

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2026
NAME OF PROVIDER OR SUPPLIER  Core of Dale		STREET ADDRESS, CITY, STATE, ZIP CODE  510 W Medcalf Road Dale, IN 47523	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure safe storage and preparation of food to prevent the outbreak of foodborne illness during 2 of 2 observations of the kitchen. During the kitchen observations the eggs were noted to not be pasteurized and the two scoops lying on the flour and sugar bulk containers were not covered. (Kitchen) Findings include: On 3/31/26 at 8:45 A.M., during a brief tour of the kitchen, the eggs in the refrigerator were noted not to be marked with a P and the box did not indicate that the eggs were pasteurized. At that time, Dietary Aide 5 pulled the egg box from the refrigerator and indicated she did not see a P on the eggs, nor was the box marked as pasteurized. She indicated she was not sure if the eggs were pasteurized or not. On 3/31/26 at 8:45 A.M., in the dry storage area a scoop was observed to be lying on top of the bulk container of flour and another scoop on the bulk container of sugar. The scoops were not covered. On 4/1/26 at 10:57 A.M., two scoops were observed lying on the bulk containers of flour and sugar uncovered. At that time, the Dietary Manager indicated she did not know if the scoops needed to be covered. During an interview on 4/2/26 at 11:29 A.M., [NAME] 7 indicated the eggs in the refrigerator were not pasteurized. He indicated they had a hard time getting them. At that time, the Dietary Manager indicated she would contact their supplier to find out if the eggs were pasteurized or not. During an interview on 4/6/26 at 11:15 A.M., the Dietary Manager indicated the supplier notified her that the eggs were not pasteurized, and she had been ordering those eggs for the last month. She indicated those eggs were used for three residents to make over easy eggs. Resident 18, Resident 14, and Resident 47 were served over easy eggs every morning for breakfast. She indicated they used liquid eggs for all the other residents. During an interview on 4/6/26 at 11:44 A.M., the Director of Nursing (DON) indicated she was not aware of Resident 18 or Resident 14 having any gastrointestinal issues in the last month. She indicated Resident 47 was admitted on [DATE] and had not had any gastrointestinal issues. During an interview on 4/6/26 at 11:45 A.M., Resident 47 indicated since he was admitted on [DATE] he had gotten an egg over easy per his preference every morning, and he had not had any stomach upset, vomiting, diarrhea or any problems. During an interview on 4/6/26 at 12:05 P.M., Dietary Aide 5 indicated she cooked the over easy eggs until the whites were cooked and flipped the eggs twice while cooking them. During an interview on 4/6/26 at 1:05 P.M., Certified Nurse Aide (CNA) 9 indicated she had worked at the facility for a year. She indicated Resident 14's stools were always loose. She indicated she fed him breakfast that morning and he ate 100%. His eggs were runny that morning and they always were for breakfast. On 4/6/26 at 1:29 P.M., an undated Food Procurement policy was provided by the Dietary Manager which indicated, Policy: The purpose is to purchase high quality, tested and inspected products from reliable and dependable purveyors with written statements that food is processed and delivered under regulated quality and sanitary controls. A. Buy according to specifications as follows: 1. Graded infertile eggs, fresh and frozen. On 4/7/26 at 10:13 A.M., the DON indicated they did not have a policy for the scoops for bulk items, but they should be covered just like the ice scoop. 410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(2) 16.2-3.1-21(i)(3)</p>

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:  155270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2026
NAME OF PROVIDER OR SUPPLIER  Core of Dale		STREET ADDRESS, CITY, STATE, ZIP CODE  510 W Medcalf Road Dale, IN 47523	
