STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155287	A. Building B. Wing	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rensselaer Care Center	1309 E Grace St Rensselaer, IN 47978

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (continued on next page)

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

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on record review and interview, the facility failed to ensure grievances voiced by the residents were resolved or attempted to be resolved in a timely manner and failed to follow up on the resolution to ensure the grievances were resolved, for 8 of 11 residents interviewed for grievances. (Resident H, K, L, M, N,O, P, Q, and E)Findings include: 1.The Grievance forms were reviewed on 7/15/25 at 8 a.m. and indicated:A Grievance form, dated 4/8/25, Resident K had not received the morning medications until 11:35 a.m. and had to ask four times for the medication. The investigation indicated the residents' Medication Administration Records (MARs) were audited and the medications were received during the administration window. The DON explained to the resident the medications were given during the administration window and the Agency Nurse was slower with the medication administration than the facilities nurses. The response from the resident, indicated the resident was still frustrated though accepting.A Grievance form, dated 4/8/25, indicated Resident N indicated she had not received her morning medications. The investigation indicated the resident was interviewed and the MAR was audited. The medications were given within the administration window. The finding indicated the Agency Nurse was slower than the facility nurse and the resident was, angry that the medications were late. An explanation was given to the resident about the four hour window and the resident was pleased with the outcome.The Resident Council Meeting Notes were reviewed, after approval of the Resident Council President, on 7/14/25 at 8:21 a.m. The meeting, dated 5/13/25, indicated concerns were voiced about medications were administered late, meals were served late and the residents were not receiving the food they requested. The notes indicated a Grievance form was filled out.A Grievance form, dated 5/13/25, indicated during the Resident Council Meeting, the residents indicated the lunch and dinner meals were coming 30 minutes to an hour late daily and the meals were served were not what they were requesting. The investigation indicated the Cooks were interviewed and the the carts from the kitchen were observed for how long it took for the nursing staff to pass the meal trays. The nursing staff had not started passing the trays on the East and South Unit for 12 minutes and the [NAME] on evenings had not started preparing the food trays on time. The Nursing staff were educated to pass the meal trays when they arrive on the unit. The Grievance form did not address the residents not receiving the food they requested. There was no response from the residents to the plan of action documented.An Inservice Education Report, dated 5/20/25 and received from the DON, indicated the topic was medication administration. The content of the inservice was left blank. The Resident Council Meeting Notes, dated 6/10/25, indicated the meals and the medication were still not received on time. The notes indicated a Grievance form was filled out.A Grievance form, dated 6/10/25, indicated in the Resident Council Meeting the residents had a concern about the late meals. The lunch meal was 15-20 minutes late daily and the dinner meal was 30-40 minutes late. The aides were late coming into the Dining Room to pass out the meal. The investigation indicated the Administrator had spoken with the Dietary Department and educated them to do their best to serve the meals on time. There was no documentation about the Concerned Party's response to the action plan or the outcome of the action plan.During an interview on 7/14/25 at 8:21 a.m., the Director of Nursing (DON), indicated the medications were not late and there was a four hour window (7:00 a. m. to 11:00 a.m. 3:00 p.m. to 6:00 p.m. and 7:00 p.m. to 11:00 p.m.) for the medication administration. The facility's Nursing Staff know which residents want their medications earlier and moved around. Not all of the Agency Nurses do this and they start on one hall and go down the hall for each resident. She indicated she was going to ask a facility nurse to write out a routine on who wanted their medications earlier but the nurse was vacation. She indicated either herself or the Social Service Director would follow up with the residents to determine if their concern had improved. She indicated there nothing documented for the follow-up of the grievances. During an interview on 7/14/25 at 9:41 a.m., Resident H, the Resident Council President, indicated when certain Agency Nursing Staff work, the medications were administered late. There were days when he never received his morning medications until 12:00 p.m. He indicated he was told there was a four hour window for the medication administration, though there were days when the medications were still received late. He indicated other residents have had concerns with this also. He also indicated the meals were served late also and he has not always received the food he has requested. He indicated the concerns were reported in the Resident Council Meetings and to staff members and he was unaware what the facility has put into place for a correction plan. He indicated he was told he was not allowed to ask what has been put into place to correct the concerns or the outcome of the concerns. No one has followed up with him to

