STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDMOOR OF CASTLETON, LLC	8480 CRAIG ST, INDIANAPOLIS, , 46250

(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 Intake IN00465433. Intake IN00465433-State deficiencies related to the allegations are cited at R0240. Survey dates: October 22 and 23, 2025 Facility number: 009894 Residential Census: 109 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on October 27, 2025.	R 0000		
R 0240	Health Services - Deficiency 410 IAC 16.2-5-4(d) (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual	R 0240	Plan of Correction Intake IN00465433 What corrective action(s) will be accomplished for those	11/06/2025

	needs and preferences. Based on observation, interview and record review, the facility failed to ensure personal care was provided in a manner to minimize the risk of infection for 1 of 3 residents reviewed for personal care. (Resident B) Findings include: During an interview, on 10/22/25 at 2:10 p.m., Resident B's daughter indicated Resident B recently had a urinary tract infection (UTI). The resident had UTIs often and she felt it was related to poor hygiene and peri care practices from the facility staff. During an observation, on 10/22/25 at 1:25 p.m., CNA 2 and CNA 3 were observed to assist Resident B from her recliner to the bathroom. CNA 2 pulled down Resident B's pants and removed her depend. When the resident finished using the restroom, she was instructed to stand and hold onto her walker. CNA 3 took a wet washcloth and wiped the resident's peri area in the front and then used the same washcloth to wipe the resident's buttock. CNA 3 then rinsed the washcloth and used the same washcloth to wipe the resident in the front again and then in the back again. The resident's incontinence product and pants were then pulled up,		residents found to have been affected by the deficient practice? Resident’s care plan has been updated to reflect the Resident is to receive per-care daily. Currently, the resident received a bed bath from her third-party care provider. Staff has been educated on the proper way to administer peri-care. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents that receive peri-care have the potential to be affected. Staff will be trained on the correct way to administer peri-care. Staff will sign	

	and the resident was assisted back to her recliner. The clinical record for Resident B was reviewed on 10/22/25 at 11:00 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, osteoporosis, and muscle weakness. A service plan for Resident B, last updated on 9/12/25, indicated staff were to provide physical assistance with toileting. Resident B wore incontinent products, and the facility staff would perform peri care on Resident B every day. A physician's order, dated 10/1/25, indicated to administer one (1) capsule of cefdinir (an antibiotic medication) 300 milligrams (mg) every 12 hours until 10/7/25 for a urinary tract infection (UTI). A CNA job description, signed by CNA 3 on 4/26/19, indicated the CNA was responsible for assisting the residents with toilet and incontinent care and to make incontinence checks at least every 2 hours. A facility document, titled "Incontinence Care, Activity of Daily Living (ADL), Resident Rights and Abuse," dated 8/2025, indicated CNA 3 was provided additional education by the Director of Nursing (DON) on providing incontinence care		off on training. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? All nursing staff will be educated on the Facility policy on “Incontinence Care”. Disposable wipes will be available to the care associates to ensure washcloths are not re-used after toileting residents. Periodic “spot checks” will be done by Director of Nursing and/or designated Nurse on duty to ensure correct procedures are followed when toileting resident. This will be verified through a three-month audit tool. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, ie, what quality assurance	

	for residents. During an interview, on 10/22/25 at 1:30 p.m., CNA 2 indicated two separate washcloths should have been used during the incontinence care. Once a washcloth was used, it should have been placed in a bag and never used to wipe a resident again. During an interview, on 10/23/22 at 9:00 a.m., the DON indicated CNA 3 should have only used a washcloth once while providing peri care. A washcloth should not be reused. During an interview, on 10/23/25 at 11:17 a.m., Home Health Aide 4 indicated multiple towels and wash cloths should be used when doing incontinence care. A wash basin should be filled with warm soapy water, several washcloths placed in the water, and one should be used for wiping the front and one for wiping the back. The dirty washcloths should be placed in a trash bag after using them. HHA 4 indicated a washcloth should not be used twice while giving care as it could put a resident at a higher risk of getting a urinary tract infection (UTI). During an interview, on 10/23/25 at 11:57 a.m., CNA 5 indicated multiple towels and wash cloths should be used to make sure a		program will be put into place? A daily audit tool will be kept at the front desk to indicate how often resident is checked and changed. Additional disposable wipes will be available to the care team to ensure that washcloths are not rinsed and reused. Three-month audit tools in place where DON or nurse on duty will verify correct peri-care is administered. By what date will the systemic changes be completed? 11/16/25	

resident was clean. When finished with one wash cloth, another would be used.

