STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE PARK RESIDENTIAL CARE	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 the Investigation of Intake IN00465986. Intake IN00465986 - State deficiency related to the allegations is cited at R0349. Survey date: November 13, 2025 Facility number: 001136 Residential Census: 86 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 11/14/25.	R 0000		
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	R 0349	1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident B affected by the alleged deficient practice was transferred	01/06/2026

	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 ensure clinical records were complete and accurately documented related to a safety assessment being completed for a resident with the diagnosis of dementia who had privileges to leave the facility unattended for 1 of 2 residents reviewed for supervision. (Resident B) Finding includes: The closed record for Resident B was reviewed on 11/13/25 at 10:18 a.m. Diagnoses included, but were not limited to, hypercholersterolemia (high cholesterol), anxiety, major depressive disorder, dizziness, and dementia. A Service Plan, dated 8/21/25, indicated the resident was independent with mobility and safety precautions were encouraged. The resident also required reminders with meal and medication times. The Service Plan did not indicate if the resident was safe to leave		to Methodist Hospital in Merrillville Indiana for therapy per the information given by Resident B's health representative. Resident was discharged from Lake Park. 2. 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 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 that the deficient practice does not recur. Facility will review clinical records for residents who have diagnosis of dementia that have privileges to leave the facility unattended and will document reviewal findings on their individual service plan. Facility Director of Nursing and/or designee will consult with psychiatrist and/or primary physician regarding whether or not resident may leave facility unattended. If resident is unable to leave unattended, and will leave unattended, facility with execute a	

	the premises. The November 2025 medication list indicated the resident received Donepezil HCL (a medication used to treat the symptoms of dementia associated with Alzheimer's disease) 10 milligrams (mg) daily and Memantine HCL (a prescription medication primarily used to treat moderate to severe Alzheimer's disease) 10 mg twice a day. An Unusual Event Report, dated 11/7/25 at 6:00 p.m., indicated the local police department arrived at the facility and informed staff the resident had been hit by a vehicle approximately 20 minutes earlier. The resident was being airlifted to a trauma hospital. During an interview on 11/13/25 at 11:55 a.m., the Administrator indicated the resident had left the facility to buy cigarettes for one of his friends. He had not signed out prior to leaving and she was not sure if he was wearing reflective clothing. She indicated the resident goes out daily, usually during the day, and she felt the resident was safe to go out on his own. During an interview on 11/13/25 at 12:18 p.m., the Director of Nursing (DON) indicated despite the resident's diagnosis she felt he was safe to leave the facility.		30 day discharge and look for appropriate facility to meet needs of the resident. Facility Nursing Staff and other Administrative staff will continue to encourage residents to continue to wear reflective vests while in the community due to recent construction and traffic. Residents of facility will encourage residents to cross the street at traffic signals instead of crossing in the middle of street to ensure their safety while out in the community. Resident will also encourage residents to sign up for monthly shopping trips with Activity Staff to lessen walking trips in the community for things they may need. Administrator will meet with residents bout wearing reflective vests, crossing the street at traffic signals, shopping with activity staff. usage of vending machines in facility for snacks they may need to discourage additional outings in community, and signing out when they leave the facility. 4. How will the corrective action(s) will be monitored to ensure the deficient practice does not recur, i.e. what quality assurance program will be put into place.	

	She indicated the resident knew where he lived and what he was doing when he was out. There was no documentation in the resident's record indicating he was assessed as safe to leave the facility. This citation relates to Intake IN00465986. Based on record review and interview, the facility failed to ensure clinical records were complete and accurately documented related to a safety assessment being completed for a resident with the diagnosis of dementia who had privileges to leave the facility unattended for 1 of 2 residents reviewed for supervision. (Resident B) Finding includes: The closed record for Resident B was reviewed on 11/13/25 at 10:18 a.m. Diagnoses included, but were not limited to, hypercholersterolemia (high cholesterol), anxiety, major depressive disorder, dizziness, and dementia. A Service Plan, dated 8/21/25, indicated the resident was independent with mobility and safety precautions were encouraged. The resident also required reminders with meal and medication times. The Service Plan did not indicate if the resident was safe to leave		Director of Nursing and/or designee will review residents with diagnosis of Dementia on a monthly basis regarding safety in leaving facility unattended. Administrator and/or Activity Staff will discuss safety issues and practices at Resident Council meeting held monthly. 5. By what date systemic changes will be completed. January 6, 2026	

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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) DATE12/05/2025