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on record review and interview, the facility failed to ensure treatments for pressure ulcers were completed as ordered by the physician for 1 of 3 residents reviewed for pressure ulcers. (Resident E)Finding includes: During an interview on 7/15/25 at 11:13 a.m. with Resident E and a family member, the resident indicated there had been multiple days when her treatments had not been completed. The treatment had not been completed on the evening shift on 7/14/25 and was reported to the nurse on the night shift, who completed the treatment.Resident E's record was reviewed on 7/15/25 at 2:04 p.m. The diagnoses included, but were not limited to, paraplegia, diabetes mellitus, and stage four (full thickness skin loss) pressure ulcers. A Care Plan, revised on 1/1/25, indicated upon admission there were two stage four pressure ulcers located on the sacrum and right ischium. The interventions indicated the pressure ulcer treatment would be completed as ordered.A Quarterly Minimum Data Set assessment, dated 6/20/25, indicated an intact cognitive status, no behaviors, impairment of both lower extremities, required maximum assistance with bed mobility, had two stage four pressure ulcers on admission, and received pressure ulcer care.A Physician's Order, dated 4/9/25 and discontinued on 7/10/25, indicated zinc oxide external paste 40% was to be applied to the right ischium periwound every day shift. The TAR (Treatment Administration Record), dated 7/2025, indicated the treatment had not been completed on 7/6/25 on the day shift.A Physician's Order, dated 4/16/25 and discontinued on 7/10/25, indicated the right ischium was to be washed with wound wash then place collagen (wound treatment) to the wound wound bed and cover with hydroferablue (foam wound cover). Zinc oxide was to be applied to the periwound then cover the wound with a foam dressing daily and as needed. The TAR, dated 7/2025, indicated the treatment had not been completed on the day shift (no time scheduled).A Physician's Order, dated 4/16/25 and discontinued on 7/10/25, indicated Betamethasone Valerate External ointment 0.1% (help to relieve discomfort caused by skin conditions) was to be applied to the sacral periwound every day shift. The TAR, dated 7/2025, indicated the treatment had not been completed on the day shift on 7/6/25.A Physician's order, dated 6/11/25 and discontinued on 7/10/25, indicated an order to wash the pressure ulcer on the sacrum with wound wash then place collagen to the upper wound bed and calcium alginate (wound treatment) to the lower wound bed and cover with hydroferablue. The TAR, dated 6/25/25, indicated the treatment had not been completed at 8:00 p.m. on 6/22/25 and 6/27/25. The TAR, dated 7/2025, indicated the treatment had not been completed on 7/4/25 at 8:00 p.m. and 7/6/25 at 8:00 a.m.A Physician's Order, dated 7/10/25, indicated BNZ (bacitracin, nystatin, zinc) cream was to be applied to the sacrum periwound twice a day with the dressing changes. The TAR, dated 7/2025 indicated the treatment had not been completed on 7/11/25 at 8:00 a.m.A Physician's Order, dated 7/10/25, indicated the treatment to the sacrum was to be completed twice a day and as needed. The sacral wound was to cleaned with wound wash, collagen was to be placed on the upper wound bed and calcium alginate to the lower wound bed and then covered with hydroferablue. BNZ was to be applied to the periwound and the wound was to be covered with a super absorbent dressing. The TAR, dated 7/2025 indicated the treatment had not been completed on 7/11/25 at 8:00 p.m.The Director of Nursing (DON) was informed of the missed treatments on 7/15/25 at 2:03 p.m. No further information was provided.A facility pressure ulcer policy, dated 6/11/25 and received from the Corporate RN Consultant as current, indicated a resident with pressure ulcers would receive necessary treatment and services to promote healing. A facility wound care policy, dated 6/12/25 and received from the Corporate RN Consultant as current, indicated after a physician's order is received for the wound care, the physician's order would be followed.This citation relates to Complaint 1805786.3.1-40(a)(2)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, record review, and interview, the facility failed to ensure a respiratory treatment was monitored for 1 of 3 residents reviewed for oxygen. (Resident B)Finding includes:During random observations on 7/15/25 at 9:49 a.m., Resident B was observed lying in bed on his right side. There was a nebulizer treatment running but Resident B was not wearing oxygen or a oxygen mask (used for nebulizer treatment). Lying next to the resident's legs was the nebulizer mask which was disconnected from the medication cup. Agency LPN 1 was notified and assisted the resident on putting his nebulizer mask back on. Once the mask was back in place, Agency LPN 1 left the room. At 9:54 a.m., the Agency LPN 1 was observed passing medication to another resident until 9:59 p.m. At 10:01 a.m., Agency LPN 1 returned to Resident B's room to remove the nebulizer