

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Ossian Health Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Davis Rd Ossian, IN 46777	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45794</p> <p>Based on interview and record review, the facility failed to ensure accident risks were identified and interventions put into place to prevent accidents for 1 of 1 resident reviewed (Resident 388).</p> <p>Findings include:</p> <p>In an interview, on 5/5/25 at 1:24 PM, Resident 78 indicated Resident 388 had entered their room multiple times asking for their family. Resident 78 indicated Resident 388 had entered their bathroom on 2 different occasions and rummaged through Resident 78's personal belongings. Resident 78 indicated they had activated their call light for staff to assist Resident 388 back to their own room.</p> <p>A Quarterly Risk Evaluation, dated 4/23/25, indicated Resident 388 had the ability to walk around the facility independently. The evaluation indicated Resident 388 did not have a history of wandering or searching for their family.</p> <p>Resident 388's Kardex (care summary for direct care staff) indicated the resident's vision was adequate. The Kardex indicated Resident 388 required limited assistance or supervision from staff for activities of daily living. The Kardex did not indicate Resident 388 had a cognitive loss. The evaluation did not indicate Resident 388 had wandered in the facility.</p> <p>Resident 388's Care Plan, dated 4/23/25 and revised on 4/29/25, indicated the resident had a fall risk due to memory loss as specified by their BIMS score. The target goal was to minimize fall risk through 7/22/25. Interventions included following the care plan when the resident was in pain and placing the resident's call light in reach.</p> <p>Resident 388's Care Plan did not indicate the resident wandered or attempted to enter other residents' rooms.</p> <p>Resident 388's record was reviewed on 5/6/25 at 1:03 PM. Diagnoses included unspecified disorientation, macular degeneration (central vision loss) and open angle glaucoma (vision loss).</p> <p>Resident 388's Admission Minimum Data Set, (MDS) dated [DATE], indicated their Brief Interview for Mental Status (BIMS) score was 4 (severe cognitive loss).</p> <p>(continued on next page)</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: 155335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Ossian Health Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Davis Rd Ossian, IN 46777	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note, dated 4/25/25 at 3:16 AM, indicated Resident 388 had been confused and had trouble sleeping. Resident 388 indicated they wanted to go home.</p> <p>A progress note, dated 4/26/25 at 5:52 AM, indicated Resident 388 had been disoriented a few times. The note indicated Resident 388 was legally blind and was checked periodically to ensure safety.</p> <p>A progress note, dated 4/28/25 at 11:29 PM, indicated Resident 388 had been confused and wandering on the unit.</p> <p>A progress note, dated 4/30/25 at 5:30 AM, indicated Resident 388 was very confused and had been walking down the hallway asking to go to the hospital. Resident 388 indicated they wanted to call the police because they didn't belong there.</p> <p>A progress note, dated 5/1/25 at 3:53 AM, indicated Resident 388 had been very confused and was knocking on other residents' doors.</p> <p>A progress note, dated 5/3/25 at 4:05 AM, indicated Resident 388 had been wandering in the hall attempting to enter other residents' rooms.</p> <p>A progress note, dated 5/5/25 at 6:54 AM, indicated Resident 388 had been confused, wandering in the hall and indicated they were looking for a way to call the police.</p> <p>A progress note, dated 5/5/25 at 11:54 PM, indicated Resident 388 had been wandering on the unit looking for their daughter.</p> <p>A progress note, dated 5/6/25 at 5:18 PM, indicated Resident 388 had been confused at times. The resident had walked out of their room looking for the bathroom.</p> <p>A progress note, dated 5/7/25 at 12:47 AM, indicated Resident 388 had continued to be confused and often needed redirection.</p> <p>A progress note, dated 5/8/25 at 6:54 AM, indicated Resident 388 had indicated they needed to go somewhere and die and not be a bother to anyone.</p> <p>In an interview, on 5/8/25 at 9:07 AM, the Administrator indicated Resident 388 did not have a history of wandering when they were admitted .