STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELKHART PLACE ASSISTED LIVING	2024 COUNTY ROAD 24, ELKHART, , 46517

(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 Complaint IN00463682 and IN00465105. Complaint IN00463682 - State deficiencies related to the allegations are cited at R0297 & R0326. Complaint IN00465105- No deficiencies related to the allegations are cited. Unrelated deficiencies are cited. Survey date: October 2 & 3, 2025 Facility number: 004353 Residential Census: 34 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on 10/14/2025	R 0000		

R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on interview and record review, the facility failed to complete self-administration evaluations and orders for self-administration of medications for 2 of 3 residents reviewed for medication administration. (Residents E & G)\ Findings include: 1. A record review for Resident E was completed on 10/2/2025 at 10:40 A.M. Diagnoses included, but were not limited to: schizoaffective disorder,	R 0216	Residents of the Community have the potential to be affected by the alleged deficiency. An audit of residents' records was completed to ensure that self-administration evaluations and corresponding physician orders were in place for any resident self-administering medications. Residents E and G's records were corrected to include completed self-administration evaluations and updated physician orders. Nurses will be educated on 10/24/2025 by Interim DON regarding the required process for evaluating and documenting self-administration of medications, ensuring physician approval is obtained prior to implementation. Weekly audits of self-administration evaluations will be completed for 60 days to verify continued compliance. The QA Committee will review outcomes at the end of QA meetings/minutes to determine if continued weekly audits are needed or if transition to quarterly review is appropriate.If monitoring is discontinued prior to six months, the QA Committee will utilize data trends and audit outcomes to ensure the deficient practice does not recur. Responsible Party: Director of Nursing	11/30/2025

	fibromyalgia, narcolepsy, congestive heart failure, chronic pancreatitis and diabetes mellitus type 2. During an interview, on 10/3/2025 at 9:58 A.M., Resident E indicated he administered his own testosterone injection. A Physician's Order, dated 1/23/2025, indicated Resident E was to receive testosterone 1,000 milligrams per 5 milliliters inject intramuscularly every three weeks. The August 2025 Medication Administration Record (MAR) indicated Resident E had received the testosterone injection, on 8/5/2025 at 5:00 P.M. administered by the QMA to Resident E's right thigh. During an interview, on 10/3/2025 at 10:51 A.M., the Interim Director of Nursing indicated Resident E had not had a self-administration evaluation for administration of medication completed, nor did the resident have a physician's order to self-administer the testosterone injections. She indicated the QMA would not have administered the testosterone injections. 2. A record review for Resident G was completed, on 10/2/2025 at 2:07 P.M. Diagnoses included, but were not limited to:			

	allergic rhinitis, major depressive disorder and mild cognitive impairment. A Physician's Order, dated 1/27/2025, indicated Resident G was to receive fluticasone propionate (medication for allergic rhinitis) 50 micrograms spray give one spray in each nostril daily. The September 2025 MAR indicated Resident G had self-administered her fluticasone propionate daily except for the dates of 8/11/2025, 8/16/2025 and 8/28/2025. During an interview, on 10/3/2025 at 10:51 A.M., the Interim Director of Nursing indicated Resident G had not had a self-administration evaluation for administration of medication, nor did the resident have a physician's order to self-administer medications. A policy was provided, on 10/3/2025 at 11:24 A.M., by the Executive Director. The policy titled, "Self Administration", indicated, " ...To offer every resident a life full of independence and freedom, residents who have the cognitive and physical ability to take their own medications are encouraged to do so. A resident who takes his or her own medications must be evaluated [using the Self-Medication			

evaluation] to determine if the resident is cognitively and physically able to administer their medications and this must be approved by his or her physician to be certain it is an acceptable and safe arrangement ...."

Based on interview and record review, the facility failed to complete self-administration evaluations and orders for self-administration of medications for 2 of 3 residents reviewed for medication administration. (Residents E & G)\

Findings include:

1. A record review for Resident E was completed on 10/2/2025 at 10:40 A.M. Diagnoses included, but were not limited to: schizoaffective disorder, fibromyalgia, narcolepsy, congestive heart failure, chronic pancreatitis and diabetes mellitus type 2.