treatment. The resident was not wearing the nebulizer mask, it was lying next to him on the bed. The treatment was completed and oxygenation levels were checked. During an interview at the time, Agency LPN 1 indicated she usually sets a timer for fifteen minutes and goes back in to remove the treatment when her alarm goes off. She indicated the resident was confused at times and impulsive at times and would pull his nasal cannula and nebulizer mask off frequently. She had a video monitor sitting on her treatment cart and she would monitor the resident periodically.The record for Resident B was reviewed on 7/14/25 at 9:00 a.m. Diagnoses included, but were not limited to, COPD, dementia, displaced fracture of acetabulum (concave surface of the pelvis), hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body).The 6/30/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was severely impaired for decision making. The resident required substantial to maximum assistance with toileting, bathing, and dressing. The resident used oxygen and had hospice care.A Care Plan, dated 6/10/25, indicated the resident required oxygen therapy.Physician's Orders, dated 6/10/25, indicated to administer 3 milligram/3 milliliter Ipratropium-Albuterol Inhalation Solution (nebulizer treatment) four times a day through inhalation.During an interview on 7/15/25 at 10:43 a.m., the Director of Nursing indicated she understood the respiratory concern and had no additional information to provide.The current Small Volume Nebulizer Therapy policy provided by the Director of Nursing on 7/15/25 at 11:04 a.m., indicated standard of practice was followed by the Lippincott procedure and included a facility approved addendum to the Lippincott procedure. The addendum indicated, .remain with the patient and continue the treatment until the nebulizer begins to sputter.This citation relates to complaint 1805785 and 1805786.3.1-47(a)(6)

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Based on record review and interview, the facility failed to ensure residents were provided choices and the choices were honored for meals, for 9 of 11 residents interviewed. (Residents H, K, L, M, N, O, P, Q, and E)Findings include:1.The Resident Council Meeting Notes were reviewed on 7/14/25 at 8:21 a.m. The meeting notes, dated 5/13/25, indicated residents were not receiving what they requested for meals. The notes indicated a Grievance form was filled out.A Grievance form, dated 5/13/25, indicated during the Resident Council Meeting, the residents were not receiving the meals they requested. The Grievance form had not addressed the issue about the residents not receiving the meals they requested.During an interview on 7/14/25 at 9:41 a.m., Resident H, the Resident Council President, indicated sometimes the meal menus were not posted and the residents were instructed to give dietary a two hour notice for wanting something that was not on the menu. If the the menu was not posted, they did not know what is being served. The CNA's were supposed to come around in the evening and ask the residents what they would like to eat the following day so the residents could order what they wanted. The CNA's did not do that any more and the residents were served whatever was on the menu.The Resident Council President invited the Surveyor to come to the Resident Council Meeting on 7/14/25 at 10 a.m There were eight residents who attended the meeting and approved this invitation. Residents H, K, L, M, N, O, P, and Q, indicated the menus were not posted timely to decide what they would like to eat. The CNA's were no longer taking the meal orders the night before.During an interview on 7/14/25 at 2 p.m., the Administrator indicated the CNA's were suppose to sit with the residents and help them fill out their menu for the next day and that had not been getting completed. 2. During an interview on 7/15/25 at 11:13 a.m. with Resident E and a family member, the resident indicated she was a diabetic and she is served too many carbohydrates. She did not like scrambled eggs and has told the staff this but she still received scrambled eggs every morning. She indicated it does no good to talk to the kitchen staff, they don't listen.Resident E's record was reviewed on 7/15/25 at 2:04 p.m. The diagnoses included, but were not limited to, paraplegia, diabetes mellitus, and stage four (full thickness skin loss) pressure ulcers. A Physician's Order, dated 11/15/24, indicated a regular diet was ordered, prefers fried eggs and 1 piece of toast for breakfast, requested pork not be served, and double proteins.A Care Plan, revised 2/3/25, indicated a nutritional problem was present. The interventions indicated the diet would be provided as ordered, the Registered Dietician would evaluate and make diet changes as needed.A Quarterly Minimum Data Set assessment, dated 6/20/25, indicated an intact cognitive status, no behaviors, set up help is needed for meals, a significant weight loss while not on a prescribed diet (determined the mechanical lift scale was broken), and was not ordered a therapeutic diet.The Dietary Card, received as current from [NAME] 3, indicated a preference of a fried egg for breakfast and double proteins.During an interview on 7/15/25 at 2:07 p.m., the Director of Nursing indicated the dislike for scrambled eggs was not included on the Dietary Card.A facility food preference policy, dated 4/29/25 and