STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155586	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lutheran Life Villages	6701 S Anthony Blvd Fort Wayne, IN 46816

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 date medications when opened, failed to ensure treatments were placed in treatment cart, failed to ensure medication carts were free from loose pills/debris, and failed to record temperature logs for the Emergency Drug Kit/narcotic refrigerator in medication room, in 4 of 4 medication carts and 1 of 1 medication storage rooms reviewed. Findings include:During an observation on 08/26/2025 at 9:52 AM on the 100 hall medication carts with the Director of Nursing (DON) was observed. At 9:55 AM Resident 34 had an opened medication of Albuterol sulfate 30 mcg inhaler dated 1-24-25, and then another opened Albuterol sulfate 30 mcg inhaler with an opened date of 4/4/25. On the label it indicated to give 2 puff every day until 5/3/25. At 9:58 AM Resident 104 had an opened medication bottle of Antacid tablet 750 mg with no open date. At 10:01 AM Resident 43 had an opened bottle of Morphine sulfate 5 ML with a small syringe, inside a clear plastic cup. The syringe was facing downward in the cup at the bottom, it was dirty with a sticky reddish brown substance. This bottle did not have an opened date. At 10:03 AM Resident 71 had an opened bottle of guaifenesin DM 100-10 mg, with no open date. At 10:04 AM Resident 54 had an opened bottle of calcium-gest 500 mg with no open date. At 10:05 AM Resident 85 had an opened bottle of guaifenesin-DM 100-10 mg, with no open date. At 10:07 AM observation with the DON of both 100 medication carts. At the bottom of drawers they were loose medication pills, debris, brown-reddish sticky substance, some were hard to scrape off. DON indicated they should be cleaning the carts. During an observation at 8/26/25 at 10:09 AM with the DON on the 400 medication cart was observed, inside the drawers there was debris, a brown sticky substance at the bottom of the drawers and some unidentifiable loose medication tablets. At 10:10 AM on the 400 medication cart, Resident 17 had 2 small clear plastic cups filled with medication pills. The 1st cup had 3 different medication pills, and the 2nd cup had 5 medication pills inside yogurt. Licensed Practical Nurse (LPN)5, indicated Resident 17, had went to the beauty shop and she placed the medication cups in the medication cart, but she should have gotten rid of them and then re-pulled them again when the resident came back from the beauty shop. During an Observation at 10:15 AM with the DON on the 200 medication carts was observed. Inside the 1st cart, brown sticky substance that flaked off and debris was located at the bottom of the drawers, LPN 6 indicated 3rd shift are the ones that are responsible for cleaning the medication carts. At 10:18 AM during observation of the 2nd medication cart on the 200 hall, in the top drawer there was a tube of bacitracin ointment(treatment) opened 8/6/25 for Resident 92. The DON indicated the treatment should not in the medication cart but instead the treatment cart. At 10:19 AM Resident 36 had an opened bottle of Calcium-Gest 500 mg with no opened date. At 10:21 AM with the DON, in the main medication room, the temperature log dated August 2025 for the Emergency drug kit/Narcotics fridge was located on the front door. The DON indicated, 3rd shift was in charge of recording the temperatures on the log. The dates missing were the 5th ,6th ,7th,8th ,11th, 14th, 15th, 18th, 20th, 21st, 22nd, 23rd, 24th,and 25th. During an observation on 8/28/25 at 12:34 PM, on the 400 hall, the medication room located in the nurses stations, was observed to be unlocked, inside the room, was a unlocked small white refrigerator. (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

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	There was no staff member observed in area. In an interview 8/28/25 at 12:35 PM, the Administrator indicated, the door to the unlocked refrigerator and unlocked door to the medication room, should have been closed. A current facility policy, titled, Cleaning equipment, rooms, and common areas, dated 11/17/17, was provided by the Administrator on 8/27/25 at 9:19 AM. The policy indicated . Facility will strive to maintain a clean environment, as well as, equipment. Routine, scheduled cleaning will assure proper cleaning of nursing units, common areas and equipment . Items to be cleaned, environment cleaning (including bloodborne pathogen clean up) to touch surfaces, stethoscopes, tabletops, countertops, blood pressure cuffs, wheelchairs, shower chairs, carts, IV poles, and similar medical equipment. By nursing, immediately, when soiled at minimum, weekly if the item(s) is assigned to one resident, otherwise, between resident use 3.1-25(j)(m) and (n)

