STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIVA MC SOUTH BEND	955 N HICKORY ROAD, SOUTH BEND, , 46615

(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 Intake 469580 Intake 469580 - State deficiencies related to the allegations are cited at R0036. Survey date: May 21, 2026 Facility number: 016149 Residential Census: 35 These State Residential Findings are cited in accordance with 410 Indiana Administrative Code (IAC) 16.2-5. Quality Review completed on 5/26/2026	R 0000		
R 0036	Residents' Rights- Deficiency 410 IAC 16.2-5-1.2(k)(1-2) (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has	R 0036	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; 1- Every Monday, the DON and	05/28/2026

	noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment. Based on interview and record review, the facility failed to follow physician orders for medication administration for 1 of 3 residents reviewed for medication administration. (Resident B). Finding Includes: On 5/21/26 at 9:47 A.M., Resident B's clinical record was reviewed. Diagnoses included Parkinson's disease, neurocognitive disorder with Lewy bodies, and anxiety disorder. Resident B's physician orders included: Amlodipine 5mg tablet every day by mouth at 7:30 A.M.,dated 1/15/25 and ongoing, Carb/Levo 25-100 mg tablet every day by mouth at 7:30 A.M., dated 10/31/25 and ongoing, Clonazepam 0.5 mg tablet every day by mouth at		Executive Director will go over Pharmacy cycle fill deliveries for resident B medication. Mar to Cart Audits · How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents had the potential to be affected. On each cycle fill delivery, DON and RCC are doing weekly Mar to Cart audits for each resident and Manifest to Pill pack audits to ensure deliveries are correct. · What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? Weekly Audits are being held for all residents. DON had an in-service on how to chart when a medication isn't available properly. Each QMA signed off on the training. Viva's medication policy is being followed. · How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.	

	9:00 P.M., dated 10/31/25 and ongoing, Clozapine 100 mg tablet every day by mouth at 7:00 P.M., dated 3/6/26 and ongoing, Rytary 145 mg 2 capsules every day by mouth at bedtime, dated 2/12/25 and ongoing Quetiapine 50 mg tablet every day by mouth at 9:30 P.M., dated 1/16/25 and ongoing, A review of Resident B's electronic medical record (EMAR), indicated Resident B did not receive the prescribed medications on the follow dates: 3/5/26 and 3/6/26 at 9:00 P.M., Clonazepam 0.5 mg tablet. An exception note on the MAR indicated they were waiting on the pharmacy to deliver the medication. 3/6/26 at 7:00 P.M., Carb/Levo 25 - 100 mg tablet. An exception note on the MAR indicated they were waiting on the pharmacy to deliver the monthly medication. 3/6/26 at 7:00 P.M.,Clozapine 100 mg tablet. An exception note on the MAR indicated they were waiting on the pharmacy to deliver the monthly medication. 3/6/26 at 9:00 P.M., Rytary 145 mg capsule. An exception note		Each Monday Director of Nursing will Audit Mar to Cart to ensure all residents have medication. Audits will happen for 6 months weekly then once a month for 4 weeks to ensure practice is being followed. Audit will be on going once every two months for security and safety. When there is a medication change or dose, it goes into the 72 hour book. DON will receive orders from the Physician and compare to MAR and 72 Hour check book. · By what date the systemic changes will be completed. Changes were completed 6/1/26	

on the MAR indicated they were waiting on the pharmacy to deliver the monthly medication.

3/6/26 at 9:30 P.M., Quetiapine 50 mg tablet. An exception note on the MAR indicated they were waiting on the pharmacy to deliver the monthly medication.

4/6/26 at 7:00 P.M., Clozapine 100 mg tablet. An exception not on the MAR indicated they were waiting on the pharmacy to deliver the medication.

5/3/26 at 7:30 A.M., Amlodipine 5 mg tablet. An exception note on the MAR indicated they were waiting pharmacy monthly medication.

During an interview on 5/21/26 at 9:30 A.M., the Executive Director indicated she was aware that Resident B had not been given all of his medications three times in the previous three months. The Executive Director indicated the first missed dose had occurred because the pharmacy was late in delivering the medication, and the second time the medication was not administered was because staff had dropped the medication on the floor and there was not another available to administer. The Executive Director indicated she was working with Resident B's responsible party to ensure the resident received the

	medications as they were prescribed. On 5/21/26 at 3:00 P.M., the Executive Director provided the policy titled, Medications & Treatments, dated 3/27/24. The policy indicated, "Ordered or prescribed medications ...may be administered by a nurse, physician, or other licensed health practitioner authorized to administer medications ...the Community will ensure that the nurse ...administer the medications ..." This State Residential finding relates to Complaint IN00469580.			

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 SIGNATUREJasmine Wynne	TITLEExecutive Director	(X6) DATE06/15/2026