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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interview and record review, the facility failed to ensure notification to a provider as ordered. The physician was not notified of a resident's blood sugar outside of parameters for 1 of 2 closed records reviewed. (Resident N) Finding includes:On 4/1/26 at 7:10 A.M., Resident N's clinical record was reviewed. Diagnosis included, but was not limited to, diabetes mellitus.The most recent Minimum Data Set (MDS) assessment, dated 2/7/26, indicated a severe cognitive impairment. Resident N was dependent on staff with toileting, transferring, bed mobility, showering, and eating.Current physician orders included, but were not limited to:Blood glucose monitoring before meals and at bedtime, call physician if blood sugar less than 60 or greater than 400, dated 8/19/24 through 12/23/25.Blood glucose monitoring two times a day, call physician if blood sugar less than 60 or greater than 400, dated 12/23/25 through 3/18/26.Resident N's Medication Administration Record (MAR) indicated, but was not limited to, the following blood sugar readings:10/4/25 at 7:30 A.M. blood sugar 4210/14/25 at 11:30 A.M. blood sugar 5410/16/25 at 7:30 A.M. blood sugar 4410/19/25 at 7:30 A.M. blood sugar 3510/29/25 at 7:30 A.M. blood sugar 4710/30/25 at 7:30 A.M. blood sugar 4111/10/25 at 7:30 A.M. blood sugar 5711/14/25 at 7:30 A.M. blood sugar 3511/18/25 at 7:30 A.M. blood sugar 3911/21/25 at 7:30 A.M. blood sugar 4912/18/25 at 4:30 P.M. blood sugar 40212/22/25 at 4:30 P.M. blood sugar 4122/22/26 at 8:00 A.M. blood sugar 502/28/26 at 8:00 A.M. blood sugar 59Resident N's clinical record lacked physician notification for the blood sugars that were outside of normal parameters.On 4/6/26 at 1:06 P.M., the Director of Nursing (DON) indicated she was unable to locate documentation of notification, and that nursing staff should call the physician as indicated in the order when a blood sugar was out of range.On 4/7/26 at 10:00 A.M., the DON provided a current Notification of Changes policy, dated 12/13/25, that indicated The facility staff must inform the resident, consult with the resident's physician, notify the resident's family member or legal representative, and administration (when needed) when there is a change requiring such notification410 IAC (Indiana Administrative Code) 16.2-3.1-5(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2026
NAME OF PROVIDER OR SUPPLIER  Core of Dale		STREET ADDRESS, CITY, STATE, ZIP CODE  510 W Medcalf Road Dale, IN 47523	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to ensure medications were given as ordered for 1 of 2 closed records reviewed, 1 of 5 residents reviewed for unnecessary medications, and 1 random observation during a medication pass. Insulin was not held as indicated in the order, blood pressure medication was not held as indicated, and medications were found under a resident's bed. (Resident 16, Resident B, Resident N) Findings include: 1. On 4/1/26 at 7:10 A.M., Resident N's clinical record was reviewed. Diagnosis included, but was not limited to, diabetes mellitus.</p> <p>The most recent Minimum Data Set (MDS) assessment, dated 2/7/26, indicated a severe cognitive impairment. Resident N was dependent on staff with toileting, transferring, bed mobility, showering, and eating.</p> <p>Current physician orders included, but were not limited to:</p> <p>Tresiba subcutaneous solution 100 UNIT/ML (milliliters) (Insulin Degludec) inject 26 unit subcutaneously in the afternoon. Hold for blood sugar less than 150, dated 2/5/26 through 3/18/26.</p> <p>Resident N's Medication Administration Record (MAR) indicated, but was not limited to, the following:</p> <p>2/8/26 at 2:00 P.M. Triseba insulin was administered. Blood sugar at that time was 102.</p> <p>2/25/26 at 2:00 P.M. Triseba insulin was administered. Blood sugar at that time was 121.</p> <p>2. On 4/1/26 at 10:18 A.M., Resident 16's clinical record was reviewed. Diagnosis included, but was not limited to, hypertension (high blood pressure).</p> <p>The most recent annual Minimum Data Set (MDS) assessment, dated 1/10/26, indicated Resident 16 had moderate cognitive impairment.</p> <p>Current physician orders included, but was not limited to the following:</p> <p>Amlodipine Besylate Oral Tablet 10 milligrams (MG) (hypertension medication) Give 1 tablet by mouth one time a day related to primary hypertension. Hold the medication if the systolic blood pressure is less than 110, dated 10/01/2025</p> <p>Lisinopril Oral Tablet 20 MG (hypertension medication) Give 1 tablet by mouth one time a day related to primary hypertension. Hold the medication if the systolic blood pressure is less than 110, dated 10/01/2025</p> <p>On the following dates, hypertension medications were given when Resident 16's systolic blood pressure was less than 110:</p> <p>October 15, 2025: amlodipine and lisinopril were given for a blood pressure of 107/72.</p> <p>October 18, 2025: amlodipine and lisinopril were given for a blood pressure of 100/62.</p> <p>January 5, 2026: amlodipine and lisinopril were given for a blood pressure of 101/74. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2026
