STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155675	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morning Breeze Retirement Community and Healthcare	950 N Lakeview Dr Greensburg, IN 47240

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 hold parameters for a hypertensive medication for 1 of 18 residents reviewed for Quality of Care. (Resident 7)Findings include:The clinical record for Resident 7 was reviewed on 07/30/2025 at 10:29 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 06/17/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, metabolic encephalopathy, anemia, heart failure, hypertension, orthostatic hypotension, diabetes, non-Alzheimer's dementia, anxiety, and depression.An open-ended physician's order, with a start date of 04/15/25, indicated for the staff to administer the resident's Metoprolol 25 milligrams, once a day. The medication was to be held if the resident's systolic (top number) blood pressure was less than 110 or the heart rate was less than 60.The clinical record, including the April, May, June, and July 2025 Electronic Medication Administration Record (EMAR), lacked documentation that the resident's blood pressures or heart rates were obtained and documented prior to the administration of the medication.During an interview, on 07/31/25 at 1:29 P.M., Licensed Practical Nurse 3 indicated if a resident had hold parameters for a medication, then she would obtain the vitals before administering the medication. If the vitals were outside the parameters, then she would hold the medication and document in the residents' record why the medication was not given. The resident's vitals should have been documented in the EMAR.The current facility policy titled, Administering Medications with a revision date of April 2019, was provided by the Director of Nursing on 07/31/25 at 3:03 P.M. The policy indicated, .Medications are administered in a safe and timely manner, and as prescribed.The following information is checked/verified for each resident prior to administering medications:.Vital signs, if necessary.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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155675	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morning Breeze Retirement Community and Healthcare	950 N Lakeview Dr Greensburg, IN 47240

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on record review and interview, the facility failed to follow physician's orders for weight monitoring for 2 of 5 residents reviewed for nutrition. (Residents 38 and 49)Findings include:1.The clinical record for Resident 38 was reviewed on 07/30/2025 at 1:53 P.M. An admission Minimum Data Set (MDS) assessment, dated 06/14/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, cellulitis, thyroid disorder, arthritis, and malnutrition.The resident had a diagnosis of heart failure, dated 06/15/25 and congestive heart failure, dated 06/25/25.A physician's order, dated 06/30/25 through 07/30/25, indicated the resident was to be weighed daily for congestive heart failure.A current open-ended physician's order, with a start date of 06/25/25, indicated the resident was to receive Torsemide (a diuretic/water pill) 20 milligrams, every twenty-four hours as needed for congestive heart failure for a three-pound (lbs.) weight gain in one day or a five-pound weight gain over one week.The clinical record lacked documented weights on the following days: 07/05/25, 07/07/25, and 07/09/25. The clinical record lacked documentation to indicate the resident refused to be weighed on the above dates. The resident's weight on 07/12/25 was 229.2 lbs. and; on 07/13/25, the resident's weight was 240.2. The resident had an 11 lb. weight gain in 24 hours.The clinical record lacked documentation that the resident had received the as needed Torsemide medication or that the physician was notified of the resident's weight gain.During an interview, on 07/31/25 at 1:40 P.M., the Director of Nursing (DON) indicated, if there was a blank in the EMAR for a weight, that meant the staff left it blank for the next shift to obtain the weight. The resident had refused to be weighed a lot. For the resident having the weight gain within 24 hours, she should have been given the as needed medication, and a progress note should have been documented.The current facility policy, titled Administering Medications with a revision date of April 2014, was provided by the DON on 07/31/25 at 3:03 P.M. The policy indicated, .Medications are administered in a safe and timely manner, and as prescribed.2.The clinical record for Resident 49 was reviewed on 07/31/2025 at 10:44 A.M. A Quarterly MDS assessment, dated 07/25/25, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, unspecified dementia, anemia, hypertension, neurogenic bladder, non-Alzheimer's dementia, and depression.An open-ended physician's order, with a start date of 05/15/25, indicated the resident was to be weighed every Monday for congestive heart failure.The clinical record lacked the resident's documented weights for the following dates: 05/26/25, 06/09/25, 06/16/25, 06/23/25, 6/30/25, 07/07/25, 07/14/25, 07/21/25, and 07/28/25.During an interview, on 07/31/25 at 1:29 P.M., Licensed Practical Nurse (LPN) 3 indicated residents that were ordered to have daily, or weekly weights completed the weights would be documented in the residents' Electronic Medication Administration Record (EMAR).The current facility policy titled, Weight Assessment and Intervention, with a revision date of March 2022, was provided by the DON on 08/01/25 at 10:56 A.M. The policy indicated, .weights are monitored for undesirable or unintended weight loss or gain.Weights are recorded in each unit's weight record chart and in the individual's medical record.3.1-46(a)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155675	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morning Breeze Retirement Community and Healthcare	950 N Lakeview Dr Greensburg, IN 47240

