STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155400	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cardinal Care Strategies	4600 E Jackson St Muncie, IN 47303

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to protect a resident's right to be free from verbal abuse from a staff member in the form of threats of physical violence for 1 of 4 residents reviewed for abuse. (Resident C) Findings include: Resident C?s clinical record was reviewed on 4/20/26 at 12:46 p.m. Current diagnoses included bipolar disorder-depression-severe with psychotic features, borderline personality disorder, and anxiety. A 1/26/26, quarterly, Minimum Data Set (MDS) Assessment indicated the resident was cognitively intact, had mild depression symptoms, and had displayed no maladaptive behaviors during the assessment period, which included wandering/elopement attempts.The resident had a current, 3/23/26, care plan problem/need regarding exhibits behavior indicators as evidence by demanding staff. Approaches to this need included address wants and needs in a timely manner and Provide resident with support and reassurance. The resident had a current, 11/25/25, care plan problem/need of being at risk for decline in psychosocial wellbeing secondary to past sexual assaults which has contributed to some of the following mood and behaviors. Approaches to this need included staff to allow resident to vent appropriately and validate feelings as necessary and staff to encourage resident to use healthy coping mechanisms such as going for a small ride around the facility, sitting with a staff member on the porch and getting fresh air, speaking to a positive support person, calling a friend, or looking at old photos that make resident happy. During an interview, on 4/21/26 at 9:15 a.m., the Administrator and DON both indicated they had received an allegation of verbal abuse regarding a threat of physical violence. Resident C had alleged QMA 5 threatened to hit her if the resident hit her first and they would both go to jail. During the course of the facility investigation, QMA 5 confessed to making the statement. QMA 5's employment was terminated in response to her verbal threat.A 3/18/26 written facility investigation statement by LPN 4, provided by the Administrator on 4/20/26, following the entrance conference, indicated the following: [Resident C] stated to me that [QMA 5] said to her ?I will kick you're a--' [Resident C] did have behaviors over receiving her medications early. [QMA 5] was at nurses station while I was entering incident reports due to another incident. [QMA 5's] shift was over and she left. While [LPN 5] was at the desk, she [QMA 5] said ?I wish they would fire me.' A, 3/19/26, written resident interview with Resident C, provided by the Administrator on 4/20/26, following the entrance conference, indicated the following: [QMA 5] played a recording of me on her phone when I was in psychosis and was laughing at the recording. I told her to turn it off she grabbed the baby gate and pushed it toward my knee and hit my knee. I told her I was going to hit her with the gate and she said I am going to slap you if you do ?I picked up the gate and threw it on the ground'. A, 3/19/26, written statement of a phone interview, signed by the Administrator and DON, provided by the Administrator on 4/20/26 following the entrance conference, indicated the following: .Interview with [QMA 5]- [QMA 5] indicated she made said statement. [QMA 5] did state that she did tell resident 'If you hit me, I am going to hit you and we both go to jail.' A written email from QMA 5, dated 3/19/26 at 3:30 p.m., and provided by the Administrator on 4/20/26, following the entrance conference, indicated the following: On Wednesday 18th of 2026, at approximately 6:00PM, I was giving report to my co-worker when a resident [Resident C] approached and involved herself in the (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
	155400	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cardinal Care Strategies	4600 E Jackson St Muncie, IN 47303

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	conversation. The resident became upset and began making threatening statements towards me, including stating that she would hit me with the gate. && (sic) she stated she would hit me like she did [another employee's name]. She also kept saying she was going to get me fired! During the interaction, I responded that if she hit me, I would defend myself and stated the situation would result in both of us going to jail. The resident then forcefully grabbed and removed the door from the gate area in an aggressive manner. No physical altercation occurred. A current, undated, facility policy titled, Care Strategies Abuse and Prevention Policy, provided by the DON via email on 4/20/26 at 10:48 a.m., indicated Verbal Abuse is defined as any use of oral, written, or gestured language that willfully includes disparaging and derogatory terms.Examples: .are not limited to: threats of harm. A current, undated, facility policy titled Your Rights and Protection as a Nursing Home Resident provided by the Administrator via email on 4/22/26, indicated Be Free from Abuse and Neglect: You have the right to be free from verbal, sexual, physical, and mental abuse. Nursing homes can't keep you apart from everyone else against your will. This citation relates to Intakes 2970583 and 2808587. 