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
WYNDMOOR ASSISTED LIVING LLC	1465 EAST CROSSING BLVD, TERRE HAUTE, , 47802

(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 15 and 16, 2025 Facility number: 013389 Residential Census: 112 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on April 23, 2025	R 0000		
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and	R 0407	On admission Residents sign a consent or declination to receive their flu vaccination and this is placed in their chart. During our annual Flu clinic Resident are offered their annual flu vaccination, if they consented during admission a new consent is not needed. If they declined during admission and decline every year during the flu vaccination clinic a new declination of flu vaccination will be obtained and placed in their chart. (see	05/01/2025

	in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. 3. Resident 148's record was reviewed on 4/15/25 at 2:00 p.m. The profile indicated the resident diagnoses included, but were not limited to, diabetes mellitus (a metabolic disorder characterized by high blood glucose [sugar] levels), hypertension (elevated blood pressure), and chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe). The facility census indicated the resident admitted to the facility on 12/30/24. Review of immunization report lacked documentation that the resident received her flu vaccine for 24/25 flu season. An informed consent form for the flu vaccine lacked documentation of the resident's refusal to receive the flu vaccine. A physician order, dated 12/23/24, indicated to		attached form) If they have consented to flu vaccination in past years but decline in current year a declination form will be filled out and placed in their chart. Same process of declinations will be followed when a Pneumonia vaccination is declined. The Director of Nursing will designate a nurse to audit all records for proper documentation during Flu immunization clinic., and she will perform a second audit in all records to ensure proper documentation is in place. The double check audit will ensure no missed required documentation.	

administer an annual flu vaccine 0.5 cc (cubic centimeter) IM (intermuscular) every fall if not allergic to eggs.

During an interview, on 4/15/25 at 2:33 p.m., the Director of Nursing (DON) indicated she thought Resident 148 had received her flu vaccine at the doctor's office. The DON indicated the flu clinic had already been completed prior to the resident admitting to the facility.

During an interview, on 4/15/25 at 2:50 p.m., Resident 148 indicated that she would always get the flu vaccine but did not get it this year. She was not offered the flu vaccine by the facility this year and was not aware that a flu clinic had already been conducted before she was admitted.

Based on record review and interview, the facility failed to ensure that immunizations had been documented as completed for 4 of 6 residents reviewed for immunizations (Residents 184, 108, 148, and 212).

Findings include:

1. Resident 184's record was reviewed on 4/15/25 at 1:08 p.m. The profile indicated the resident had been admitted to the facility on 9/24/21, for diagnoses which included, but were not limited to,

hyperlipidemia (a condition where there are abnormally high levels of fats in the blood) and hypertension (high blood pressure).

An informed consent document, dated 9/14/21, indicated the resident had given his consent to receive the annual Influenza (flu) vaccine.

The record lacked documentation that the resident had received the annual flu vaccine after 10/19/22.

A physician's order, dated 12/27/22, indicated the resident could have the annual flu vaccine, every fall, if not allergic to eggs.

An informed consent document, dated 9/14/21, indicated the resident had given his consent to receive the pneumonia vaccine.

The record lacked documentation that the resident had ever received a pneumonia vaccine.

A physician's order, dated 12/27/22, indicated the resident could have the pneumonia vaccine, unless contraindicated.

2. Resident 108's record was reviewed on 4/15/25 at 2:18 p.m. The record indicated the resident had been admitted to the facility on 6/4/21, for

diagnoses that included, but were not limited to, diabetes (a chronic condition where the body does not regulate blood sugar levels properly) and transient ischemic attack (TIA- a temporary interruption of blood flow to the brain that causes stroke-like symptoms that resolve within 24 hours).

An informed consent document, dated 6/1/21, indicated the resident had given her consent to receive the annual Influenza (flu) vaccine.

The record lacked documentation that the resident had received the annual flu vaccine after 10/19/22.

A physician's order, dated 12/26/22, indicated the resident could have the annual flu vaccine, every fall, if not allergic to eggs.

An informed consent document, dated 6/1/21, indicated the resident had given her consent to receive the pneumonia vaccine.

The record lacked documentation that the resident had ever received a pneumonia vaccine.

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During an interview, on 4/15/25 at 1:48 p.m., the Director of Nursing (DON) indicated that the facility used an outside vendor that would come to the facility to provide the vaccines for the residents. The residents had likely not come down from their apartments to get the vaccines, on the day they were offered, or had declined to receive them. She was not able to find any signed vaccine declination documentation for the residents.