A current facility policy, titled "Incontinence Care," dated as revised on 1/2015 and provided by the DON on 10/23/25 at 10:00 a.m., indicated "...Encourage resident to clean perineal area in a front to back motion, offer to help, provide assistance as needed...Encourage residents to dry the perineal area (wiping in a front to back motion), offer to help, provide assistance as needed...."

A current facility policy, titled "Activities of Daily Living (ADL) Care," dated as revised on 4/2015 and provided by the DON on 10/23/25 at 11:35 p.m., indicated "...It is the expectation that the activities of daily living (ADL) care outlined on the resident's service plan will be delivered to the resident as scheduled...."

This citation relates to Intake IN00465433.

Based on observation, interview and record review, the facility failed to ensure personal care was provided in a manner to minimize the risk of infection for 1 of 3 residents reviewed for personal care. (Resident B)

Findings include:

During an interview, on 10/22/25 at 2:10 p.m., Resident B's daughter indicated Resident B recently had a urinary tract infection (UTI). The resident had UTIs often and she felt it was related to poor hygiene and peri care practices from the facility staff.

During an observation, on 10/22/25 at 1:25 p.m., CNA 2 and CNA 3 were observed to assist Resident B from her recliner to the bathroom. CNA 2 pulled down Resident B's pants and removed her depend. When the resident finished using the restroom, she was instructed to stand and hold onto her walker. CNA 3 took a wet washcloth and wiped the resident's peri area in the front and then used the same washcloth to wipe the resident's buttock. CNA 3 then rinsed the washcloth and used the same washcloth to wipe the resident in the front again and then in the back again. The resident's incontinence product and pants were then pulled up, and the resident was assisted back to her recliner.

The clinical record for Resident B was reviewed on 10/22/25 at 11:00 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, osteoporosis, and muscle weakness.

A service plan for Resident B,

last updated on 9/12/25, indicated staff were to provide physical assistance with toileting. Resident B wore incontinent products, and the facility staff would perform peri care on Resident B every day.

A physician's order, dated 10/1/25, indicated to administer one (1) capsule of cefdinir (an antibiotic medication) 300 milligrams (mg) every 12 hours until 10/7/25 for a urinary tract infection (UTI).

A CNA job description, signed by CNA 3 on 4/26/19, indicated the CNA was responsible for assisting the residents with toilet and incontinent care and to make incontinence checks at least every 2 hours.

A facility document, titled "Incontinence Care, Activity of Daily Living (ADL), Resident Rights and Abuse," dated 8/2025, indicated CNA 3 was provided additional education by the Director of Nursing (DON) on providing incontinence care for residents.

During an interview, on 10/22/25 at 1:30 p.m., CNA 2 indicated two separate washcloths should have been used during the incontinence care. Once a washcloth was used, it should have been placed in a bag and never used to wipe a resident again.

During an interview, on 10/23/22 at 9:00 a.m., the DON indicated CNA 3 should have only used a washcloth once while providing peri care. A washcloth should not be reused.

During an interview, on 10/23/25 at 11:17 a.m., Home Health Aide 4 indicated multiple towels and wash cloths should be used when doing incontinence care. A wash basin should be filled with warm soapy water, several washcloths placed in the water, and one should be used for wiping the front and one for wiping the back. The dirty washcloths should be placed in a trash bag after using them. HHA 4 indicated a washcloth should not be used twice while giving care as it could put a resident at a higher risk of getting a urinary tract infection (UTI).

During an interview, on 10/23/25 at 11:57 a.m., CNA 5 indicated multiple towels and wash cloths should be used to make sure a resident was clean. When finished with one wash cloth, another would be used.

A current facility policy, titled "Incontinence Care," dated as revised on 1/2015 and provided by the DON on 10/23/25 at 10:00 a.m., indicated "...Encourage resident to clean perineal area in a front to back motion, offer to help, provide

	assistance as needed...Encourage residents to dry the perineal area (wiping in a front to back motion), offer to help, provide assistance as needed...." A current facility policy, titled "Activities of Daily Living (ADL) Care," dated as revised on 4/2015 and provided by the DON on 10/23/25 at 11:35 p.m., indicated "...It is the expectation that the activities of daily living (ADL) care outlined on the resident's service plan will be delivered to the resident as scheduled...." This citation relates to Intake IN00465433.			

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 SIGNATURECaryl Houghton	TITLEExecutive Director	(X6) DATE11/14/2025