410 IAC (Indiana Administrative Code) 16.2-3.1 - 27 (a)410 IAC 16.2-3.1-27(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155400	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cardinal Care Strategies	4600 E Jackson St Muncie, IN 47303

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 0603 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from separation (from other residents, his/her room, or confinement to his/her room). **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents were free from involuntary seclusion when two units were locked and secured (200 and 300 halls) without authorization from the State Agency (Indiana Department of Health) and failed to identify individual needs for specialized programming requiring a secured unit for 4 of 4 residents reviewed for involuntary seclusion. (Residents C, D, G, and J) Findings include:During a random observation, on 4/20/26 at 10:15 a.m., the double doors at the entrance to the 200 Hall were closed and locked. The door was locked in a manner requiring a code to be entered in order to enter or leave the unit. A keypad lock was located on the wall beside the doors. The keypad would unlock the door when a code was entered. The entrance code was not posted near the doors. There were no other unlocked doors allowing access to the 200 Hall unit. Inside the 200 Hall was a nursing station and lounge. Adjoining the lounge was a closed unlocked set of double doors which allowed entrance to the 300 Hall unit (Swan). The 300 hall did not have any other unlocked doors to allow access to the unit. Entrance and exit from the 300 Hall Swan Unit required the individual to enter a code and pass through the locked 200 Hall doors. During random observations, the 200 Hall doors were locked requiring a code for entrance and exit on both 4/20/26 from 10:15 a.m. to 3:30 p.m. and 4/21/26 from 9:15 a.m. to 4:20 p.m.During a phone interview with the Chief Operating Officer (COO) and Nursing Officer for Care Strategies, on 4/21/26 at 10:21 a.m., the COO indicated dementia disclosure had been sent to the State. He believed an FSSA (Indiana Family and Social Services Administration) dementia disclosure form met requirements for a secured unit. He was unaware that the Indiana Department of Health (IDOH) did not license or provide authorization for dementia units. He indicated LSC (Life Safety Code) had allowed them to have the units secured in the past, as had the LTC (Long Term Care) survey teams. He had no information regarding communication with IDOH Division of Long Term care about the 200 or 300 Unit having been approved as a secured unit and being issued an authorization for occupancy for the secured units.1. Resident C?s clinical record was reviewed on 4/20/26 at 12:46 p.m. Current diagnoses included bipolar disorder-depression-severe with psychotic features, borderline personality disorder, and anxiety. The resident had a current, 11/12/25, physician's order for Resident my reside on secured unit-No directions specified for order. The resident's record lacked the following: an assessment/evaluation to identify the resident's medical diagnoses, symptom, and/or behavioral symptom being treated by a locked secured unit. The resident had resided on the 200 hall since February 2026. A 1/26/26, quarterly, Minimum Data Set (MDS) Assessment indicated the resident was cognitively intact, had mild depression symptoms, and had displayed no maladaptive behaviors during the assessment period, to include wandering/elopement attempts.2. Resident D?s clinical record was reviewed on 4/21/26 at 11:17 a.m. Current diagnoses included paranoid schizophrenia, bipolar disorder, and unspecified intellectual disabilities. The resident had a current physician's order for May reside on secured unit. The resident's record lacked the following: an assessment/evaluation to identify the resident's medical diagnosis, symptom, and/or behavioral symptom being treated by a locked secured unit or a care plan regarding the need for a secured unit. The resident had resided on the 200 hall since March 2026. The resident had resided on the 300 hall from December 2025 to March 2026.A 12/27/25, admission, MDS assessment indicated