On 4/15/25 at 2:18 p.m., the Administrator provided a document, dated 9/2011, titled, "Pneumococcal Disease Immunization Procedure," and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedure...5. The facility must obtain informed consent prior to administration of the vaccine...6...the vaccination will not be delayed...10. If the vaccine is medically contraindicated or refused, the information must appear on the "Immunization Record."...."

4. Resident 212's record was reviewed on 4/15/25 at 1:25 p.m. Census information indicated the resident was admitted to the facility on 4/21/17.

A physician's order, dated 12/26/22, indicated the resident

could have the annual flu vaccine, every fall, if not allergic to eggs.

An undated consent form indicated the resident signed an informed consent to be administered the flu shot.

The resident's immunization record indicated she last received a flu shot on 10/24/23. The record lacked documentation the resident received or declined a flu shot for the 2024-2025 flu season.

During an interview, on 4/15/25 at 2:05 p.m., indicated when the outside service provider came into administer flu vaccines the resident probably did not come down to get her shot. The DON was unable to provide documentation the resident was offered the flu shot and refused. The consent in the resident's chart was probably an old consent form.

On 4/15/25 at 2:18 p.m., the DON provided an undated document titled, "Annual Influenza Immunization Procedure," and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedure...4. Written consent on an annual basis will not be required prior to administration of the influenza vaccine, if a consent form was signed upon or after admission

to the facility or during stay at the facility. Notification of the annual immunization program will be sent to each resident/responsible party in early October announcing our annual influenza program. If the resident or responsible party declined to participate in the program, the facility will attempt to contact him/her annually in an attempt to re-educate on the program and determine if the party will now consent to the vaccination. All attempts and resulting decisions/discussions will be documented in the resident's clinical record...6. Residents admitted between December 1st and April 1st shall also be vaccinated as indicated."

3. Resident 148's record was reviewed on 4/15/25 at 2:00 p.m. The profile indicated the resident diagnoses included, but were not limited to, diabetes mellitus (a metabolic disorder characterized by high blood glucose [sugar] levels), hypertension (elevated blood pressure), and chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe).

The facility census indicated the resident admitted to the facility on 12/30/24.

Review of immunization report

lacked documentation that the resident received her flu vaccine for 24/25 flu season.

An informed consent form for the flu vaccine lacked documentation of the resident's refusal to receive the flu vaccine.

A physician order, dated 12/23/24, indicated to administer an annual flu vaccine 0.5 cc (cubic centimeter) IM (intermuscular) every fall if not allergic to eggs.

During an interview, on 4/15/25 at 2:33 p.m., the Director of Nursing (DON) indicated she thought Resident 148 had received her flu vaccine at the doctor's office. The DON indicated the flu clinic had already been completed prior to the resident admitting to the facility.

During an interview, on 4/15/25 at 2:50 p.m., Resident 148 indicated that she would always get the flu vaccine but did not get it this year. She was not offered the flu vaccine by the facility this year and was not aware that a flu clinic had already been conducted before she was admitted.

Based on record review and interview, the facility failed to ensure that immunizations had been documented as completed for 4 of 6 residents reviewed for

immunizations (Residents 184, 108, 148, and 212).

Findings include:

1. Resident 184's record was reviewed on 4/15/25 at 1:08 p.m. The profile indicated the resident had been admitted to the facility on 9/24/21, for diagnoses which included, but were not limited to, hyperlipidemia (a condition where there are abnormally high levels of fats in the blood) and hypertension (high blood pressure).

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An informed consent document, dated 9/14/21, indicated the resident had given his consent to receive the pneumonia vaccine.

The record lacked documentation that the resident had ever received a pneumonia

vaccine.

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2. Resident 108's record was reviewed on 4/15/25 at 2:18 p.m. The record indicated the resident had been admitted to the facility on 6/4/21, for diagnoses that included, but were not limited to, diabetes (a chronic condition where the body does not regulate blood sugar levels properly) and transient ischemic attack (TIA- a temporary interruption of blood flow to the brain that causes stroke-like symptoms that resolve within 24 hours).

An informed consent document, dated 6/1/21, indicated the resident had given her consent to receive the annual Influenza (flu) vaccine.

The record lacked documentation that the resident had received the annual flu vaccine after 10/19/22.

A physician's order, dated 12/26/22, indicated the resident could have the annual flu vaccine, every fall, if not allergic to eggs.

An informed consent document, dated 6/1/21, indicated the resident had given her consent to receive the pneumonia

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The record lacked documentation that the resident had ever received a pneumonia vaccine.

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information must appear on the "Immunization Record."...."