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observation, interview, and record review, the facility failed to provide parenteral/IV (Intravenous) site maintenance related to dressing changes for 1 of 2 residents reviewed for vascular access sites. (Resident 34) Findings include:Resident 34 was observed in her room on 07/29/25 at 11:17 A.M. The resident indicated she was receiving antibiotics for an infection through a Peripherally Inserted Central Catheter (PICC) line that was placed in her right arm. The PICC dressing was observed. The dressing was intact and there were no signs of infection. The dressing was dated 07/22/25. The resident was observed in her room on 07/30/25 at 10:50 A.M. The PICC dressing was intact, but looked worn, and was wrinkled at the bottom. The dressing was dated 07/22/25. The resident indicated she received antibiotics through the PICC twice a day and the dressing had not been recently changed. The resident's record was reviewed on 07/30/25 at 10:53 A.M. A Quarterly Minimum Data Set assessment, dated 05/26/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, infection following a procedure, wound infection, coronary artery disease, and congestive heart failure. The resident's current physician's orders included, but were not limited to, an open-ended order, with a start date of 07/28/25, to change the resident's PICC line dressing every Monday in the afternoon. The resident's Electronic Treatment Administration Record (ETAR) for July 2025 was reviewed. The ETAR indicated the PICC dressing was to be changed on 07/28/25 (a Monday) but the ETAR was left blank for that day.During an interview, on 07/30/25 at 10:55 AM, Licensed Practical Nurse (LPN) 2 indicated a PICC dressing was to be changed every five to seven days. The LPN went into the resident's room and observed that the dressing was dated 07/22/25 and indicated the dressing should have been changed prior then. The current facility policy, titled Central Venous Catheter Care and Dressing Changes, with a revision date of October 2024, was provided by the Director of Nursing on 08/01/25 at 2:16 P.M. The policy indicated, .Maintain sterile dressing (transparent semi-permeable membrane [TSM] dressing or sterile gauze) for all central vascular access devices.Change the dressing.at least every 7 days. 3.1-47(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155675	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morning Breeze Retirement Community and Healthcare	950 N Lakeview Dr Greensburg, IN 47240

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on record review, interview, and observation, the facility failed to prevent a significant medication error related to diuretic medications for 1 of 6 residents reviewed for unnecessary medications. (Resident 1)Findings include:The clinical record for Resident 1 was reviewed on 07/31/2025 at 10:08 AM. A Quarterly Minimum Data Set (MDS) assessment, dated 06/16/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, heart failure, hypertension, diabetes, seizure disorder, anxiety, depression, and respiratory failure.A Progress Note, dated 07/21/25 at 11:32 P.M., indicated the resident was seen by the cardiologist earlier that day and had new orders for Torsemide 40 mg every morning and if the resident's weight was greater than 219 pounds then the staff were to administer an as needed Torsemide 40 mg in the evening. The resident had the following physician's orders:-An open-ended physician's order, with a start date of 07/22/25, for Torsemide (a diuretic medication) 40 milligrams (mg) at 5:00 A.M., for congestive heart failure.-An order, dated 07/23/25 through 07/27/25, for a daily weight at 6:00 A.M., if the resident's weight was greater than 219 pounds, the staff were to administer an extra (as needed) dose of Torsemide. The order did not specify an amount to be given. -An open-ended physician's order, with a start date of 07/27/25, indicated the resident was to be weighed daily at 6:00 A.M., if the resident weighed greater than 219 pounds, the staff were to administer an extra dose of Torsemide in the afternoon. The order did not specify an amount to be given. -An open-ended physician's order, with a start date of 07/23/25, indicated the staff were to administer Torsemide 40 mg, at 5:00 P.M., if the resident's morning weight was greater than 219 pounds.-An open-ended physician's order, with a start date of 07/24/25, indicated the staff were to administer Torsemide 40 mg, at 2:00 P.M., if the resident's morning weight was greater than 219 pounds.The Electronic Medication Administration Record for July 2025 indicated the resident had received the medication, Torsemide daily at 6:00 A.M., 2:00 P.M., and 5:00 P.M., from 07/22/25 through 07/30/25.During an interview, on 07/31/25 at 1:29 P.M., Licensed Practical Nurse (LPN) 3 indicated if she received new orders from the physician they would input the orders into the clinical record for the resident to be administered the medications.During an interview, on 07/31/2025 at 1:42 P.M., the Director of Nursing (DON) indicated the resident was to receive a routine dose of the Torsemide in the morning. If their weight was greater than 219 pounds, the staff were to administer an extra dose 40 mg dose of the medication in the afternoon. It was a new order for the resident. She didn't believe the resident was getting an extra dose of the medication at both 2:00 P.M. and 5:00 P.M.The medication cart containing Resident 1's medications was observed with the DON on 07/31/25 at 1:53 P.M. The medication cart lacked any separate supply of the extra doses of the Torsemide medication. The DON indicated all of the extra, not routine, doses of the Torsemide medication would have been in their own plastic bag, separated from the daily routine medications.During an interview, on 07/31/25 at 1:55 P.M., the Pharmacy representative indicated the resident had 24 capsules of Torsemide, 40 mg, dispensed on 07/22/25.During an observation with the DON, on 07/31/25 at 1:58 P.M., the medication cart lacked any extra as needed Torsemide capsules.During an interview, on 07/31/2025 at 2:00 P.M., the DON indicated there was medication errors. A nurse had clarified the as needed medication order and a second order was added at 2:00 P.M. The 5:00 P.M. order should have been discontinued. During an interview, on 07/31/25 at 3:03 P.M., the DON indicated the resident had no ill effects or outcomes from the medication error. She had spoken with the physician. The resident had recent laboratory results, on 07/28/25, that were better than the prior results, so she wasn't going to order new labs to be drawn. The current facility policy, titled Adverse Consequences and Medication Errors, with a revision date of February 2023, was provided by the DON on 07/31/25 at 3:03 P.M. The policy indicated, .The interdisciplinary team monitors medication usage in order to prevent and detect medication-related problems such as adverse drug reactions [ADRs] and side effects.A medication error is defined as the preparation or (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155675	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morning Breeze Retirement Community and Healthcare	950 N Lakeview Dr Greensburg, IN 47240

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	administration of drugs or biologicals which is not in accordance with physician's order, manufacturer specifications, or accepted professional standards and principals of the professional[s] providing services.3.1-48(c)(2)