During an interview, on 10/3/2025 at 9:58 A.M., Resident E indicated he administered his own testosterone injection.

A Physician's Order, dated 1/23/2025, indicated Resident E was to receive testosterone 1,000 milligrams per 5 milliliters inject intramuscularly every three weeks.

	The August 2025 Medication Administration Record (MAR) indicated Resident E had received the testosterone injection, on 8/5/2025 at 5:00 P.M. administered by the QMA to Resident E's right thigh. During an interview, on 10/3/2025 at 10:51 A.M., the Interim Director of Nursing indicated Resident E had not had a self-administration evaluation for administration of medication completed, nor did the resident have a physician's order to self-administer the testosterone injections. She indicated the QMA would not have administered the testosterone injections. 2. A record review for Resident G was completed, on 10/2/2025 at 2:07 P.M. Diagnoses included, but were not limited to: allergic rhinitis, major depressive disorder and mild cognitive impairment. A Physician's Order, dated 1/27/2025, indicated Resident G was to receive fluticasone propionate (medication for allergic rhinitis) 50 micrograms spray give one spray in each nostril daily. The September 2025 MAR indicated Resident G had self-administered her fluticasone propionate daily except for the dates of 8/11/2025, 8/16/2025			

	and 8/28/2025. During an interview, on 10/3/2025 at 10:51 A.M., the Interim Director of Nursing indicated Resident G had not had a self-administration evaluation for administration of medication, nor did the resident have a physician's order to self-administer medications. A policy was provided, on 10/3/2025 at 11:24 A.M., by the Executive Director. The policy titled, "Self Administration", indicated, " ...To offer every resident a life full of independence and freedom, residents who have the cognitive and physical ability to take their own medications are encouraged to do so. A resident who takes his or her own medications must be evaluated [using the Self-Medication evaluation] to determine if the resident is cognitively and physically able to administer their medications and this must be approved by his or her physician to be certain it is an acceptable and safe arrangement ...."			
R 0297	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(1) (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the	R 0297	Residents of the Community have the potential to be affected by the alleged deficiency. Residents' MARs will be reviewed to ensure medications are available and administered as prescribed by DON. The pharmacy vendor was contacted to establish a	11/30/2025

	following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana. Based on interview and record review, the facility failed to ensure prescribed medications were available to administer for 1 of 3 residents reviewed for medication availability. (Resident E) Finding includes: A record review for Resident E was completed, on 10/2/2025 at 10:40 A.M. Diagnoses included, but were not limited to: schizoaffective disorder, fibromyalgia, narcolepsy, congestive heart failure, chronic pancreatitis and diabetes mellitus type 2. The September 2025 Medication Administration Record (MAR) indicated Resident E had not been administered the following medications: -Entresto (medication for chronic heart failure) 24 milligram/26 milligram take three tablets twice daily, was documented as unavailable for 12 of 60 administrations. -Famotidine (medication for acid		standardized medication refill process with proactive ordering to prevent missed doses. Nursing staff will receive training on unavailable medications and refill procedures on October 23, 2025, led by the Executive Director and Director of Nursing. This training includes documentation expectations when medications are unavailable and escalation steps to ensure timely replacement. Weekly pharmacy audits will be completed by the DON for 60 days to monitor medication availability. The QA Committee will review outcomes at the end of QA meetings/minutes to determine if continued weekly audits are needed or if transition to quarterly review is appropriate.If monitoring is discontinued prior to six months, the QA Committee will utilize data trends and audit outcomes to ensure the deficient practice does not recur. Responsible Party: Director of Nursing	

	reflex) 40 milligrams daily at bedtime was documented as unavailable from 9/2/2025-9/11/2025. -Januvia (medication for diabetes mellitus) 100 milligrams was documented as unavailable from 9/1/2025-9/8/2025. The August 2025 MAR indicated Resident E had not been administered the following medications: -Breztri Aerosphere (medication for chronic obstructive pulmonary disease) two puffs twice daily was documented as unavailable from 8/22/2025-8/24/2025. -Entresto 24 milligram/26 milligram take three tablets twice daily has missed 7 dose due to unavailability. -Prasuerel (brand name Effient, antiplatelet medication) 10 milligrams daily was documented as unavailable from 8/2/2025-8/3/2025 and 8/5/2025-8/8/2025. The July 2025 MAR indicated Resident E had not been administered the following medications: -Eesomeprazole (medication for gastro-esophageal reflux disease) 40 milligrams twice daily from 7/11/2025-7/12/2025,			