4. Resident 212's record was reviewed on 4/15/25 at 1:25 p.m. Census information indicated the resident was admitted to the facility on 4/21/17.

A physician's order, dated 12/26/22, indicated the resident could have the annual flu vaccine, every fall, if not allergic to eggs.

An undated consent form indicated the resident signed an informed consent to be administered the flu shot.

The resident's immunization record indicated she last received a flu shot on 10/24/23. The record lacked documentation the resident received or declined a flu shot for the 2024-2025 flu season.

During an interview, on 4/15/25 at 2:05 p.m., indicated when the outside service provider came into administer flu vaccines the resident probably did not come down to get her shot. The DON was unable to provide documentation the resident was offered the flu shot and refused. The consent in the resident's chart was probably an old consent form.

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3. Resident 148's record was reviewed on 4/15/25 at 2:00 p.m. The profile indicated the resident diagnoses included, but were not limited to, diabetes mellitus (a metabolic disorder characterized by high blood glucose [sugar] levels), hypertension (elevated blood

pressure), and chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe).

The facility census indicated the resident admitted to the facility on 12/30/24.

Review of immunization report lacked documentation that the resident received her flu vaccine for 24/25 flu season.

An informed consent form for the flu vaccine lacked documentation of the resident's refusal to receive the flu vaccine.

A physician order, dated 12/23/24, indicated to administer an annual flu vaccine 0.5 cc (cubic centimeter) IM (intermuscular) every fall if not allergic to eggs.

During an interview, on 4/15/25 at 2:33 p.m., the Director of Nursing (DON) indicated she thought Resident 148 had received her flu vaccine at the doctor's office. The DON indicated the flu clinic had already been completed prior to the resident admitting to the facility.

During an interview, on 4/15/25 at 2:50 p.m., Resident 148 indicated that she would always get the flu vaccine but did not get it this year. She was not

offered the flu vaccine by the facility this year and was not aware that a flu clinic had already been conducted before she was admitted.

Based on record review and interview, the facility failed to ensure that immunizations had been documented as completed for 4 of 6 residents reviewed for immunizations (Residents 184, 108, 148, and 212).

Findings include:

1. Resident 184's record was reviewed on 4/15/25 at 1:08 p.m. The profile indicated the resident had been admitted to the facility on 9/24/21, for diagnoses which included, but were not limited to, hyperlipidemia (a condition where there are abnormally high levels of fats in the blood) and hypertension (high blood pressure).

An informed consent document, dated 9/14/21, indicated the resident had given his consent to receive the annual Influenza (flu) vaccine.

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An informed consent document, dated 9/14/21, indicated the resident had given his consent to receive the pneumonia vaccine.

The record lacked documentation that the resident had ever received a pneumonia vaccine.

A physician's order, dated 12/27/22, indicated the resident could have the pneumonia vaccine, unless contraindicated.

2. Resident 108's record was reviewed on 4/15/25 at 2:18 p.m. The record indicated the resident had been admitted to the facility on 6/4/21, for diagnoses that included, but were not limited to, diabetes (a chronic condition where the body does not regulate blood sugar levels properly) and transient ischemic attack (TIA- a temporary interruption of blood flow to the brain that causes stroke-like symptoms that resolve within 24 hours).

An informed consent document, dated 6/1/21, indicated the resident had given her consent to receive the annual Influenza (flu) vaccine.

The record lacked documentation that the resident had received the annual flu vaccine after 10/19/22.

A physician's order, dated 12/26/22, indicated the resident could have the annual flu vaccine, every fall, if not allergic to eggs.

An informed consent document, dated 6/1/21, indicated the resident had given her consent to receive the pneumonia vaccine.

The record lacked documentation that the resident had ever received a pneumonia vaccine.

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During an interview, on 4/15/25 at 1:48 p.m., the Director of Nursing (DON) indicated that the facility used an outside vendor that would come to the facility to provide the vaccines for the residents. The residents had likely not come down from their apartments to get the vaccines, on the day they were offered, or had declined to receive them. She was not able to find any signed vaccine declination documentation for the residents.

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4. Resident 212's record was reviewed on 4/15/25 at 1:25 p.m. Census information indicated the resident was admitted to the facility on 4/21/17.

A physician's order, dated 12/26/22, indicated the resident could have the annual flu vaccine, every fall, if not allergic to eggs.

An undated consent form indicated the resident signed an informed consent to be administered the flu shot.

The resident's immunization record indicated she last received a flu shot on 10/24/23. The record lacked documentation the resident received or declined a flu shot for the 2024-2025 flu season.