received from the Administrator as current, indicated allergies, dislikes, and special requests, as deemed appropriate, are addressed prior to the meal service to ensure an appropriate alternate(s) are served prior to the meal being received by the resident. This citation relates to Complaint 1805785.3.1-20(a)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review and interview, the facility failed to serve 1 of 2 meals observed at an appetizing temperature, related to a supper meal served with temperatures of the food under 135 degrees. This had the potential to affect 71 residents who are on a regular diet with regular textured foods.Finding includes:A Grievance form, dated 7/10/25, indicated Resident J voiced a concern about cold food. The response to the grievance indicated the resident stated the concern was resolved on 7/14/25.On 7/15/25 at 5:00 p.m., the Administrator was notified a test tray for the supper meal was needed.The supper included BBQ chicken, greens and mashed potatoes. The test tray was received on 7/15/25 at 6:00 p.m., the temperature of the BBQ chicken was 133.6 F, the mashed potatoes was 126.2 F, and the spinach was 90.3 F. The chicken and the mashed potatoes were warm to taste and the spinach was cold to taste.During an interview on 7/15/25 at 6:00 p.m., Dietary Aide 7 indicated the steam table had been shut off for about two minutes prior to the sample tray being received.The Administrator was informed at the time of the sample tray testing of the food temperatures. No further information was received.The food temperature policy, dated 4/28/25, indicated the hot foods were to be held at a minimum of 135 degrees.This citation relates to Complaints 1805785 and 1805787.3.1-21(a)(2)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to serve, store, and prepare food under sanitary conditions, related to opened food stored more than 72 hours, dirt/debris/food on the floors of the walk in cooler, dried storage area, and food preparation area, dirty shelves, food stored without opening dates and in dirty containers, dented cans, opened bags of cereal not re-sealed, and a staff member with uncovered open areas on his arm, for 1 of 1 kitchen.(Main Kitchen) This had the potential to affect 85 of 86 residents who reside in the facility.Findings include: The following was observed in the kitchen on 7/14/25 at 5:40 a.m. through 6:20 a.m.: 1.Dietary Aide 4 was emptying out several containers of food into the trash bin. He indicated he was, dumping food because the food needed thrown out. He indicated cooked/opened food can be stored for three days and everyone who worked in the kitchen was responsible for making sure the food was removed after the three days. He indicated there was no Dietary Manager and the [NAME] was in charge.There was a plastic container of cooked chicken breast with the date of 6/29/25 and a pan of potato salad dated 7/1/25 that Dietary Aide 4 was getting ready to discard.2. Walk in cooler:a. The floor was dirty with dirt, debris, food, and dishes and there was a dark black substance in the corner by the door.b. The shelving was dirty with a dark black substance on every shelf.c. There were 30 pitchers of orange juice, fruit juice, tea, and lemonade not dated. There were two large plastic containers of of juices not dated.d. There were two boxes of liquid eggs, one box of pasteurized eggs, two boxes of ham and a box of turkey breast stored on the floor.e. There was a plastic container of tomato soup that was dated 7/9/25.f. There was a plastic container of pears that was dated 7/9/25.g. There was a plastic container of spinach that was dated 7/1/25.h. There were four opened blocks of cheese wrapped in plastic wrap with no date.i. There was an opened container of chicken base, sweet tangy BBQ sauce, sweet and sour sauce, and mustard without a date when they were opened.j. There was a container of Caesar Salad Dressing, dated 7/8/25 with spilled dressing on the outside of the container and around the outside lid.k. There was pickle relish spilled on the tray with ice tea pitchers and on the top storage shelf.l. There was a box of turkey breast stored on the top storage shelf over a bag of lettuce.m. There was a dead fly on the mustard container.n. There was an open non-dated plastic bag with two hot dogs in the bag, stored in a pan on a shelf.2. Food preparation and serving area:a. There was dried food on the base of the Robo-[NAME] (used to puree food). b. There were four drawers which stored cooking utensils that were dirty with debris' and there was a build-up of crumbs and grease on the drawersc. There were two drawers which stored cleaning clothes with dried food, debri and a build-up of crumbs and grease on the drawers.d. The stove had dried spills of food and grease drippings on the doors of the oven.e. There was dried food and dried spilled liquid on top of the prep table. [NAME] 3 indicated the evening shift should have cleaned the kitchen after supper.f. The floor under the prep and serving table was dirty with debri, dried food, and liquids.g. There was dried food on the food rack that stored the cereal in bowls already filled for breakfast.h. There was drippings of liquid and dried food on the plastic protector of the steam table.i. There were two of four food carts with dried food and liquid on the outside and inside of the carts.j. The kitchen floor was dirty with debri,food, and spilled liquids.k. There was a brown dried substance on the side hand washing sink.l. There three of four, three tiered carts that were dirty and stained and had coffee pots and carafe's stored on the carts.m. There was dried food on the inside of the microwave.n. The ice scoop was stored uncovered next to the ice machine.o. The ice machine had a build up of a white substance on the inside ledge where the door comes down.p. There was dried food on the pan covers and the shelf of the steam table.q. There were dried meat particles on the meat slicer and dried food substances on the base of the meat slicer. 