STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155232	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Twin City Health Care	627 E North H Street Gas City, IN 46933

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents or their representatives were provided with bed hold policies prior to hospitalization for 3 of 4 residents reviewed for hospitalization. (Residents 11, 19, and 25) Finding includes:1.Resident 11's clinical record was reviewed on 8/12/25 at 8:31 a.m. Diagnoses included unspecified dementia, schizophrenia, and delusional disorder.A quarterly, Minimum Data Set (MDS) assessment, dated 5/1/25, indicated the resident interview was unable to be completed.The clinical record lacked information regarding who received the bed hold policy when the resident was transferred to the hospital on 6/22/25.2.Resident 19's clinical record was reviewed on 8/12/25 at 8:39 a.m.Diagnoses included type two diabetes, chronic kidney disease stage three, and depression.An admission MDS assessment, dated 7/2/25, indicated the resident was cognitively intact.A progress note, dated 8/5/25 at 3:45 p.m., indicated the resident was transferred to the hospital for increased confusion. The clinical record lacked information regarding who received the bed hold policy.3.Resident 25's record was reviewed on 8/12/25 at 8:43 a.m. Diagnoses included congestive heart failure, essential hypertension, and chronic pain syndrome.A significant change MDS dated [DATE] indicated the resident was severely cognitively impaired. A progress note, dated 4/29/25 at 9:09 a.m. indicated the resident was transferred to the hospital for wheezing. The clinical record lacked information regarding who received the bed hold policy.During an interview with LPN 5 on 8/14/25 at 9:08 a.m., she indicated when a resident was transferred, the resident was sent out with forms containing code status, basic resident information, and a bed hold policy. The information was charted in a progress note.During an interview with the DON on 8/14/25 at 11:37 a.m., she indicated the residents' records lacked information about who the bed hold policy was given to for each of the three residents. Normally, the staff charted in the clinical record what information was given to the residents when they were discharged or transferred or who the paperwork was given to.During an interview, with the Administrator on 8/14/25 at 11:38 a.m., she indicated resident representatives were called when the resident required transfer and were informed when the resident returned. There was no place on the bed hold policy for a signature, and the facility did not have measures in place to document who received the bed hold policy. This information was to be in the paper chart or electronic health record.A current facility policy titled BEDHOLD, provided by the DON on 8/14/25 at 12:08 p.m., indicated the following: .Purpose: At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident or resident representative written notice which specifies the duration of the bed-hold policy.3.1-12(a)(6)(A)(i)

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
	155232	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Twin City Health Care	627 E North H Street Gas City, IN 46933

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to appropriately date opened insulin pens for 2 of 4 medication carts observed for medication storage. (A Unit cart and C Unit cart) This had the potential to affect 6 of 6 residents who received insulin from A Unit and C Unit carts.Findings include:During a medication storage observation of the A Unit cart, accompanied by QMA 3, on [DATE] at 3:48 p.m., the following was observed: one Basaglar (insulin) 3 milliliters (ml) Kwikpen 100 units per ml, with the seal broken and the pen undated, with approximately 150 units used and one Basaglar 3 ml KwikPen 100 units per ml, with the seal broken and the pen undated, with approximately 75 units used.During a medication storage observation of the C Unit cart, accompanied by QMA 3, on [DATE] at 4:06 p.m., the following was observed: one Lantus (insulin) 3 milliliters (ml) KwikPen 100 units per ml, with the seal broken and then pen undated, with approximately 200 units used.During an interview on [DATE] at 4:11 p.m., QMA 3 indicated these insulin pens were not dated when they were opened. There was not a way to know when the insulin pens expired since they were not dated when they were opened. On [DATE] at 4:19 p.m., LPN 4 indicated Basaglar insulin pens expired 28 days from the date the insulin was opened. Different insulins expired in a manufacturer specified number of days from the date the insulin was opened. On [DATE] at 5:03 p.m., the DON indicated all insulin pens were required to have an opened date. Undated insulin pens could not be utilized and must be discarded. Insulin pens expired based on the manufacturer instructions for each insulin.Review of the Basaglar manufacturer instructions, revised 7/2021, indicated Basaglar KwikPens, opened and stored at room temperature, expired in 28 days even if they still contained Basaglar. Review of the Lantus manufacturer instructions, revised 05/2025, indicated Lantus prefilled pens, opened and stored at room temperature, expired in 28 days. A facility policy, dated 9/2017, titled MEDICATION EXPIRATION, provided by the Administrator on [DATE] at 5:20 p.m., indicated the following: POLICY: All medications dispensed by the pharmacy will have an expiration or information on calculating the expiration date once the medication is mixed/opened. PROCEDURE: 1. All medication dispensed from pharmacy shall contain an expiration date. d. Multiple dose injections, such as insulin will expire 28 days after opening unless otherwise noted by manufacturer.3.1-25 (j)3.1-25 (k)