	7/16/2025-7/19/2025 and 7/21/2025 morning dose. -Ingrezza (medication for involuntary movements) 40 milligram capsule daily was documented as unavailable from 7/18/2025-7/21/2025. -Ozempic (diabetes medication with heart disease medication) 0.25-0.5 milligram 2 milligrams per 3 milliliters weekly was docuemnted as unavailable on 7/7/2025 and 7/14/2025. -Prasuerel 10 milligrams daily was documented as unavailable from 7/27/2025-7/28/2025. During an interview, on 10/2/2025 at 12:03 P.M., Resident E indicated he had not received medications prescribed from his physician. During an interview, on 10/3/2025 at 10:42 A.M., the Interim Director of Nursing indicated medications should be administered as prescribed. She indicated once an order was entered into the electronic medical record the medication should have been available by the next morning for administration. A policy for pharmacy deliveries and dispensing of pharmacy medications was requested on 10/2/2025 at 11:05 A.M. The Executive Director indicated the facility did not have a policy on			

	10/3/2025 at 11:40 A.M. This citation relates to complaint IN00463682. Based on interview and record review, the facility failed to ensure prescribed medications were available to administer for 1 of 3 residents reviewed for medication availability. (Resident E) Finding includes: A record review for Resident E was completed, on 10/2/2025 at 10:40 A.M. Diagnoses included, but were not limited to: schizoaffective disorder, fibromyalgia, narcolepsy, congestive heart failure, chronic pancreatitis and diabetes mellitus type 2. The September 2025 Medication Administration Record (MAR) indicated Resident E had not been administered the following medications: -Entresto (medication for chronic heart failure) 24 milligram/26 milligram take three tablets twice daily, was documented as unavailable for 12 of 60 administrations.			

	-Famotidine (medication for acid reflex) 40 milligrams daily at bedtime was documented as unavailable from 9/2/2025-9/11/2025. -Januvia (medication for diabetes mellitus) 100 milligrams was documented as unavailable from 9/1/2025-9/8/2025. The August 2025 MAR indicated Resident E had not been administered the following medications: -Breztri Aerosphere (medication for chronic obstructive pulmonary disease) two puffs twice daily was documented as unavailable from 8/22/2025-8/24/2025. -Entresto 24 milligram/26 milligram take three tablets twice daily has missed 7 dose due to unavailability. -Prasuerel (brand name Effient, antiplatelet medication) 10 milligrams daily was documented as unavailable from 8/2/2025-8/3/2025 and 8/5/2025-8/8/2025. The July 2025 MAR indicated Resident E had not been administered the following medications: -Eesomeprazole (medication for gastro-esophageal reflux disease) 40 milligrams twice			

daily from 7/11/2025-7/12/2025, 7/16/2025-7/19/2025 and 7/21/2025 morning dose.

-Ingrezza (medication for involuntary movements) 40 milligram capsule daily was documented as unavailable from 7/18/2025-7/21/2025.

-Ozempic (diabetes medication with heart disease medication) 0.25-0.5 milligram 2 milligrams per 3 milliliters weekly was docuemnted as unavailable on 7/7/2025 and 7/14/2025.

-Prasuerel 10 milligrams daily was documented as unavailable from 7/27/2025-7/28/2025.

During an interview, on 10/2/2025 at 12:03 P.M., Resident E indicated he had not received medications prescribed from his physician.

During an interview, on 10/3/2025 at 10:42 A.M., the Interim Director of Nursing indicated medications should be administered as prescribed. She indicated once an order was entered into the electronic medical record the medication should have been available by the next morning for administration.

