STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155478	A. Building B. Wing	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Timbers of Jasper The	2909 Howard Dr Jasper, IN 47546

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review, the facility failed to implement the plan of care for a cognitively impaired resident at high risk of falling for 1 of 1 residents reviewed for falls. Fall care plan interventions were not in place. (Resident 14)Finding includes:On 1/28/26 at 3:33 P.M., Resident 14's clinical record was reviewed. Diagnoses included, but were not limited to, Alzheimer's disease, dementia without behaviors, and Guillain-Barre syndrome. The most recent quarterly Minimum Data Set (MDS) assessment, dated 1/21/26 indicated Resident 14's cognition was severely impaired, partial to moderate assist from staff (resident performs over half the effort) for bed mobility and transfers, and substantial to maximum assistance of staff (staff performs over half the effort) for toileting and bathing, and the resident has had two or more falls with no injury and 2 or more falls with injury (not major) since the last MDS assessment, dated 11/3/25.A current Fall Care plan, last revised 1/20/26, included, but were not limited to, the following interventions:keep urinal in reach, initiated 11/3/25bed in lowest position when resident in bed, initiated 11/12/25remove wheelchair from common area when resident in recliner, initiated 11/17/25On 1/28/26 at 10:22 A.M., Resident 14 was observed laying in his bed that was not in the lowest position. A urinal was not observed in the resident's room.On 1/28/26 at 2:47 P.M., Resident 14 was observed sitting reclined in a recliner in the common area of the locked dementia unit. A wheelchair was observed next to him on his left side. On 1/29/26 at 8:52 A.M., Resident 14 was observed asleep in his bed. A urinal was not observed in the resident's room.On 1/29/26 at 2:45 P.M., Resident 14 was sitting in a recliner in the common area of the locked dementia unit. A wheelchair was observed next to him on his left side.During an interview on 1/30/26 at 2:02 P.M., Licensed Practical Nurse (LPN) 32 indicated fall interventions should be followed. A urinal should be within reach when Resident 14 was in bed and wheelchairs should not be in reach in the common area while he was in the recliner.On 1/30/26 at 2:23 P.M., a current Care Plan Policy, last revised October 2025, was provided by the Administrator and indicated, It is the policy of this facility that each resident will have an interdisciplinary comprehensive person-centered care plan developed and implemented . 3.1-35(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155478	A. Building B. Wing	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Timbers of Jasper The	2909 Howard Dr Jasper, IN 47546

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure medications were given as ordered and a discharged resident was sent home with the correct medication for 1 of 3 closed records reviewed. A blood thinner was not given as ordered, and a resident was sent home with another resident's medications at discharge. (Resident B)On 1/30/26 at 4:00 P.M., the Administrator provided an incident form that indicated on 9/19/25 when Resident B was discharged from the facility, medications belonging to another resident had been sent home with them. The form indicated the facility attempted to contact Resident B's representative several times daily until 9/25/25 when contact was made and the medication was brought back to the facility the same day. On 1/29/26 at 11:32 A.M., Resident B's clinical record was reviewed. Resident B was admitted to the facility on [DATE] and discharged on 9/19/25. Diagnosis included, but was not limited to, fracture of the right lower leg. The most recent admission minimum data set (MDS) assessment, dated 9/11/25, indicated no cognitive impairment and no behaviors. Resident B required substantial to maximal assistance (helper does more than half the effort) with toileting, showering, and transfers. Physician orders included, but were not limited to: enoxaparin (a blood thinner) syringe; 30 mg (milligrams)/0.3 mL (milliliters); administer 30 mg/03 mL; subcutaneous, dated 9/5/25 and discontinued 9/19/25. Resident B's Medication Administration Record (MAR) indicated enoxaparin had not been given on the following days: 9/14/25 unavailable 9/15/25 unavailable, awaiting delivery 9/16/25 unavailable 9/18/25 blank, no note A discharge progress note, dated 9/19/25, indicated Resident was discharged home with all medications, signed by Licensed Practical Nurse (LPN) 3. On 1/30/26 at 10:29 A.M., the Emergency Drug Kit (EDK) machine was observed with LPN 5. The EDK contained enoxaparin 30 mg/0.3 mL syringe. At that time, LPN 5 indicated the machine was kept stocked, and if staff noticed it was running low on something, they would contact the pharmacy and they would be in either that day or the next day to restock it. LPN 5 also indicated when a resident was discharged with medications, two nurses would check that the medications sent home were correct and both would sign the discharge summary form. On 1/30/25 at 11:43 A.M., the Director of Nursing (DON) indicated LPN 3 was no longer on staff at the facility. At that time, she provided the discharge summary form for Resident B. The form was signed on 9/19/25 by Resident B's representative and one nurse, LPN 3. On 1/30/26 at 1:30 P.M., the Administrator provided a current Medication Administration competency form, last revised 4/25, that indicated medications should be administered as ordered. This deficiency relates to Intake 2622137. 3.1-25(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155478	A. Building B. Wing	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Timbers of Jasper The	2909 Howard Dr Jasper, IN 47546

