STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155658	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wesley Manor Health Center	1555 N Main St Frankfort, IN 46041

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview and record review, the facility failed to ensure an Interdisciplinary Team (IDT) assessment, physician's order, and care plan related to the self-administration of medications was obtained prior to the self-administration of medications for 1 of 1 resident reviewed for self-medication administration. (Resident 7)Findings include: During an observation, on 5/14/26 at 10:30 a.m., Resident 7 was observed resting in bed with her eyes closed. A cup, containing six (6) pills, was observed on the bedside table. There were no staff present in the room at the time of the observation. The clinical record for Resident 7 was reviewed on 5/18/26 at 8:59 a.m. The diagnoses included, but were not limited to, chronic respiratory failure with hypoxia, emphysema, and hypertension. The clinical record did not contain an IDT assessment, physician's order, or a care plan related to the self-administration of medications. During an interview, on 5/14/26 at 10:35 a.m., LPN 2 indicated there were six pills left at the bedside and she was not aware if Resident 7 was able to self-administer her medications.During an interview, on 5/14/26 at 3:05 p.m., the Director of Nursing indicated she was aware of the concern.A current facility policy, titled Resident Self-Administration of Medication, dated as last reviewed on 11/25/25 and received from the Executive Director on 5/19/26 at 12:46 p.m., indicated .It is the policy of this facility to support each resident's right to self-administer medications after the facility's Nurse has determined which medications may be self-administered safely .The results of the assessment are recorded on the Medication Self-Administration Assessment Form, which is place in the resident's medical record .The care plan must reflect resident self-administration for such medications 410 IAC (Indiana Administrative Code) 16.2-3.1-11(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
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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview and record review, the facility failed to ensure a physician's order for the administration of oxygen was followed for 1 of 2 residents reviewed for respiratory care. (Resident 7)Findings include:During an observation, on 5/14/26 at 10:30 a.m., Resident 7 was receiving oxygen via nasal cannula at 3.5 liters per minute (lpm). Resident 7 was observed resting in bed with her eyes closed.During an observation, on 5/18/26 at 9:31 a.m., Resident 7 was receiving oxygen via nasal cannula at 3.5 lpm. Resident 7 was observed resting in bed.During an observation, on 5/18/26 at 12:27 p.m., Resident 7 was receiving oxygen via nasal cannula at 3.5 lpm. Resident 7 was observed resting in bed.The clinical record for Resident 7 was reviewed on 5/18/26 at 8:59 a.m. The diagnoses included, but were not limited to, respiratory failure with hypoxia, emphysema, and hypertension.A care plan, initiated on 6/30/25, indicated Resident 7 had emphysema and chronic obstructive pulmonary disease and oxygen settings were to be according to the physician's order.A care plan, initiated on 7/2/25, indicated Resident 7 had an altered cardiovascular status and oxygen settings were to be according to the physician's order.A care plan, initiated on 7/2/25, indicated Resident 7 had oxygen therapy due to chronic respiratory failure with hypoxia and emphysema and oxygen settings were to be according to the physician's order.A physician's order, dated 7/1/25, indicated to provide oxygen via nasal cannula at 2 lpm while at rest and 5 lpm with exertion.During an interview, on 5/18/26 at 9:33 a.m., CNA 3 indicated the resident was on 3 lpm of oxygen.During an interview, on 5/18/26 at 12:29 p.m., the Director of Nursing indicated she did not know what amount of oxygen the resident was to be receiving.A current facility policy, titled Oxygen Administration, dated as last reviewed on 11/12/25 and received from the Executive Director on 5/19/26 at 12:46 a.m., indicated .Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences 410 IAC (Indiana Administrative Code) 3.1-47(a)(6)