STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155475	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Towne House Retirement Community	2209 St Joe Center Rd Fort Wayne, IN 46825

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review the facility failed to ensure proper storage of nutritional supplements, medications, and testing supplies for 1 of 1 medication room reviewed.Findings include:During an observation, on 5/20/26 at 10:57 AM, the following was observed:The medication room refrigerator had five cartons of Boost Breeze Nutritional Supplements with a use by date of March 2026. The freezer held two single-serve Italian Ice containers without expiration dates and one frozen pink substance in a clear cup without a resident name, date, or identifying label. The medication room cabinets had one Ensure Clear carton with an expiration date of 5/1/26, four Ensure Max Protein cartons had an expiration date of 2/1/26. Four Covid test kits had an expiration date of 4/30/25.In an interview, on 5/20/26 at 11:15 AM, the Director of Nursing indicated monthly audits of the medication room, including storage, labeling, and expiration dates, were monitored by the DON and the Assistant DON. Third shift staff were responsible for ensuring proper storage of supplements and supplies each night. The DON indicated there was no log of audits or refrigerator temperature measurements for review. Nursing staff obtained Ensure from the pharmacy for residents requiring supplemental nutrition.A current policy, dated 6/2025, provided by the Director of Nursing, indicated expiration dates of nutritional supplements stored in the medication room, were monitored by nursing staff.410 IAC (Indiana Administrative Code) 3.1-25(j)

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