</p> <p>In an interview, on 5/8/25 at 10:29 AM, Licensed Practical Nurse (LPN) 35 indicated elopement assessments were completed upon admission, quarterly and as needed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Ossian Health Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Davis Rd Ossian, IN 46777	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview, on 5/9/25 at 9:53 AM, the Director of Nursing (DON) indicated Resident 388 wandered when looking for the bathroom due to blindness. The DON indicated Resident 388 had not scored as an elopement risk upon admission. The DON indicated the resident had never attempted to leave the facility. The DON indicated direct care staff were made aware of possible behavior risks on each resident's individual Kardex. The DON indicated on 5/8/25, Resident 388 had been ordered to have a sleep aid due to wandering at night. The DON indicated Resident 388's Care Plan had been updated after the resident had made statements of wanting to die. The DON indicated they were not aware of the resident's Care Plan having been updated to include wandering. The DON indicated a new risk evaluation should have been completed when the resident had been observed wandering and looking for their family.</p> <p>A current facility policy, titled Elopements and Wandering Residents, dated 11/1/23, provided by the DON on 5/8/25 at 10:34 AM, indicated the facility would identify and assess elopement risk. The policy indicated the risks would be added to the resident's care plan. The policy indicated the risk would be communicated to the appropriate staff.</p> <p>3.1-45(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Ossian Health Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Davis Rd Ossian, IN 46777	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>45243</p> <p>Based on record review and interview the facility failed to ensure trauma informed care was implemented for 1 of 2 residents reviewed. (Resident 53)</p> <p>Findings include:</p> <p>Resident 53's record review began on 05/05/25 at 10:46 AM. The record indicated diagnosis included major depressive disorder, past traumatic stress disorder (PTSD), and anxiety disorder.</p> <p>Resident 53's care plan had a problem related to past trauma as evidenced by angry outbursts, anxiety, changes in sleeping patterns, depression, emotional swings, history of past traumatic events and refusing care.</p> <p>The goal of Resident 53's care plan was I will not display angry outburst or sadness through the next review. The interventions listed were as follows:</p> <ul style="list-style-type: none"> o Encourage Resident 53 to participate in activities of my choice. o Provide Resident 53 time to express my feelings. o Provide Resident 53 time to talk to social services. o Consult with Psych Services and LCSW as needed. o When talking to Resident 53, allow her enough time to process the information. <p>There were no triggers listed. There was no mention of Resident 53's original trauma to avoid re-traumatization.</p> <p>In an interview, on 05/07/25 at 11:20AM, Certified Nursing Assistant (CNA) 2 indicated to her knowledge no one had p PTSD on her hallway (200 hall). CNA 2 was only aware Resident 45 required a calm approach.</p> <p>In an interview, on 05/07/25 at 11:34 AM, Licensed Practical Nurse (LPN) 3, was not able to indicate anyone on the 200 hall with PTSD or any triggers to be aware of with any of her residents. She was able to determine after looking in the record; Resident 53 had a diagnosis of PTSD. She was unable to indicate any triggers, approaches, or actions to avoid doing or saying. LPN 3 was unaware of what Resident 53's trauma was in nature or what needed to be avoided implemented to ensure no re-traumatization occurred.</p> <p>In an interview, on 5/7/25 at 2:17PM, the Social Services Director indicated she changed Resident 53's care plan on 5/7/25 after doing an audit. The Social Services Director was unable to indicate any specific triggers for Resident 53 at the time of interview. The Social Service Director indicated Resident 53 became anxious, restless, and at times had outbursts. She was unable to determine exact triggers or what occurred prior to behaviors or symptoms of Resident 53's PTSD.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Ossian Health Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Davis Rd Ossian, IN 46777	

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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/7/25 at 12:10PM, a current policy and procedure titled Trauma Informed Care dated 3/5/24 with a revision date of 3/4/25, was provided by the Administrator. The policy indicated; It is the policy of this facility to provide care and services which .address the needs of trauma survivors by minimalizing triggers and re-traumatization .Policy Explanation and Compliance Guidelines: 6. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger specific interventions will identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident, and will be added to the resident's care plan .</p> <p>No state rule applies.</p>