STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155377	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seymour Crossing	707 S Jackson Park Dr Seymour, IN 47274

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview, and record review, the facility failed to ensure a splinting device was applied as ordered for a resident with a hand contracture (a chronic condition where muscles and joints become stiff, frozen, or permanently tightened) for 1 of 1 resident reviewed for range of motion. (Resident 74)Findings include:Resident 74 was observed on 04/01/2026 at 2:10 P.M. The resident was lying in bed, with his right arm resting close to his side. The resident indicated his right side was impaired after a stroke (a medical emergency that occurs when blood flow to part of the brain was blocked that can cause neurological deficits). The resident was not wearing a splint device and indicated he never wore one. On 04/02/2026 at 1:22 P.M., the resident was observed sitting in his wheelchair in the lounge area on B-Hall. The resident's right arm was resting in his lap. There was no splinting device in place. On 04/06/2026 at 10:53 A.M., the resident was observed in his room in bed. The resident was holding his right hand with his left hand. The resident's splinting device was observed lying on the dresser, behind his television, next to his ball cap. The resident indicated he didn't think he had worn the splint for some time. On 04/06/2026 at 1:19 P.M., the resident was observed in the lounge area on B-Hall. The resident was in his wheelchair watching television. The resident was holding his right arm with his left. The resident was wearing his ball cap but was not wearing the splinting device. On 04/06/2026 at 1:22 P.M., the resident's splinting device was observed in his room on the dresser behind his television. During an interview, on 04/06/2026 at 1:24 P.M., Certified Nurse Aide (CNA) 2 indicated the resident wasn't wearing a splint. They usually put the splinting device on the resident, but they didn't document it anywhere. The CNAs would tell the nurse, and the nurse would check it off in the Electronic Medication Administration Record (EMAR). The resident's clinical record was reviewed on 04/06/2026 at 10:46 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 02/02/2026, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, a stroke and hemiparesis/hemiplegia (one-sided body weakness or paralysis). An Occupational Therapy Note, dated 02/19/2026, indicated the resident was agreeable to the treatment plan and that he could not use his carrot (a soft splint designed to treat severe hand contractures by gently separating fingers from the palm) because he kept losing it. The Therapist donned a resting hand splint onto his right hand and educated the resident on the benefits of using the splint and the when to wear schedule. The resident was pleasant and cooperative, with good tolerance to the hand splint for the entirety of the treatment session with no redness observed. The Therapist recommended for the resident to use the splint to prevent further spasticity (involuntary muscle stiffness, tightness, or spasms), worsening contracture, and to prevent sores on the hand. The Therapist educated the staff on the schedule of when the resident was to wear the resting hand splint. The resident's current physician's orders included, but were not limited to: -An open-ended order, with a start date of 02/19/2026, staff were to apply the resident's resting hand splint to the resident's right hand at all times. The splint was to be removed only for hand washing and skin checks.-The resident's February, March, and April 2026 EMARs and Progress Notes lacked documentation to indicate the resident's splinting device was applied or any refusals of the resident wearing the splinting device. During an interview, on 04/07/2026 at 11:31 A.M., the Director (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155377	A. Building B. Wing	04/07/2026

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Seymour Crossing	707 S Jackson Park Dr Seymour, IN 47274

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of Nursing indicated the facility did not have a policy related to splint/brace devices. Nursing staff should ensure splint/brace devices were in place as ordered. It should be documented in the resident's clinical record. 410 IAC (Indiana Administrative Code) 3.1-42(a)(2)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. Based on record review and interview, the facility failed to follow a physician's order related to laboratory services for 1 of 21 residents reviewed for laboratory services. (Resident 9)Findings include: The clinical record for Resident 9 was reviewed on 04/06/2026 at 10:54 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 02/13/2026, indicated the resident was moderately cognitively impaired. The resident's diagnosis included, but was not limited to, diabetes (a chronic condition characterized by high blood sugar (hyperglycemia) due to the body's inability to produce or properly use insulin). A physician's order, dated 04/04/2024 through 12/22/2025, indicated the resident was to have a hemoglobin A1C (a test that measures average blood sugar levels over the past two to three months) completed every third month on the first Thursday. The resident had a hemoglobin A1C completed in April and July 2025. The clinical record lacked a hemoglobin A1C for the resident in October 2025.During an interview, on 04/07/2026 at 10:01 A.M., the Administrator indicated the facility could not provide a hemoglobin A1C laboratory result for the resident in October 2025. The laboratory test should have been completed per the physician's order. The laboratory had a requisition for the test, but they never came and obtained it and the facility didn't catch that the test was not completed. The current facility policy titled, Guidelines for Lab and Radiology Tracking with a revision date of 04/2024, was provided by the Director of Nursing on 04/07/2026 at 10:17 A.M. The policy indicated, .Suggested that one person be assigned to track labs in the facility.Daily order checks by medical records or designee will ensure all orders have been entered.The designated person will run the appropriate lab tracking report(s) daily.Using the appropriate report.Confirm that each lab and/or radiology test due has been obtained.410 IAC (Indiana Administrative Code) 16.2-3.1-49(a)

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NAME OF PROVIDER OR SUPPLIER Seymour Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 707 S Jackson Park Dr Seymour, IN 47274	

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F 0576 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on interview and record review, the facility failed to ensure residents received mail on Saturdays. This had a potential to affect 69 of 69 residents that resided in the facility.Findings include:A meeting to discuss Resident Council was held on 04/02/2026 at 2:00 P.M., and was attended by Resident 16, Resident 57, Resident 59, and Resident 64. During the council meeting, the residents' indicated mail was not delivered on Saturdays. They had to wait until the following Monday to receive any mail that came in over the weekend. The Activity Director was present during the meeting (at the Resident Council President's request) and indicated she did not have a key to the mailbox and had not been delivering mail to the residents on Saturdays.Resident 16's clinical record was reviewed on 04/07/2026 at 1:30 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 02/25/2026, indicated the resident was cognitively intact.Resident 57's clinical record was reviewed on 04/07/2026 at 1:33 P.M. An Annual MDS assessment, dated 01/16/2026, indicated the resident was cognitively intact. Resident 59's clinical record was reviewed on 04/07/2026 at 1:35 P.M. A Quarterly MDS assessment, dated 01/15/2026, indicated the resident was cognitively intact.Resident 64's clinical record was reviewed on 04/07/2026 at 1:37 P.M. A Quarterly MDS assessment, dated 03/31/2026, indicated the resident was cognitively intact. During an interview, on 04/07/2026 at 10:24 A.M., the Activity Director indicated she had been filling in as the Activity Director since May of 2025 and became the permanent Activity Director in December of 2025. She worked Monday through Friday but was in the facility as the manager on duty every 5th or 6th weekend. The Activity Aides were in the facility every weekend. The mailbox key was provided to the Activity Director for Saturday mail access during the survey process. Activity Staff had not been able to deliver the mail to the residents on Saturdays prior to 04/02/2026. The current facility policy, titled Resident [NAME] of Rights, most recently revised on 12/17, was provided by the Director of Nursing on 04/07/2026 at 11:19 A.M. The policy indicated, .Residents have the right to.send and promptly receive mail.410 IAC (Indiana Administrative Code) 3.1-3(s)(1)