A policy for pharmacy deliveries and dispensing of pharmacy medications was requested on 10/2/2025 at 11:05 A.M. The Executive Director indicated the

	facility did not have a policy on 10/3/2025 at 11:40 A.M. This citation relates to complaint IN00463682.			
R 0326	Activities Programs - Deficiency 410 IAC 16.2-5-7.1(a) (a) The facility shall provide activities programs appropriate to the abilities and interests of the residents being served. Based on observation and interview, the facility failed to provide scheduled activities that could affect 34 of 34 residents. Finding includes: During an observation, on 10/2/2025 at 9:51 A.M., a large-scale calendar was posted to the wall of the activities room. The calendar indicated the activities for 10/2/2025 included, but were not limited to: Moving and Grooving at 10:30 A.M., Arts and Crafts at 11:00 A.M. and Resident Council at 1:30 P.M. During an observation of the common areas and activity room, on 10/2/2025 at 10:47 A.M., there were no activity programs initiated. During an observation, on 10/2/2025 at 11:15 A.M., the activity room was dark. Coloring	R 0326	Residents of the Community have the potential to be affected by the alleged deficiency. The Activities Director, was hired on October 13, 2025, and has assumed responsibility for coordinating and implementing the daily activities program. An updated Activities Calendar is posted monthly in the common areas and includes daily scheduled events that meet residents' physical, cognitive, and social needs. Activities are being conducted daily as scheduled, and alternate activities are provided as needed. Staff have been reminded to support the activities program when needed to ensure consistent participation and engagement. Weekly monitoring will occur for 60 days to verify adherence to the posted schedule. The QA Committee will review outcomes at the end of QA meetings/minutes to determine if continued weekly audits are needed or if transition to quarterly review is appropriate.If monitoring is discontinued prior to six months, the QA Committee will utilize data trends and audit outcomes to ensure the deficient practice does not recur. Responsible Party: Activities Director & Executive Director	11/30/2025

pages on a clip board were on the table, but the activity that had been scheduled was not initiated and had no staff or residents were in the activity room.

During an interview, on 10/2/2025 at 12:03 P.M., Resident E indicated the facility did not have an activities director and activities had not been completed.

During an observation, on 10/2/2025 at 1:37 P.M., the activity room continued to be dark.

During an interview, on 10/2/2025 at 1:37 P.M., the receptionist indicated the resident council meeting scheduled had not been initiated because the room the meeting was usually held in was currently unavailable.

During an interview, on 10/3/2025 at 10:26 A.M., the Executive Director indicated the facility did not have an activities director at this time and nursing staff and management had stepped into assist with activities. She indicated activities should have been completed per the activities calendar.

A policy was provided, on 10/3/2025 at 11:24 A.M., by the Executive Director. The policy titled, "Activity Program",

indicated, " ...Activities will be scheduled on a regular basis to enrich the lives of residents. Activities will include, but not limited to: social events, religious events, exercise, creative opportunities, intellectual opportunities, cultural events, volunteer opportunities and work opportunities ...."

This citation relates to complaint IN00463682.

Based on observation and interview, the facility failed to provide scheduled activities that could affect 34 of 34 residents.

Finding includes:

During an observation, on 10/2/2025 at 9:51 A.M., a large-scale calendar was posted to the wall of the activities room. The calendar indicated the activities for 10/2/2025 included, but were not limited to: Moving and Grooving at 10:30 A.M., Arts and Crafts at 11:00 A.M. and Resident Council at 1:30 P.M.

During an observation of the common areas and activity room, on 10/2/2025 at 10:47 A.M., there were no activity programs initiated.

During an observation, on 10/2/2025 at 11:15 A.M., the activity room was dark. Coloring pages on a clip board were on

the table, but the activity that had been scheduled was not initiated and had no staff or residents were in the activity room.

During an interview, on 10/2/2025 at 12:03 P.M., Resident E indicated the facility did not have an activities director and activities had not been completed.

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	scheduled on a regular basis to enrich the lives of residents. Activities will include, but not limited to: social events, religious events, exercise, creative opportunities, intellectual opportunities, cultural events, volunteer opportunities and work opportunities ...." This citation relates to complaint IN00463682.			

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 SIGNATURETerri	TITLEMcLemore	(X6) DATE11/03/2025