for Resident 7 was reviewed on 8/13/26. Diagnoses included, but were not limited to, chronic mental illness and diabetes.

A Pharmacy Review, dated 5/20/26, indicated the resident's vitamin D level was low. The pharmacist recommended vitamin D 50,000 IU (International Units) every week.

The record lacked documentation that the resident received vitamin D or that the physician was notified of the recommendation.

During an interview on 8/14/26 at 1:30 p.m., the Director of Nursing (DON) indicated the resident did not receive the vitamin D as recommended. She had no documentation that the physician was notified.

Resident#5 didn't miss any urgent or necessary lab work recommendations.

2. How will the facility identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken.

All residents have the potential to be affected by the alleged practice.

3. What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not recur?

Director of Nursing will ensure that resident physician will be notified of all recommendations made by pharmacist when resident medication regimen is reviewed.

Pharmacist and/or Director of Nursing will notify physician of any urgent recommendations on same day of review for followup.

Documentation of physician notification of pharmaceutical recommendations' will be done by Director of Nursing and/or designee.

4. How will corrective action will be monitored to ensure the alleged deficient practice will not recur; i.e. what quality

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			assurance program will be put into place. Director of Nursing will review Pharmacist recommendations on a monthly basis for 6 months to ensure that no resident is missed. Thereafter Director of Nursing and/or designee will randomly audit pharmacist reviews on a quarterly basis to ensure no resident drug regimen is missed. 5 By what date the systemic changes will be completed. October 18, 2026	
R 0349	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(a)(1-4) (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. Based on record review and interview, the facility failed to	R 0349	1. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? The Director of Nursing counselled the Nursing Staff on follow up documentation on fall protocols with regards to the fall with Resident #5. 2. How will the facility identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken. All the residents have the potential to be affected by the	10/18/2026

ensure clinical records were complete and accurately documented related to fall follow-up documentation for 1 of 8 records reviewed. (Resident 5)

Finding includes:

The record for Resident 5 was reviewed on 8/13/26 at 10:17 a.m. Diagnoses included, but were not limited to, severe depression, history of stroke, and hypertension.

A Nursing Progress Note, dated 3/9/26 at 9:26 p.m., indicated the resident had an unwitnessed fall at 8:30 p.m. The resident was found on the floor in his room next to his bed. He was refusing to get up, he had no pain and he indicated he didn't hit his head but he was scared to get up. The ambulance was called and by the time the ambulance arrived, the resident got up on his own and refused to go to the hospital.

There was no further documentation for review after the resident's fall.

During an interview on 8/13/26 at 3:00 p.m., the Director of Nursing indicated only one entry had been completed after the fall and more documentation should have been completed.

alleged deficient practice.

3. What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not recur?

The Director of Nursing and/or designee will Inservice the Nursing Staff about the falls protocol which includes follow up documentation on a witnessed or unwitnessed falls.

4. How will corrective action will be monitored to ensure the alleged deficient practice will not recur; i.e. what quality assurance program will be put into place.

The Director of Nursing will audit all witnessed and unwitnessed fall incident reports to ensure follow up documentation is completed for the next six months.

Thereafter Director of Nursing and/or designee will randomly audit follow up documentation to witnessed or unwitnessed falls on a quarterly basis ongoing.

5 By what date the systemic changes will be completed.

October 18, 2026

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FORM APPROVED

OMB NO. 0938-0391

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREJoelynn Miller Johnson	TITLEAdministrator	(X6) DATE09/06/2026
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