STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155386	A. Building B. Wing	08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurels of Dekalb	520 W Liberty St Butler, IN 46721

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 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. Based on observation, interview and record review, the facility failed to store and label leftover foods and maintain kitchen sanitation for 68 of 68 residents served food prepared in the kitchen.Findings include:During an observation, on 07/30/2025 9:28 AM, a 2 foot by 24 foot section of floor was missing tile and the surface was a rough textured cement. The missing tile spanned the majority of the length of the floor, was underneath a prep table, refrigerator and a flat top grill.During an interview, on 07/30/2025 at 9:29 AM , the Dietary Manager (DM) indicated the facility experienced a sewer problem about two months prior and the floor had been removed to repair a pipeline. She indicated she was not aware of any definite plan to replace the flooring.During an observation, on 07/30/25 at 9:30 AM, a clear plastic container holding a white lumpy substance was observed in the reach in refrigerator. The lid on the container had a crack about 1 inch long and 1/4 inch wide. No label or date was on the container. A clear plastic container containing applesauce had a lid with a crack about 1/2 inch long and 1/8 inch wide. A container of fruit cocktail had a lid with a crack about 1/2 inch long and 1/8 inch wide. A container of pears had a crack on the lid about 1/2 inch long and about 1/8 inch wide. All cracks allowed air into the containers.During an interview, on 07/30/25 at 9:31 AM, the dietary manager indicated the item in the unlabeled container was sausage gravy on the menu the previous day. She indicated the container should have been labeled and dated. She indicated cracked storage containers should be discarded and only intact, undamaged containers should be used to store food.During an interview, on 07/30/25 at 9:32 AM, the Director of Maintenance indicated he had exchanged some text messages regarding estimates for tile replacement, but no estimates had been conducted thus far.During an observation, on 07/30/2025 10:14 AM, the conference room refrigerator contained a cookie in a plastic bag dated 7/24. A styrofoam takeout container with a resident's name was not dated. A freezer bag containing 9 ice cream cups did not have a label or date. The individual cups did not have a printed expiration date. A large container of cookies and cream ice cream was not labeled and dated. During an interview, on 07/30/25 at 10:15 AM, Certified Nurse Aide (CNA) 2 indicated the cookie should have been discarded after 3 days and all items should have been labeled and dated. She indicated there was not a way to determine the expiration date of the ice cream cups because the items had been removed from their original box and no label or date was on the bag or individual cups. During an interview, on 07/30/2025 2:47 PM, the Administrator indicated floors should be intact and only undamaged storage containers should be used. She indicated all food items should be labeled and dated. A current policy titled Food Purchasing and Storage, dated 12/10/24, provided by the Administrator on 07/31/25 at 8:50 AM, indicated any porous surface should be sealed with paint or other substances to ensure accidental food leakage would not be absorbed. The policy indicated all leftovers should be covered, labeled and dated. The policy indicated all items in the refrigerator should be properly labeled, dated and sealed with tight fitting lids on containers. 3.1-21(i)(3)

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
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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review the facility failed to ensure timely treatment of an infection for 1 of 1 resident reviewed. (Resident 6)Findings include:Resident 6's record was reviewed on 8/4/25 at 1:05 PM. Diagnoses included MDS indicated renal insufficiency, diabetes mellitus, and depression.A review of Resident 6's current quarterly MDS indicated their BIMS (Basic Interview for Mental Status) score was 14 (cognitively intact). The MDS indicated the resident had frequent stool incontinence and intermittent urinary catheterization,A review of physician orders, dated 7/28/25, indicated Macrobid Oral Capsule 100 MG (Nitrofurantoin Monohydrous Macro) Give 100 mg by mouth two times a day for for a urinary tract infection until 08/04/2025 at 20:00.A review of the Medication Administration Record from July to August 2025 indicated Nitrofurantoin was started on July 28th at 8:00 PM to be given two times a day until August 4th at 8:00 AM.A review of the Microbiology Report Document dated and faxed to the facility on 7/29/25 at 11:42 AM, indicated Klebsiella pneumoniae and Escherichia coli were resistant to Nitrofurantoin (Macrobid). A review of Progress Notes on 7/31/2025 at 10:00 AM, indicated missing documentation about notifying the physician of antibiotic resistance or the need to commence a new form of treatment based on new laboratory results between 7/29 and 7/31/25.A review of 3 laboratory documents on 7/31/2025 at 10:05 AM, had a hand written note on page 1 of the urinalysis results, dated 7/25/25, indicated the physician was notified on 7/29/25 and no new orders were received. The documentation on page 1 failed to indicate if the microbiology report on page 3 was communicated to the physician. In an interview, on 8/4/25 at 12:52 PM, RN 3 indicated Solaris Diagnostics faxed laboratory results to the facility. A nurse should review the lab results and evaluate for abnormal labs or a need to report to the physician. The nurse was to document in the Progress Notes the physician was notified or document the notification on the faxed paper copy. A review of Progress Notes, created on 8/4/25 at 14:09 PM by the Director of Nursing, indicated the physician was notified of the antibiotic resistance and an appropriate antibiotic was ordered.In an interview, on 8/5/25 at 9:30 AM the Director of Nursing, indicated the physician was notified multiple times and a Nurse Phone message was sent with all three pages of urinalysis results on 7/29/25. Additionally, the urinalysis was printed out and placed in a communication folder for physician review. A current policy, dated 2/14/24, provided by the Director of Nursing, indicated the facility staff must consult with the resident's practitioner if there is a need to discontinue an existing form of treatment or to commence a new form of treatment. The licensed nurse would document in the electronic medical record Progress Notes including the notification and the information that was provided to the physician. 16.2-3.1-37(a)