3. Freezera. There were nine boxes of food stored on the floor.b. There was one box on the floor that contained an open bag of corn on the cob and there was a box of pork sausage stored on top of the opened bag of corn. 4. Dry storage:a. There were salt and sugar packets and packets of crackers on the floor.b. There was spilled sugar granules on the floor.c. The floor was dirty with debris and garbaged. The plastic sugar container on the shelf was left partially opened.e. The plastic containers for the flour and brown sugar were stored on the floor.f. There was a dented can of pineapple and fruit cocktail stored on in the can holders.g. There were seven of eight bags of opened cereal not closed securely on the shelf.h. There was a box of orange juice mix and chocolate pudding mix stored on the floor. 5. Dietary Aide 5 had uncovered and opened scrapes on his arm. He stated he scraped it on some wood and no one had told him they needed to be covered.Dietary Aide 4 indicated at the time of the

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, the facility failed to ensure a resident's record was accurate, related to an Agency LPN signing that a treatment had been completed when the treatment had not been completed, for 1 of 7 resident records reviewed. (Resident E and Agency LPN 2)Finding includes: During an interview on 7/15/25 at 11:13 a.m. with Resident E and a family member, the resident indicated the treatment on her pressure areas had not been completed on the evening shift on 7/14/25 and she reported to the nurse on the night shift, who indicated the the evening nurse had signed that the treatment had been completed. She indicated the night nurse then completed the treatment.Resident E's record was reviewed on 7/15/25 at 2:04 p.m. The diagnoses included, but were not limited to, paraplegia, diabetes mellitus, and stage four (full thickness skin loss) pressure ulcers. A Quarterly Minimum Data Set assessment, dated 6/20/25, indicated an intact cognitive status, no behaviors, and was admitted into the facility with two stage four (full thickness of skin loss) pressure ulcers.A Physician's Order, dated 7/10/25, indicated BNZ (bacitracin, nystatin, zinc) cream was to be applied to the sacrum periwound twice a day with the dressing changes. A Physician's Order, dated 7/10/25, indicated the treatment to the sacrum was to be completed twice a day and as needed. The sacral wound was to cleaned with wound wash, collagen (wound treatment) was to be placed on the upper wound bed and calcium alginate (wound treatment) to the lower wound bed and then covered with hydroferablue (foam wound treatment). BNZ was to be applied to the periwound and the wound was to be covered with a super absorbent dressing. The Treatment Administration Record, dated 7/2025, indicated Agency LPN 2 had signed her initials that indicated the treatment had been completed.During an interview on 7/15/25 at 2:00 p.m., Agency LPN 6 indicated the treatment had not been completed by Agency LPN 2. LPN had not passed on in report that the treatment had not been completed. The treatment was completed by Agency LPN 6 after the resident had notified him the treatment had not been completed. He indicated the resident would know if the treatment had not been completed.During an interview on 7/15/25 at 2:03 p.m., the Director of Nursing indicated Agency LPN 2 would not return the facility to work.This citation relates to Complaint 1805785.3.1-(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155287	A. Building B. Wing	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rensselaer Care Center	1309 E Grace St Rensselaer, IN 47978

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on record review and interview, the facility failed to ensure contracted staff training requirements were completed for Medication Administration for 3 of 6 Agency Staff reviewed for agency orientation. (Agency LPN 4, Agency LPN 5, and Agency LPN 6) Finding includes:Agency orientation was reviewed on 7/16/25 at 9:38 a.m.Medication pass competency and understanding of medication management was not completed and signed off on the Agency Competency Checklist for the following contracted employees:Agency LPN 4, Agency LPN 5, and Agency LPN 6.The current policy Education and Training Requirements, dated 10/3/24, and received from the Administrator as current, indicated, . Staff includes all facility staff, (direct and indirect care functions), contracted staff, and volunteers. 8.The facility will need to ensure staff are trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program.During an interview on 7/16/25 at 10:49 a.m., the Administrator indicated the checklist should have been signed off. There was no additional information provided.This citation relates to Complaints 1805785 and 1805788.