STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155462	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Swiss Villa Nursing and Rehabilitation	1023 W Main St Vevay, IN 47043

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 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 record review and interview, the facility failed to follow physician's orders related to monitoring vital signs prior to medication administration for 1 of 13 residents reviewed for Quality of Care. (Resident 16)Findings include:The clinical record for Resident 16 was reviewed on 08/21/25 at 12:59 P.M. An admission Minimum Data Set (MDS) assessment, dated 03/06/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, end stage renal disease, hypertension, diabetes, Chronic Obstructive Pulmonary Disease, anxiety, and depression. The Electronic Medication Administration Record (EMAR) for March and April 2025, was provided by the Director of Nursing (DON) on 08/26/25 at 10:40 A.M. The record indicated the resident had a physician's order for Metoprolol tartrate 25 milligrams, once a day, to be administered between 7:00 A.M. and 11:00 A.M., for a diagnosis of hypertension, with a start date of 02/26/25, and a discontinued date of 05/21/25. The medication was to be held, not given, for a Systolic Blood Pressure (SBP) less than 110, or a Diastolic Blood Pressure (DBP) of less than 60, or a Heart Rate (HR) of less than 60. The clinical record lacked documented SBP, DBP, and HR values during the ordered administration time frame on the following dates: 03/01/25 through 03/13/25, 03/15/25 through 03/24/25, 03/29/25 through 04/03/25, 04/05/25 through 04/10/25, and 04/12/25 through 04/18/25. During an interview, on 08/22/25 at 11:50 A.M., the DON indicated all resident documentation was completed on the computer.During an interview, on 08/25/25 at 10:25 A.M., Licensed Practical Nurse (LPN) 4 indicated for resident medications with hold parameters, staff were to first check the resident's blood pressure. If the medication needed to be held, mark not given on the EMAR, type in the blood pressure value in the vitals record, and hold the medication.During an interview, on 08/26/25 at 9:35 A.M., RN 3 indicated if a medication had hold parameters, the vital signs requirement was part of the physician's order. Staff had to input the vital sign values before giving the medication. The current General Dose Preparation and Medication Administration policy, with a revised date of 11/15/24, was provided by the DON on 08/26/25 at 10:40 A.M. The policy indicated, .Verify each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time, for the correct resident .Document necessary medication administration/treatment information . 3.1-(37)(a)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed to follow appropriate infection control guidelines during indwelling urinary catheter care for 1 of 2 residents reviewed for Catheters/Urinary Tract Infections (UTI). (Resident 6)Findings include:An observation, on 08/25/25 at 10:51 A.M., indwelling urinary catheter care for Resident 6 was observed. Certified Nurse Aide (CNA) 2 entered the resident's room, donned a gown and gloves, dropped the window blind by touching the cords, pulled a stained privacy curtain around the foot of the resident's bed, opened the drawer on the resident's night stand, and removed a package of cleansing wipes. The CNA proceeded to pull wipes out of the package and clean the resident's private area without changing her gloves. The privacy curtain by the foot of the resident's bed had several brown/yellow stains, one was 8 (inches) x (by) 2 , one was the size of a golf ball, and two were the size of a baseball. During an interview, on 08/25/25 at 11:07 A.M., CNA 2 indicated when providing catheter care, she would use hand sanitizer, don a gown, don gloves, provide privacy, explain to the resident the procedure, then provide the necessary care. The staff should not touch a resident with gloves that had touched inanimate objects prior to care. The SURVEILLANCE LOG OF RESIDENT INFECTIONS AND ANTIBIOTIC USE for July 2025, was provided by the Director of Nursing (DON) on 08/25/25 at 11:40 A.M. The record indicated the resident had a UTI and was treated with the antibiotic Bactrim from 07/08/25 through 07/18/25. The current Catheter Care policy, with a revised date of 06/2025, was provided by the DON on 08/25/25 at 11:40 A.M. The policy indicated, .Gather supplies .Perform hand hygiene . Put on gown & gloves .begin cleansing where the catheter enters the meatus . 