STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD AT LAPORTE	2002 ANDREW AVE, LA PORTE, , 46350

(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 Complaints IN00452160 & IN00455467. Complaint IN00452160 - State deficiency related to the allegations is cited at R300. Complaint IN00455467 - No deficiencies related to the allegations are cited. Unrelated deficiency is cited. Survey date: April 15 and 16, 2025 Facility number: 010890 Residential Census: 95 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 4/21/25.	R 0000	**R 000** 410 IAC 16.2-5-1.2(v)(1-6) What Has Been Done to Correct? This plan of correction is not to be construed as an admission of, or agreement with the findings and conclusions in the statement of deficiencies. This Plan of Correction is being submitted as required by regulation.	

			Will Recurrence Be Prevented? Person Responsible: Due Date: 05/03/2025	
R 0300	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(4) (4) Over-the-counter medications, prescription drugs, and biologicals used in the facility must be labeled in accordance with currently accepted professional principles	R 0300	**R 300** 410 IAC 16.2-5-6 (C) (4) What Has B DON and ADON conducted an audit of	05/23/2025

	and include the appropriate accessory and cautionary instructions and the expiration date. Based on observation, record review, and interview, the facility failed to label two aspirin bottles with the resident's full name, physician's name, and dosage instructions for 1 of 2 medication carts reviewed. (Resident G) Finding includes: On 4/25/25 at 9:15 a.m., the following was observed on the 200 hall medication cart located in the nurses' office with QMA 1: There were two boxes of Aspirin 81 milligrams (mg) marked with the first name of Resident G on each box. There was no last name, physician name, or dosage instructions listed on the box. During an interview at the time, QMA 1 indicated the bottles belonged to Resident G and she would immediately label them correctly. During an interview on 4/15/25 at 3:46 p.m., the Director of Nursing (DON) indicated the medication should have been labeled appropriately. This citation relates to Complaint IN00452160. Based on observation, record		Pharmaceutical Services-Deficiency	een Done to Correct?	all medication rooms and carts for all over the counter medications, prescription medications, and biologicals. Any medications observed during this audit that were not properly labeled were properly destroyed or labeled correctly. Written counseling was provided to the QMA responsible for the

	review, and interview, the facility failed to label two aspirin bottles with the resident's full name, physician's name, and dosage instructions for 1 of 2 medication carts reviewed. (Resident G) Finding includes: On 4/25/25 at 9:15 a.m., the following was observed on the 200 hall medication cart located in the nurses' office with QMA 1: There were two boxes of Aspirin 81 milligrams (mg) marked with the first name of Resident G on each box. There was no last name, physician name, or dosage instructions listed on the box. During an interview at the time, QMA 1 indicated the bottles belonged to Resident G and she would immediately label them correctly. During an interview on 4/15/25 at 3:46 p.m., the Director of Nursing (DON) indicated the medication should have been labeled appropriately. This citation relates to Complaint IN00452160.			occurrence and an Inservice was conducted with all nurses and QMAs regarding labeling all medications including over the counter medications upon receipt. DON or designee to complete bi-weekly cart audits for 3 months, then weekly audits indefinitely to	

			How Will Recurrence Be Prevented? ensure compliance. Due Date: 05/03/2025	
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	R 0349	**R349** 410 IAC 16.2-5-8.1 (a) What DON and ADON	05/23/2025

	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 maintain clinical records that were accurately documented per policy related to documentation after an unwitnessed fall for 1 of 3 resident records reviewed. (Resident B) Finding includes: Resident B's record was reviewed on 4/15/25 at 11:12 a.m. The diagnoses included, but were not limited to, high blood pressure, depression, dementia, and high cholesterol.			(1-4) Clinical Records Noncompliance	Has Been Done to Correct?	completed an audit of all falls within the last 60 days to ensure that all residents were properly assessed, and all interventions were in place. All assessments including HTT assessments and vitals were documented according to state guidelines. DON updated fall audit form to include nursing	

	The Service Plan assessment, dated 8/7/23 and last reviewed on 2/13/25, indicated the resident demonstrates inappropriate judgement related to safety. Resident B had moderate dementia with short term memory loss and possible long term memory loss. Toileting required moderate assistance, grooming and transferring required assistance. A Nurses' Note, dated 4/1/25 at 2:52 p.m., indicated the resident was observed sitting on her buttocks with her feet directly out in front of her wheelchair. A bump was observed to the back of the resident's head. Vitals were immediately obtained, all parties were notified, 72 hour charting was started, and safety checks were initiated. During an interview on 4/16/25 at 9:04 a.m. The Director of Nursing (DON) indicated RN 1 obtained vitals but did not complete a head-to-toe assessment after Resident B's unwitnessed fall on 4/1/25. She understood the facility policy and had no additional information to provide. The current facility policy, titled, "Fall Prevention and Fall Management Procedure" was provided by the DON on 4/15/25 at 2:35 p.m. The policy indicated immediately after a fall the following should occur,		How Will Recurrence Be Prevented?	assessment. DON or designee will audit completion of Head-to-toe assessments after each fall, weekly for 6 months to ensure compliance. DON 05/03/2	

	"...complete a head to toe body assessment..." Based on record review and interview, the facility failed to maintain clinical records that were accurately documented per policy related to documentation after an unwitnessed fall for 1 of 3 resident records reviewed. (Resident B) Finding includes: Resident B's record was reviewed on 4/15/25 at 11:12 a.m. The diagnoses included, but were not limited to, high blood pressure, depression, dementia, and high cholesterol. The Service Plan assessment, dated 8/7/23 and last reviewed on 2/13/25, indicated the resident demonstrates inappropriate judgement related to safety. Resident B had moderate dementia with short term memory loss and possible long term memory loss. Toileting required moderate assistance, grooming and transferring required assistance. A Nurses' Note, dated 4/1/25 at 2:52 p.m., indicated the resident was observed sitting on her buttocks with her feet directly out in front of her wheelchair. A bump was observed to the back of the resident's head. Vitals were immediately obtained, all parties were notified, 72 hour		e Date:	025	

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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 SIGNATURE	TITLE	(X6) DATE