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure freedom from intimate touching for 2 of 19 residents reviewed (Resident 53 and Resident 99).Findings include: Resident 53's record was reviewed on 08/26/2025 1:15 PM. Diagnoses included dementia, anxiety, and sexual dysfunction. A current annual Minimum Data Set (MDS) assessment dated [DATE] indicated Resident 53 had a Basic Interview for Mental Status (BIMS) score of 8 indicating cognitive impairment.A progress note dated 8/21/25 at 6:24 PM indicated staff reported inappropriate sexual behavior by Resident 53 with a male resident. The note indicated staff had intervened. No additional progress notes or assessments after 8/21/25 at 6:24 PM were documented from nursing or social services pertaining to sexual behavior.No further progress notes or assessments were available for review at the time of facility exit. A current care plan titled .impaired cognitive function . indicated Resident 53 had a problem of impaired thought processes, with a goal date of 11/4/25. Interventions included communicating with the resident, family, and and caregivers in regards to Resident 53's capabilities and needs. The care plan indicated Resident 53 should be cued, reoriented and supervised as needed.A current care plan titled .has a problem of being sexually inappropriate in common areas ., indicated Resident 53 had a problem of sexually inappropriate behavior with a goal date of 11/4/25. Interventions included intervening as necessary and updating family and the Nurse Practitioner.Resident 99's record was reviewed on 08/26/2025 12:52 PM. Diagnoses included dementia with behavioral disturbance and sexual dysfunction. A current annual Minimum Data Set (MDS) assessment dated [DATE] indicated Resident 99 had a Basic Interview for Mental Status (BIMS) score of 4, indicating cognitive impairment. A progress note dated 8/21/25 5:50 PM indicated Resident 99 exhibited inappropriate sexual behavior in the dining room before the supper meal. The note indicated Resident 99 touched Resident 53 between her legs on the outside of her clothes. The note indicated staff intervened and the Resident 99 was assisted away from the situation. A current care plan titled .sexually inappropriate comments .indicated Resident 99 had a problem of sexual behavior, with a goal date of 8/8/25. Interventions included intervening as necessary to protect the rights and safety of others and updating the Nurse Practitioner, family and Psychiatric Nurse Practitioner. The care plan indicated medications should be administered as ordered and observed for effectiveness. In an interview on 08/28/2025 9:38 AM the Administrator indicated Resident 53 and Resident 99 had a history of sexual contact around the beginning of 2025. She indicated she was not aware of any recent contact. A Medication Administration Record (MAR) for July, 2025 for Resident 99 indicated Depo-Provera (hormonal agent for sexual behaviors) 150mg was not administered on 7/16/25. An administration note dated 7/16/25 11:07 AM indicated Depo-Provera would be administered on 7/17/25 after pharmacy delivery. The MAR was blank in the space for initials indicating the administration of Depo-Provera on 7/17/25. During an interview on 08/28/2025 10:09 AM Licensed Practical Nurse (LPN) 6 indicated upon a resident touching a cognitively impaired resident in a sexual way, staff should immediately separate the residents ensure safety. After assessing for physical or psychological harm, staff should call the Administrator and Director of Nursing, family, and Nurse Practitioner. She indicated Resident 99 received Depo-Provera injections for sexual behaviors. She indicated after the nurse administered the medication, they would enter the administration information in the computer and their initials would appear. She indicated a blank space in the administration spot would indicate the medication might not have been given. In an observation on 08/28/2025 10:11 AM, a vial of Depo-Provera 150 mg/ml (1 ml vial) was present in the medication cart with a label indicating it had been filled on 7/16/25 for Resident 99. The cap on the vial was sealed and unopened. In an interview on 08/28/25 10:12 AM, LPN 6 indicated the pharmacy only sent one dose of Depo-Provera for Resident 99 each month. She indicated since the vial was unopened in the cart, it could not have (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	been given as ordered. In an interview on 08/28/25 10:18 AM LPN 10 indicated non-consensual sexual touching on top of or under clothing was a