During an interview, on 4/15/25

at 2:05 p.m., indicated when the outside service provider came into administer flu vaccines the resident probably did not come down to get her shot. The DON was unable to provide documentation the resident was offered the flu shot and refused. The consent in the resident's chart was probably an old consent form.

On 4/15/25 at 2:18 p.m., the DON provided an undated document titled, "Annual Influenza Immunization Procedure," and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedure...4. Written consent on an annual basis will not be required prior to administration of the influenza vaccine, if a consent form was signed upon or after admission to the facility or during stay at the facility. Notification of the annual immunization program will be sent to each resident/responsible party in early October announcing our annual influenza program. If the resident or responsible party declined to participate in the program, the facility will attempt to contact him/her annually in an attempt to re-educate on the program and determine if the party will now consent to the vaccination. All attempts and resulting decisions/discussions will be documented in the resident's clinical record...6.

Residents admitted between December 1st and April 1st shall also be vaccinated as indicated."

3. Resident 148's record was reviewed on 4/15/25 at 2:00 p.m. The profile indicated the resident diagnoses included, but were not limited to, diabetes mellitus (a metabolic disorder characterized by high blood glucose [sugar] levels), hypertension (elevated blood pressure), and chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe).

The facility census indicated the resident admitted to the facility on 12/30/24.

Review of immunization report lacked documentation that the resident received her flu vaccine for 24/25 flu season.

An informed consent form for the flu vaccine lacked documentation of the resident's refusal to receive the flu vaccine.

A physician order, dated 12/23/24, indicated to administer an annual flu vaccine 0.5 cc (cubic centimeter) IM (intermuscular) every fall if not allergic to eggs.

During an interview, on 4/15/25 at 2:33 p.m., the Director of

Nursing (DON) indicated she thought Resident 148 had received her flu vaccine at the doctor's office. The DON indicated the flu clinic had already been completed prior to the resident admitting to the facility.

During an interview, on 4/15/25 at 2:50 p.m., Resident 148 indicated that she would always get the flu vaccine but did not get it this year. She was not offered the flu vaccine by the facility this year and was not aware that a flu clinic had already been conducted before she was admitted.

Based on record review and interview, the facility failed to ensure that immunizations had been documented as completed for 4 of 6 residents reviewed for immunizations (Residents 184, 108, 148, and 212).

Findings include:

1. Resident 184's record was reviewed on 4/15/25 at 1:08 p.m. The profile indicated the resident had been admitted to the facility on 9/24/21, for diagnoses which included, but were not limited to, hyperlipidemia (a condition where there are abnormally high levels of fats in the blood) and hypertension (high blood pressure).

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flow to the brain that causes stroke-like symptoms that resolve within 24 hours).

An informed consent document, dated 6/1/21, indicated the resident had given her consent to receive the annual Influenza (flu) vaccine.

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4. Resident 212's record was reviewed on 4/15/25 at 1:25 p.m. Census information indicated the resident was admitted to the facility on 4/21/17.

A physician's order, dated 12/26/22, indicated the resident could have the annual flu vaccine, every fall, if not allergic to eggs.

An undated consent form indicated the resident signed an informed consent to be

administered the flu shot.

The resident's immunization record indicated she last received a flu shot on 10/24/23. The record lacked documentation the resident received or declined a flu shot for the 2024-2025 flu season.

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3. Resident 148's record was reviewed on 4/15/25 at 2:00 p.m. The profile indicated the resident diagnoses included, but were not limited to, diabetes mellitus (a metabolic disorder characterized by high blood glucose [sugar] levels), hypertension (elevated blood pressure), and chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe).

The facility census indicated the resident admitted to the facility on 12/30/24.

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3. Resident 148's record was reviewed on 4/15/25 at 2:00 p.m. The profile indicated the resident diagnoses included, but were not limited to, diabetes mellitus (a metabolic disorder characterized by high blood glucose [sugar] levels), hypertension (elevated blood pressure), and chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe).

The facility census indicated the

resident admitted to the facility on 12/30/24.

Review of immunization report lacked documentation that the resident received her flu vaccine for 24/25 flu season.

An informed consent form for the flu vaccine lacked documentation of the resident's refusal to receive the flu vaccine.

A physician order, dated 12/23/24, indicated to administer an annual flu vaccine 0.5 cc (cubic centimeter) IM (intermuscular) every fall if not allergic to eggs.

During an interview, on 4/15/25 at 2:33 p.m., the Director of Nursing (DON) indicated she thought Resident 148 had received her flu vaccine at the doctor's office. The DON indicated the flu clinic had already been completed prior to the resident admitting to the facility.