NAME OF PROVIDER OR SUPPLIER  Core of Dale		STREET ADDRESS, CITY, STATE, ZIP CODE  510 W Medcalf Road Dale, IN 47523	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/6/26 at 10:39 A.M., the Director of Nursing (DON) indicated the blood pressure medication should not have been given when the systolic blood pressure was less than 110.</p> <p>3. During an observation on 4/1/26 at 6:38 A.M., Housekeeper 3 exited Resident B's room with a dustpan and asked Licensed Practical Nurse (LPN) 2 if she knew what the 2 white oblong pills and 1 circular orange pill was that she found under Resident B's bed. At that time, LPN 2 indicated she did not know what they were.</p> <p>During an interview on 4/6/26 at 10:29 A.M., LPN 2 indicated nursing staff had a note to watch Resident B and make sure pills were not pocketed in his mouth, and nursing staff should watch all residents swallow their medications.</p> <p>On 4/7/26 at 10:58 A.M., the DON provided a current Administering Medications policy, reviewed 12/23/25 that indicated, Medications are administered in a safe and timely manner. Medications are administered in accordance with prescriber orders.</p> <p>This citation relates to Intake 2793190.</p> <p>410 Indiana Administrative Code (IAC) 16.2-3.1-35(g)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2026
NAME OF PROVIDER OR SUPPLIER  Core of Dale		STREET ADDRESS, CITY, STATE, ZIP CODE  510 W Medcalf Road Dale, IN 47523	
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)		
<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the past survey results were easily accessible to visitors, residents, family members, and legal representatives of residents for 5 of 5 days during the survey period. The survey binder was in a closed room behind the East Hall nurse's station. Findings include: On 4/1/26 at 7:15 A.M., a sign was observed in the entrance area of the facility that indicated the survey binder was available at the East side nurse's station. On 4/6/26 at 10:15 A.M., Certified Nurse Aide (CNA) 22 retrieved the survey binder from a closed room behind the East Hall nurse's station and indicated there was a spot on the shelf in that room for the binder and that was usually where it was kept. On 4/7/26 at 9:17 A.M., a current non dated Resident Rights Policy was provided by the Director of Nursing (DON) and indicated, The resident has the right to the following: examination of the results of the most recent annual survey of the facility conducted by federal or state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents . 410 Indiana Administration Code (IAC) 16.2-3.1-3(b)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2026
NAME OF PROVIDER OR SUPPLIER  Core of Dale		STREET ADDRESS, CITY, STATE, ZIP CODE  510 W Medcalf Road Dale, IN 47523	

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)
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interview, and record review, the facility failed to ensure posted nurse staffing forms were posted daily with the total working hours of unlicensed staff (CNA/QMA) for 5 of 5 days reviewed during the survey period. The posted nurse staffing form lacked the facility name and the total working hours of unlicensed staff was not included on the form. Finding includes: On 3/31/26 at 9:07 A.M., the posted nurse staffing forms were observed hanging in the hallway across from the entrance. It lacked the facility name on it and the unlicensed staff (CNA/QMAs) did not have the total hours worked listed. There have not been total hours listed for the CNAs. They don't have the facility name on it. The same was observed on 4/1/26, 4/2/26, 4/6/26, and 4/7/26. On 4/6/26 at 2:00 P.M., the Business Office Manager indicated she posted the unlicensed staff and the Director of Nursing (DON) did the licensed (nurse) staff. She was not aware that the facility name needed to be on the form. She indicated the total hours worked for the unlicensed staff was not posted, just the total hours for each CNA on each shift. On 4/7/26 at 9:22 A.M., a current Posted Nurse Staffing policy, dated 7/26/23 was provided by the DON and indicated . The Nurse Staffing Sheet will be posted on a daily basis and will contain the following information: . The total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift .</p>