form of sexual abuse. She indicated consent to sexual content could not be determined in a cognitively impaired resident. Upon occurrence of sexual touching involving a cognitively impaired resident, the residents should be separated and assessed for any physical or psychosocial harm. The occurrence should be reported immediately to the Administrator, Social Services, Director of Nursing, Nurse Practitioner, and family. In an interview on 08/28/2025 1:36 PM the Administrator indicated the contact between residents should have been reported immediately to the Administrator so an investigation could begin. She indicated the residents should have been separated, then assessed. The occurrence and assessment findings should have been reported to the Administrator, Nurse Practitioner and family. In an interview on 08/28/2025 2:22 PM the Executive Director indicated a missed Depo-Provera injection could be a contributing factor in sexual behavior.A current policy titled Abuse Policy, dated 12/15/22, provided by the Administrator on 8/26/25 at 10:06 AM indicated sexual abuse included any kind of intimate touching especially including the peri-area. The policy indicated sexual contact was non-consensual if the resident appeared to want the contact, but lacked the cognitive ability to consent. 3.1-27(a)(1)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to ensure an occurrence of non-consensual intimate touching was reported for 1 of 19 residents reviewed (Resident 99). Resident 99's record was reviewed on 08/26/2025 12:52 PM. Diagnoses included dementia with behavioral disturbance and sexual dysfunction. A current annual Minimum Data Set (MDS) assessment, dated 7/26/25, indicated Resident 99 had a Basic Interview for Mental Status (BIMS) score of 4, indicating cognitive impairment. A progress note, dated 8/21/25 5:50 PM, indicated Resident 99 exhibited inappropriate sexual behavior in the dining room before the supper meal. The note indicated Resident 99 touched Resident 53 between her legs on the outside of her clothes. The note indicated staff intervened and the Resident 99 was assisted away from the situation. No notes including documentation of notification of family or Nurse Practitioner were available for review. In an interview, on 08/28/2025 9:38 AM, the Administrator indicated Resident 53 and Resident 99 had a history of sexual contact around the beginning of 2025. She indicated she was not aware of any recent contact. During an interview, on 08/28/2025 10:09 AM, Licensed Practical Nurse (LPN) 6 indicated upon a resident touching a cognitively impaired resident in a sexual way, staff should immediately separate the residents ensure safety. After assessing for physical or psychological harm, staff should call the Administrator and Director of Nursing, family, and Nurse Practitioner. In an interview, on 08/28/25 10:18 AM, LPN 10 indicated non-consensual sexual touching on top of or under clothing was a form of sexual abuse. She indicated consent to sexual content could not be determined in a cognitively impaired resident. Upon occurrence of sexual touching involving a cognitively impaired resident, the residents should be separated and assessed for any physical or psychosocial harm. The occurrence should be reported immediately to the Administrator, Social Services, Director of Nursing, Nurse Practitioner, and family. In an interview, on 08/28/2025 1:36 PM, the Administrator indicated the contact between residents should have been reported immediately to the Administrator so an investigation could begin. She indicated the residents should have been separated, then assessed. The occurrence and assessment findings should have been reported to the Administrator, Nurse Practitioner and family. She indicated the occurrence should be reported to the department of health according to abuse reporting protocols.A current policy titled Abuse Policy, dated 12/15/22, provided by the Administrator on 8/26/25 at 10:06 AM indicated sexual abuse included any kind of intimate touching especially including the peri-area. The policy indicated sexual contact was non-consensual if the resident appeared to want the contact, but lacked the cognitive ability to consent. The policy indicated staff should immediately report any suspected abuse to the Administrator. The Administrator should begin and investigation and report the allegation to the Department of Health within 2 hours of the occurrence. Investigation findings should be reported to the Department of Health upon completion of the investigation.3.1-28(e)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure wound care was provided to promote healing and prevent infection for 1 of 3 residents reviewed (40).Findings include:During an observation, on 08/27/2025 10:16 AM, Registered Nurse (RN) 7 removed wound care supplies from a cart outside Resident 40's room. She carried a package of alginate wound preparation, an abdominal (ABD) pad, a package of kerlix (roll gauze used to wrap limbs), a pair of scissors, a bottle of wound cleanser and a barrier sheets into Resident 40's room. She held the items against her body as she placed a barrier sheet on the overbed table in Resident 40's room and then placed the supplies on top of the barrier prior to applying a gown and gloves. She placed another barrier sheet underneath Resident 40's right foot and removed her sock. She used the scissors to cut and remove kerlix wrapped around Resident 40's right heel. She placed the scissors back on the barrier on the overbed table. The scissors had not been cleaned since being used to cut off the old dressing. She sprayed wound cleanser on Resident 40's heel and placed the wound cleanser bottle on the floor with no barrier between the bottle and the floor. She applied a piece of alginate to the wound, applied the ABD pad and wrapped the wound with kerlix using the scissors form the over bed table to cut the kerlix after an adequate amount had been applied. The scissors had not been cleaned since being used to cut off the old dressing. No skin prep was applied to the area surrounding the wound. She placed the packages of kerlix and alginate on the floor with no barrier between the packages and the floor. No hand hygiene occurred after cleansing the wound and before applying the wound treatment. RN 7 picked up the uncleaned scissors and wound cleanser, then placed them back in the cart without cleansing either item. During an interview, on 08/27/2025 10:38 AM, RN 7 indicated she should have placed wound care supplies on a barrier instead of the floor and should have cleansed the scissors after using them to cut an old dressing. Resident 40's record was reviewed on 08/27/2025 11:17 AM. Diagnoses included Alzheimer's disease, pressure ulcer of the right heel, and type 2 diabetes. A current quarterly Minimum Data Set assessment (MDS), dated [DATE], indicated a Basic Interview for mental status was not done because Resident 40 was rarely able to make herself understood. The MDS indicated Resident 40 had a stage 3 pressure area. A current physician's order, dated 7/23/25, indicated Resident 40's right heel should be cleansed with wound cleanser and patted dry. Skin prep should be applied around the wound edges. The wound bed should be filled with silver alginate and covered with an ABD pad to assist with autolytic debridement. The dressing should be secured with Kerlix and changed twice weekly and as needed for soilage or dislodgement. During an interview, on 08/27/2025 11:18 AM, RN 7 indicated during a wound care procedure, hands should be washed after touching the resident before removing the old dressing, after removing the dressing, before wound care, and after the procedure. RN 7 indicated she had washed her hands 3 times during the course of the procedure. RN 7 indicated wound care items should be carried into the resident room carried away from the staff member's body using care to not touch their uniform. She indicated she should have not carried wound care items in to the room touching her uniform. A current policy titled Validation Checklist Wound Care, dated 2022, provided by the Administrator indicated hand hygiene should be performed after setting up supplies before opening packages and containers, after removing a soiled dressing before cleansing the wound, after cleansing the wound, after cleansing the wound and before applying a wound treatment, and after completing the procedure. The procedure guide indicated 4 handwashing opportunities during the wound care procedure. The policy indicated supplies should be maintained as sterile or clean as indicated avoiding contamination. The policy indicated physician's orders should be reviewed prior to the procedure and followed. 