STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORTHINGTON PLACE	10799 ALLIANCE DR, CAMBY, , 46113

(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. Survey dates: April 7 and 8, 2026 Facility Number: 003984 Residential Census: 35 These State Residential Finding are cited in accordance with 410 IAC 16.2-5. Quality review completed April 10, 2026.	R 0000	**The facility requests paper compliance for this citation.** ***This Plan of Correction is the center's credible allegation of compliance.*** ***Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.***	
R 0304	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(e) (e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized personnel are present. All Schedule II drugs administered by the facility shall be kept in	R 0304	**R304** **1)Immediate actions taken for those residents identified: No identified residents** **2)How the facility identified other residents: No other**	04/20/2026

	individual containers under double lock and stored in a substantially constructed box, cabinet, or mobile drug storage unit. Based on observation, interview, and record review, the facility failed to ensure that medications were secured for 1 of 2 days during the survey. The medication cart and medication room were unlocked. Findings include: 1. On 4/8/26 from 8:55 a.m. to 9:00 a.m., during a walkthrough of the facility, on the south side of the facility at the end of the dining room next to the medication storage room, observed a medication cart unlocked. 2. On 4/8/26 from 8:55 a.m. to 9:00 a.m., during a walkthrough of the facility, the medication storage room was observed to have the door propped open and no staff were observed in the area. During an interview on 4/8/26 at 9:00 a.m., the Director of Nursing (DON) indicated that both the medication cart and medication storage room should have been locked. During an interview on 4/8/26 at 9:05 a.m., Qualified Medication Aide (QMA) 2 indicated that both the medication cart and		**identified residents** **3)Measures put into place/ System changes:** **Director of Health and Wellness to provide in-service to all med passers on Policy; Medication Storage – Centrally Stored Medications. This will be completed by 4/29/2026. Med Passer on the floor the day of the deficiency in-serviced on 4/9/2026.** **Med room door and Med carts will be closed and always locked unless they are in use by med passer.** **4)How the corrective actions will be monitored:** **Director of Health and Wellness or designee to make three observations per day 5 days a week for 30 days of med room door and med carts, beginning 4/29/2026, and will document observations.** **Beginning 5/30/2026 Director of Health and Wellness or designee to make two observations per day 3 days a week, of med room door and med carts and will document observations.** **Beginning 6/29/2026 Director of Health and Wellness or designee to make a daily**	

	medication room were supposed to be kept locked. On 4/8/26 at 9:26 a.m., the Executive Director (ED) provided a copy of the Lakehouse Senior Living, "MP 12- Medication Storage-Centrally Stored Medications", with a date of 6/10/24 and indicated it was the current policy in use by the facility. A review of the policy indicated, all medications, including over-the-counter (OTC) medications were to be kept in locked storage at all times.		**observation of med room door and med carts and will document observations.** **Director of Health and Wellness and Executive Director to discuss observation logs in weekly DHW and ED meeting. At the end of 90-days if no deficiencies were observed will discontinue logging observations.** **5)Date of compliance: 7/28/2026**	
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 interview and record review, the facility failed to ensure weights were documented completely and	R 0349	**R 349** **1)Immediate actions taken for those residents identified: Resident 62** **2) How the facility identified other residents: Director of Health and Wellness conducted audit and found no other identified residents.** **3)Measures put into place/ System changes:** **Director of Health and Wellness to provide in-service to all staff regarding Resident's Treatment Administration Record no later than 4/30/2026.** **Director of Health and**	04/20/2026

	accurately in the clinical record for 1 of 7 residents reviewed for weights. (Resident 62) Findings include: On 4/7/26 at 9:00 a.m., the Director of Nursing (DON) provided a copy of the "Facility Task Sheet" document. A review of the document indicated Resident 62 was to have weights taken every Monday and Friday and they were to be recorded in the clinical record. During an interview at that time, the DON indicated the document served as a communication tool for staff to ensure the staff members were aware of and delivered specific services to the residents. The clinical record of Resident 62 was reviewed on 4/7/26 at 11:00 a.m. The diagnoses included, but were not limited to, HTN (hypertension), CHF (congested heart failure), and diabetes. Physician orders included, but was not limited to, torsemide (diuretic) tablet 10 milligrams daily, start date of the medication was 5/14/25 and had no end date noted. Resident 62's March 2026 Treatment Administration Record (TAR): Scheduled Medications / Treatments record		**Wellness or designee will continue to update "Facility Task Sheets" monthly or as needed for resident's change of condition, move-ins/outs, and changes to physician's orders.** **All residents' weights and vital signs will be completed and documented as ordered by physician. Any follow up based on physician's orders will be reported immediately to physician.** **4)How the corrective actions will be monitored:** **Director of Health and Wellness verified that Resident 62's weight was taken every Monday and Friday, and that all documentation was completed appropriately, and that any changes in condition were immediately reported to physician until resident 62 moved out of facility on 4/17/2026.** **Starting 4/29/2026, Director of Health and Wellness, or designee, will audit residents' Treatment Administration Record weekly for appropriate documentation of weights and vital signs for 90 days.** **Director of Health and Wellness and Executive Director to discuss**	

	included, but was not limited to, "vitals / weights monitoring: resident has scheduled monitoring of blood pressure and weights...Monday's and Friday's..." A review of the document indicated the clinical staff had initialed the document for every Monday and Friday during the month of March. The clinical staff initials indicated the weights were obtained on those days. The clinical record lacked recorded weights for each Monday and Friday during the month of March. Resident 62's April 2026 TAR: Scheduled Medications / Treatments record included, but was not limited to, "vitals / weights monitoring: resident has scheduled monitoring of blood pressure and weights...Monday's and Friday's..." A review of the document indicated clinical staff had initialed the document on Monday (4/3/26) and Friday (4/6/26) during the month of April. The clinical staff initials indicated the weights were obtained on those days. The clinical record lacked recorded weights for those days. During an interview on 4/8/26 at 9:20 a.m., Qualification Medication Aide (QMA) 2 indicated Resident 62's weights were to be taken, every Monday and Friday, and recorded in the		**observation logs in weekly DHW and ED meeting. At the end of 90 days if no deficiencies were observed we will discontinue logging observations.** **5)Date of compliance: 7/28/2026**	

clinical record. The "Facility Task Sheet" document and Resident 62's clinical records were used to ensure staff were aware of and delivered the necessary services to the resident.

During an interview on 4/8/26 at 12:10 p.m., the DON indicated the nursing measures for Resident 62 included taking, recording, and monitoring the weights every Monday and Friday. The weights were to be documented in the TAR document, and the physician was to be notified of any significant weight changes. Resident 62's weights had been signed off by the clinical staff as having been taken; however, the actual weights were not recorded in the TAR document nor elsewhere within the clinical record.

On 4/8/26 at 12:04 p.m., the Executive Director provided a copy of the Medication Errors policy, dated 6/10/24, and indicated it was the current policy in use by the facility. A review of the document indicated, "...monitor the resident for signs and symptoms of a serious reaction...record resident's vital signs and report to physician..."

correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURESheryl L Morning	TITLERCA ED	(X6) DATE04/30/2026