the resident was severely cognitively impaired. A 3/12/26, significant change, MDS assessment indicated the facility had chosen not to assess the resident's cognitive status or symptoms of depression, and the resident had displayed only one maladaptive behavior during the assessment period in the form of rejected care 1 to 3 times during the assessment period.3. Resident G?s clinical record was reviewed on 4/21/26 at 2:10 p.m. Current diagnoses included dementia, chronic post-traumatic stress disorder, depression, and anxiety. The resident had a current, 3/30/26, physician's order for May reside in (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155400	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cardinal Care Strategies	4600 E Jackson St Muncie, IN 47303

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 0603 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	secured unit-No directions specified for order. The resident's record lacked the following: a care plan regarding the need for a secured unit. The resident had resided on the 300 hall since March 2026.A 4/3/26, admission, MDS assessment, indicated the resident was severely cognitively impaired, and displayed no maladaptive behaviors during the assessment period, including wandering. 4. Resident J?s clinical record was reviewed on 4/21/26 at 3:00 p.m. Current diagnoses included Alzheimer's disease, anxiety, depression, and delusional disorder. The resident had a current ,10/20/25, physician's for May reside in secured unit-No directions specified for order. The resident's record lacked the following: an assessment/ evaluation to identify the resident's medical and/or behavioral symptom being treated by a locked secured unit.A 4/13/26, significant change, MDS assessment indicated the resident had both long- and short-term memory loss and wandered 1 to 3 days of the assessment period.During an interview, on 4/21/26 at 9:15 a.m., both the Administrator and DON indicated the following:The facility had no criteria, policy, or program related to the secured units. When they both recently began employment at the facility (in 2026), they both had been of the understanding that the 300 Hall/Swan unit was an approved secured dementia unit, and the 200 Hall was a [approved] secured behavioral unit. They both were also under the understanding that the corporation and previous ownership had completed all the necessary requirements for dedicated secured units.Resident G was admitted to the 300 Hall/[NAME] unit because he had a diagnosis of dementia and required dementia services. He did not have a care plan for the need for a secured dementia unit prior to 4/21/26. He had no documented attempts or statements regarding elopement.Resident J resided on the 300 Hall Unit/[NAME] Unit due to advanced dementia. The resident had no assessment or evaluation prior to his admission to the secured unit. The facility was of the understanding that he did have a history of behaviors and exit seeking prior to his admission to the secured unit. He had made no elopement attempts in the past 90 days.Resident D resided on the 200 Unit for behavior management needs. He had resided on the 300 Unit and had been moved to the 200 Unit when the family made an informed effort to separate the residents in the two units by diagnosis and need. He did not have an evaluation or assessment prior to residing on the secured unit. He did have a history of behaviors and a mental health diagnosis. In February 2026, he followed a staff member off the unit as they were leaving. Staff had to accompany him into the other area of the facility, and a great deal of effort was required to convince him to return to the unit. He did not have a care plan regarding his need for a secured unit prior to 4/20/26.Resident C did not have an assessment/evaluation prior to her placement on the secured unit. She did have a mental health diagnosis, and a history of behavioral concerns include statements of elopement. Review of IDOH licensing records indicated a lack of authorization to occupy for any secured unit within the facility, to ensure inspections had been completed to for compliance with safety regulations. A current, undated, facility policy titled, Care Strategies Abuse and Prevention Policy, provided by the DON via email on 4/20/26 at 10:48 a.m., indicated the following: .Examples of abuse:.involuntary seclusion. A current, undated, facility policy titled Your Rights and Protection as a Nursing Home Resident provided by the Administrator via email on 4/22/26, indicated the following: .Be Free from Abuse and Neglect: You have the right to be free from verbal, sexual,physical, and mental abuse. Nursing homes can't keep you apart from everyone else against your will. 410 IAC (Indiana Administrative Code) 16.2-3.1-27(l)(4)