STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155103	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trailpoint Village	1950 Ridgedale Rd South Bend, IN 46614

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on record review and interview, the facility failed to initiate a recommended restorative program after therapy for 1 of 1 resident reviewed for rehabilitation. (Resident 14)Finding includes:During an interview, on 4/8/2026 at 1:45 P.M., Resident 14 indicated she was able to walk prior to surgery, had received rehabilitation, but the insurance company had cut her therapy. Resident 14 indicated she could now only walk a few steps to get to the toilet, and the therapy department have been planning to start a restorative program for ambulation. A record review for Resident 14 was completed on 4/9/2026 at 11:00 A.M. Diagnoses included, but were not limited to: chronic pain constipation, conversion disorder with seizures or convulsions and chronic obstructive pulmonary disease (COPD). An Annual Minimum Data Set (MDS) assessment, dated 3/23/2026, indicated Resident 14 was cognitively intact, had no extremity impairment, required partial/moderate assistance for walking 10 feet and walking 50 feet was not attempted due to her medical condition and/or safety. A Physician's Order, dated 1/10/2026 and discontinued on 2/19/2026, indicated Resident 14 was to have received physical therapy five times weekly for five weeks for therapeutic activity, therapeutic exercises, gait training, moist heat, Bio freeze as needed and group therapy as indicated. A Physical Therapy Discharge Note, dated 2/19/2026, indicated Resident 14 had shown excellent progress since the start of therapy. Resident 14 was able to walk 50-60 feet, four times, with a four-wheeled walker and contact guard assistance. The note indicated Resident 14 was to continue with restorative services to maintain her current level of functioning. During an interview, on 4/13/2026 at 11:52 A.M., the Director of Therapy indicated Resident 14 should have received restorative therapy, but the therapy department had been down a restorative aide due to a staff members hospitalization. The Director of Therapy indicated Resident 14 was at the top of the list to receive restorative services within the next week. A policy was provided by the Executive Director, on 4/13/2026 at 1:25 P.M. The policy titled, Restorative Nursing Program, indicate, .To provide a nursing program for residents who no longer need skilled therapy but still have functional goals to be met or maintained through practice and repetition.Process.Programs may also be initiated following cessation of skilled therapy. 16.2-3.1-38(a)(2)(B)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155103	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trailpoint Village	1950 Ridgedale Rd South Bend, IN 46614

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than 5%, related to the omission of prescribed doses and medications for 4 of 31 medications observed during medication administration. These medication errors resulted in an error rate of 7.75% (Residents 39 & 112). Findings include:1. During a medication administration observation, on 4/10/2026 at 8:34 A.M., RN 3 prepared medications for Resident 39. She prepared the following medications:-bupropion hydrochloride 300 milligrams one tablet-calcium-Vitamin D3 600 milligram-10 microgram one tablet- ferrous fumarate 325 milligrams one tablet- fluoxetine 20 milligrams one tablet-magnesium oxide 400 milligrams one tablet- omeprazole 20 milligrams one capsule- multivitamin one tablet- liquid protein 30 milliliters- pregabalin 100 milligrams one capsule A record review for Resident 39 was completed on 4/10/2026 at 9:02 A.M. Resident 39 had orders for lactobacillus acidophilus 10 billion cell 1 tablet. The medication had not been administered during the medication pass observation. 2. During a medication administration observation, on 4/10/2026 at 8:04 A.M., RN 3 prepared the following medications for Resident 112. -amlodipine 10 milligrams one tablet-buprenorphine-naloxone 8-2 milligrams buccal strip one strip-clopidogrel 75 milligrams one tablet-vitamin B12 1 milligram one tablet-docusate sodium 100 milligrams one tablet-ezetimibe 10 milligrams one tablet-famotidine 20 milligrams one tablet-ferrous sulfate 325 milligrams one tablet-furosemide 20 milligrams one tablet-metoprolol tartrate 25 milligrams one tablet-pantoprazole 40 milligrams one tablet-gabapentin 300 milligrams one capsule A record review for Resident 112 was completed on 4/10/2026 at 9:42 A.M. Resident 112 had orders for venlafaxine 37.5 milligrams two tablets, isosorbide mononitrate 60 milligrams one tablet and buprenorphine-naloxone 8-2 milligrams buccal strip two strips. During an interview, on 4/10/2026 at 10:00 A.M., RN 3 indicated she gave all scheduled medications ordered during the observation period. At 4/10/2026 at 10:05 A.M., the Executive Director and the Regional Director of Clinical Services were informed of the medication errors observed during the medication pass. During an interview, on 4/10/2026 at 10:39 A.M., the Executive Director indicated Resident 39's the lactobacillus acidophilus had been moved to a noon time administration because the medication had contributed to nausea and the buprenorphine-naloxone had been ordered incorrectly to the pharmacy by the physician as one strip instead of two strips. The Executive Director indicated Resident 112's isosorbide mononitrate was on hold due or had been place on hold due to the pharmacy had not delivered the medication. However, RN 3 the lactobacillus acidophilus order was written for a morning dose (an evening dose) and had not been rewritten for a noon time dose, and buprenorphine-naloxone was ordered for 2 strips and not one strip as indicated on the packaging. In addition, there was not a hold order or notification to hold the isosorbide mononitrate. During an interview, on 4/10/2026 at 10:51 A.M., the Executive Director indicated the facility did not have a policy on medication administration, but instead utilized a skills check-off. A Skills Competency for Medication Administration was provided by the Executive Director, on 1/13/2026 at 1:50 P.M. The competency indicated, .2. The 5 rights of medication performed: Right Resident, Right Medication, Right Dose, Right Route, Right Time. 16.2-3.1-48(c)(2)