3.1-41(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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to follow infection control guidelines during medication administration for 1 of 11 medication administration observations.Findings include: During an observation, on 08/22/25 at 11:16 A.M., Licensed Practical Nurse (LPN) 5 prepared to administer Resident 30's insulin. LPN 5 checked the resident's blood sugar and indicated he would receive 13 units of Insulin lispro (short acting insulin) based on the physician's orders. LPN 5 went to the medication cart and started to prepare the insulin. She removed the insulin pen from the plastic bag, took off the lid and attached the needle. She did not cleanse the top of the insulin pen before attaching the needle. She dialed up 2 units to prime the pen and then dialed up 13 units to administer. She went into the resident's room and administered the insulin. During an interview, on 08/22/25 at 11:37 A.M., LPN 5 indicated she normally would have cleansed the pen with alcohol before attaching the needle. The current facility policy, titled Insulin Pen Administration, revised on 04/2025, was provided by Corporate Support Staff on 08/26/25 at 11:07 A.M. The policy indicated, .Wipe top of insulin pen with alcohol pad, if instructions indicate . The current Insulin Lispro KwikPen INSTRUCTIONS FOR USE, revised in July/2023, were provided by the Administrator on 08/26/25 at 11:26 A.M. The instructions indicated, Step 1 .Pull the pen cap straight off .wipe the rubber seal with an alcohol swab . 3.1-18(b)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on record review and interview, the facility failed to ensure appropriate and accurate antibiotic stewardship was implemented related to tracking and trending of infections for 1 of 6 residents reviewed for antibiotic stewardship. (Resident 8)Findings include: The clinical record for Resident 8 was reviewed on 08/22/2025 at 11:07 AM. A Quarterly Minimum Data Set (MDS) assessment, dated 08/01/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, dementia, heart failure, hypertension, obstructive uropathy, diabetes, and anxiety. The June 2025 Surveillance Log of Resident Infections and Antibiotic Use indicated Resident 8 had a Urinary Tract Infection (UTI) with an onset date of 06/12/25, with signs and symptoms of an increased white blood cell count, lethargy, and a temperature of 100.2 degrees Fahrenheit. The urine culture was obtained to determine the appropriate antibiotic to treat the infection on 06/15/25. The resident received Bactrim (an antibiotic) from 06/13/25 through 06/22/25. The surveillance log indicated that the bacteria was not resistant to the Bactrim. A Urine Analysis Culture and Sensitivity (UA C&S) Report, dated 06/19/25, indicated the bacteria identified in the urine culture was resistant to Bactrim. The July 2025 Surveillance Log of Resident Infections and Antibiotic Use indicated Resident 8 had a UTI with an onset date of 07/31/25, with signs and symptoms of cloudy and odorous urine. The urine was cultured on 08/01/25 and the resident received Bactrim from 08/01/25 through 08/04/25. The surveillance log indicated that the bacteria was not resistant to the antibiotic. A UA C&S Report, dated 08/04/25, indicated the bacteria identified in the urine culture was resistant to Bactrim.A Progress Note, dated 08/05/25 at 10:52 A.M., indicated the Nurse Practitioner was in and had evaluated the resident's urine culture. After the resident completed the Bactrim, she would like to complete a round of Macrobid (an antibiotic) 100 milligrams (mg), twice a day for five days. The August 2025 Electronic Medication Administration Record indicated the resident had received the Bactrim from 07/31/25 through 08/04/25, and the Macrobid from 08/05/25 through 08/09/25. The August 2025 Surveillance Log of Resident Infections and Antibiotic Use lacked documentation that the resident had an infection or that the resident was on an antibiotic in August. Other infections for other residents in the facility had been tracked through 08/19/25. During an interview, on 08/26/25 at 11:33 A.M., the Infection Preventionist indicated she tracked infections daily, Monday through Friday, and updated her surveillance log. The surveillance log should indicate the bacteria was resistant to the antibiotic, and whether the physician wanted to stop or continue the treatment. The current facility policy titled, Antibiotic Stewardship Program, was provided by Medical Records on 08/26/25 at 11:59 A.M. The policy indicated, .To provide a collaborative; interdisciplinary system for the optimization of antibiotic use, improving drug selection, slowing emergence of antimicrobial resistance, and improving resident/patient outcomes.The facility shall establish key elements for antibiotic use prescribing and a system to monitor and manage antibiotic use. Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients.The current facility policy titled, Infections Prevention and Control Program, with a revised date of 05/2023, was provided by Medical Records on 08/26/25 at 11:59 A.M. The policy indicated, .The facility shall establish and maintain infection prevention and control program [IPCP] designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections. The IPCP is comprehensive system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under contractual arrangement, is based on the facility assessment, and following accepted national standards. The IPCP includes Antibiotic Stewardship Program. Maintain records to improve infection control and prevention and prevention processes and outcomes.Surveillance of Infections with implementation of control measures and prevention of infections. On-going monitoring for infections among residents and employees and subsequent documentation of infections that occur.3.1-18(b)