3.1-40(2)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interview and record review, the facility the failed to ensure communication with the dialysis provider for 1 of 1 residents reviewed. (Resident 57)Findings Include:Resident 57's record was reviewed on 8/26/2025 at 1:25 PM. Diagnosis included end stage renal disease, dependence on renal dialysis, hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease, metabolic encephalopathy and anemia in chronic kidney disease. A review of physician orders, on 8/28/2025 at 9:10AM, indicated Resident 57 needed to leave the facility for dialysis at 4 AM on Monday, Wednesday and Friday and the facility is to complete pre- and post-dialysis assessments. On 8/28/2025 at 10:59 AM, in an interview, Registered Nurse 8 (RN), indicated she had not seen a dialysis book, however she was new. RN 8 indicated she asked Licensed Practical Nurse 9 (LPN) and they indicated there was no dialysis book.On 08/28/2025 at 1:45 PM, the Administrator provided a dialysis communication book for Resident 57. The dialysis book included a Nurse Responsibilities for Dialysis Resident form, physician orders, dialysis pre and post assessments for 7/25/2025, 7/28/2025, 7/30/2025, 8/1/2025, 8/4/2025, 8/6/2025, 8/8/2025, 8/11/2025, 8/15/2025, 8/18/2025, 8/22/2025, 8/25/2025, 8/27/2025 and End Stage Renal Disease (ESRD) communication forms for 8/6/2025 and 7/23/25. On 08/28/2025 at 2:15 PM, in an interview, the Administrator, indicated Resident 57 received dialysis on Monday, Wednesday and Friday. The Administrator indicated the ESRD communication form was the only way the facility had communicated with dialysis. The Administrator indicated the dialysis book should be taken to each dialysis appointment with Resident 57. The Administrator indicated the facility only had the ESRD communication forms for 7/23/2025 and 8/6/2025 and the facility should have completed the form for each dialysis appointment for Resident 57. The Administrator indicated post and pre dialysis assessments should have been completed every Monday, Wednesday and Friday. The Administrator indicated she did not have pre- and post-dialysis assessments for 8/13/2025 and 8/20/2025. The Administrator indicated Resident 57 had not missed a dialysis appointment since admission. A current policy dated 1/8/2018 provided by Administrator indicated, LLV shall ensure all appropriate medical and administrative information accompanies the resident at the time of transfer or referral to the dialysis center . The assigned nurse shall monitor the needs of the dialysis resident and review any notes/orders accompanying the resident from the dialysis center upon arrival at LLV 3.1-37(a)

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F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. Based on interview and record review the facility failed to ensure completion of physician ordered laboratory tests for 1 of 5 residents reviewed. (Resident 30)Findings Include:Resident 30's record was reviewed on 8/27/2025 at 9:52AM. Diagnoses included: Vitamin D Deficiency, fatty (change of) liver, other seizures and major depressive disorder single episode unspecified. Resident 30's record was reviewed on 8/28/2025 at 1:38PM. Orders included: Depakote Oral Tablet Delayed Release 250MG (Divalproex Sodium), Ammonia & Depakote Level every day shift every 2 month (s), Annual Vitamin D &TSH every day shift every 365 days(s) for April and Hepatic & Lipid panel every day shift every 6 month(s). On 08/28/2025 at 10:28 AM, in an interview, the Administrator, indicated the facility had identified an issue with the Medication Administration Record (MAR) not notifying staff labs needed to be drawn. On 8/28/2025 at 1:36PM, in an interview, the Administrator, indicated she was providing the labs she was able to locate. The Administrator indicated she was not able to find any additional lab results for Ammonia, Depakote Level, Vitamin D and Hepatic Function. A review of labs results, dated 12/2/2024 at 09:40 AM, included lab results for Valproic Acid. The labs did not include results for Vitamin D, Hepatic Function or Ammonia. A review of labs results, dated 05/19/2025 at 10:30 AM did not include lab results for Vitamin D, Ammonia, Hepatic Function or Depakote Level. A review of labs results dated 08/07/2025 at 09:30 AM did not include lab results for Vitamin D, Ammonia, Hepatic Function or Depakote Level. On 08/29/2025 at 1:42 PM, in an interview, the Director of Nursing (DON),indicated the facility did not have any labs for Vitamin D, Hepatic Function or Ammonia prior to 8/28/2025 for Resident 30. The DON indicated the facility did not complete labs for Vitamin D, Hepatic Function or Ammonia for Resident 30 prior to 8/28/2025. The DON indicated the facility did not have any additional Depakote labs for Resident 30. A current policy dated 12/21/2016 was provided by the DON on 8/29/2025 indicated The nurse is required to electronically acknowledge orders. The nurse should review the order for clarity and completeness, making an entry into the nurse notes, adding an additional Care Plan problem or augmenting any existing problem, an entry into a communication device or shift report and notify any ancillary department required to execute the order. When applicable, the nurse should notify pharmacy and dining services. Acknowledging/noting order takes place in the EMR. 3.1-49(f)(1)