During an interview, on 4/15/25 at 2:50 p.m., Resident 148 indicated that she would always get the flu vaccine but did not get it this year. She was not offered the flu vaccine by the facility this year and was not aware that a flu clinic had already been conducted before she was admitted.

Based on record review and

interview, the facility failed to ensure that immunizations had been documented as completed for 4 of 6 residents reviewed for immunizations (Residents 184, 108, 148, and 212).

Findings include:

1. Resident 184's record was reviewed on 4/15/25 at 1:08 p.m. The profile indicated the resident had been admitted to the facility on 9/24/21, for diagnoses which included, but were not limited to, hyperlipidemia (a condition where there are abnormally high levels of fats in the blood) and hypertension (high blood pressure).

An informed consent document, dated 9/14/21, indicated the resident had given his consent to receive the annual Influenza (flu) vaccine.

The record lacked documentation that the resident had received the annual flu vaccine after 10/19/22.

A physician's order, dated 12/27/22, indicated the resident could have the annual flu vaccine, every fall, if not allergic to eggs.

An informed consent document, dated 9/14/21, indicated the resident had given his consent to receive the pneumonia vaccine.

The record lacked documentation that the resident had ever received a pneumonia vaccine.

A physician's order, dated 12/27/22, indicated the resident could have the pneumonia vaccine, unless contraindicated.

2. Resident 108's record was reviewed on 4/15/25 at 2:18 p.m. The record indicated the resident had been admitted to the facility on 6/4/21, for diagnoses that included, but were not limited to, diabetes (a chronic condition where the body does not regulate blood sugar levels properly) and transient ischemic attack (TIA- a temporary interruption of blood flow to the brain that causes stroke-like symptoms that resolve within 24 hours).

An informed consent document, dated 6/1/21, indicated the resident had given her consent to receive the annual Influenza (flu) vaccine.

The record lacked documentation that the resident had received the annual flu vaccine after 10/19/22.

A physician's order, dated

12/26/22, indicated the resident could have the annual flu vaccine, every fall, if not allergic to eggs.

An informed consent document, dated 6/1/21, indicated the resident had given her consent to receive the pneumonia vaccine.

The record lacked documentation that the resident had ever received a pneumonia vaccine.

A physician's order, dated 12/26/22, indicated the resident could have the pneumonia vaccine, unless contraindicated.

During an interview, on 4/15/25 at 1:48 p.m., the Director of Nursing (DON) indicated that the facility used an outside vendor that would come to the facility to provide the vaccines for the residents. The residents had likely not come down from their apartments to get the vaccines, on the day they were offered, or had declined to receive them. She was not able to find any signed vaccine declination documentation for the residents.

On 4/15/25 at 2:18 p.m., the Administrator provided a document, dated 9/2011, titled, "Pneumococcal Disease Immunization Procedure," and indicated it was the policy currently being used by the

facility. The policy indicated, "...Procedure...5. The facility must obtain informed consent prior to administration of the vaccine...6...the vaccination will not be delayed...10. If the vaccine is medically contraindicated or refused, the information must appear on the "Immunization Record."...."

4. Resident 212's record was reviewed on 4/15/25 at 1:25 p.m. Census information indicated the resident was admitted to the facility on 4/21/17.

A physician's order, dated 12/26/22, indicated the resident could have the annual flu vaccine, every fall, if not allergic to eggs.

An undated consent form indicated the resident signed an informed consent to be administered the flu shot.

The resident's immunization record indicated she last received a flu shot on 10/24/23. The record lacked documentation the resident received or declined a flu shot for the 2024-2025 flu season.

During an interview, on 4/15/25 at 2:05 p.m., indicated when the outside service provider came into administer flu vaccines the resident probably did not come down to get her shot. The DON was unable to provide

documentation the resident was offered the flu shot and refused. The consent in the resident's chart was probably an old consent form.

On 4/15/25 at 2:18 p.m., the DON provided an undated document titled, "Annual Influenza Immunization Procedure," and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedure...4. Written consent on an annual basis will not be required prior to administration of the influenza vaccine, if a consent form was signed upon or after admission to the facility or during stay at the facility. Notification of the annual immunization program will be sent to each resident/responsible party in early October announcing our annual influenza program. If the resident or responsible party declined to participate in the program, the facility will attempt to contact him/her annually in an attempt to re-educate on the program and determine if the party will now consent to the vaccination. All attempts and resulting decisions/discussions will be documented in the resident's clinical record...6. Residents admitted between December 1st and April 1st shall also be vaccinated as indicated."

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