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 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 ensure a sanitary environment to help prevent the development and transmission of communicable diseases and infections for 1 of 2 residents observed for incontinence care. Hand hygiene was not done, gloves were not changed between clean and dirty tasks, and the soiled incontinence pad was laid on the bedsheet. (Resident 45)Finding includes:On 1/29/26 at 8:57 A.M., incontinence care was observed on Resident 45 performed by Certified Nurse Aide (CNA) 14 and CNA 22.CNA 14 used Antibacterial Hand Rub (ABHR) and put gloves on. Then she used the bed control to put the bed down, touched the privacy curtain, grabbed the foot board of the bed, and then grabbed the resident's call light. CNA 22 did not sanitize hands before putting on gloves, used the bed control to lower and raise the bed and moved the call light. Both CNAs pulled down the resident's bed sheets and blanket. CNA 14 unfastened the resident's incontinence pad and held the resident on her left side while CNA 22 grabbed wipes and a clean incontinence pad from inside the bedside cabinet. CNA 22 wiped the surface of the buttocks with a wipe and then pulled out the soiled incontinence pad from under the resident and placed the soiled brief at the foot of the bed on the fitted sheet. CNA 22 grabbed the clean incontinence pad and pushed it under the resident using soiled gloves on the inside of the incontinence pad. The resident was assisted to roll on to her back and CNA 22 held the resident's leg with soiled glove. CNA 14 pulled the clean incontinence pad out from under resident and then wiped the outside of the resident's vaginal area. Both CNAs fastened the clean incontinence pad. CNA 22 opened the bedside cabinet and put the wipes inside. CNA 22 grabbed the soiled incontinence pad from the resident's bedsheet. Both CNAs pulled the sheets and blanket over the resident with same soiled gloves. CNA 14 pushed the bed back against the wall, adjusted the bed with the bed control, pulled the sheets and blanket over the resident, and placed the call light within reach with same soiled gloves. CNA 14 took off gloves but hand hygiene was not performed. CNA 14 grabbed a purple shirt from the resident's bed and placed it back into the closet. CNA 22 performed hand washing with a 13 second lather.During an interview on 1/30/26 at 8:53 A.M., the Infection Preventionist (IP) indicated staff should sanitize before putting on gloves, should sanitize and change gloves before touching resident after touching items, would expect to have all supplies first, and not lay a soiled incontinence pad on resident bedding. Staff should sanitize hands and change gloves after providing care before touching resident's items.On 1/30/26 at 1:30 P.M., a current Hand Hygiene Policy, last revised July 2022, was provided by the Administrator and indicated, . Vigorously rub hands for at least 20 seconds including palms, back of hands, between fingers, and wrists . On 1/30/26 at 1:30 P.M., a current Perineal Care Policy, last revised March 2023, was provided by the Administrator and indicated, . 3. Gather supplies including plastic bag at foot of bed or on chair for soiled linens. 4. Perform hand hygiene. 5. [NAME] gloves. 6. Assist resident to supine position and drape resident, if needed . 8. if able. Assist resident to spread legs and lift knees, if possible . Females: 12. Separate labia and wash urethral area first. 13. Wash between and outside labia in downward strokes. 14. Alternate from side to side wipe from front to back and from center of perineum outward. 15. Use a clean area of the washcloth with each wipe . 22. Assist resident to turn onto side away. 24. Clean anal area from front to back, using a clean area of washcloth with each wipe . 27. Assist resident to turn onto back and undrape resident. 28. Doff gloves. 29. Perform hand hygiene.3.1-18(b)3.1-18(l)