STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155696	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgepointe Health Campus	1900 College Ave Vincennes, IN 47591

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 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care by qualified persons according to each resident's written plan of care. Based on the interview and record review, the facility failed to ensure care was provided by qualified staff for 2 of 4 residents reviewed for diabetic care and 2 of 3 residents reviewed for wound care. Qualified Medication Aides (QMAs) documented the administration of routine insulin injections without being certified to administer insulin, and QMAs documented the completion of ordered wound treatments. (Resident F, Resident G)Findings include: 1. During record review on 11/25/25 at 10:15 A.M., Resident F's diagnoses included but were not limited to type II diabetes and chronic venous hypertension with ulcer of the right lower extremity.Resident F's physician orders included, but were not limited to; insulin glargine insulin pen; 100 units per milliliter (ml), administer 20 units subcutaneous at bed time (started 6/14/25), cleanse area to right lower leg with wound cleanser, apply collagen Ag (silver) to wound bed, and wrap with Kerlix every three days (started 9/26/25 and discontinued 11/12/25), and Cleanse area to right lower leg with wound cleanser, apply Adaptic layer (non-adherent dressing), apply collagen Ag to wound bed, and wrap with Kerlix (started 11/12/25). Resident F's most recent wound assessment, dated 11/23/25, indicated the resident's right, lower leg wound measured 8-centimeter (cm) (length) x 2.5 cm (width) x 0.1 cm (depth) with a moderate amount of serosanguineous exudate (fluid or drainage) described as partial thickness: loss of epidermis and into but not through the dermis. Resident F's medication administration record (MAR) and Treatment administration record (TAR) from 11/1/23 to 11/25/25 indicated the order insulin glargine insulin pen; 100 units per milliliter (ml), administer 20 units subcutaneous at bedtime was documented as administered by QMA 2 on the following dates: 11/1/25, 11/10/25, 11/11/25, 11/17/25, 11/18/25, and 11/24/25. The order to apply collagen Ag (silver) to the wound bed and wrap with Kerlix every 3 days was documented as completed by QMA 2 on 11/10/25. The order: apply collagen Ag to wound bed and wrap with Kerlix was documented as completed by QMA 2 on 11/18/25. 2. During record review on 11/25/25 at 10:35 A.M., Resident G's diagnoses included but were not limited to: type II diabetes, peripheral vascular disease, and type II diabetes with foot ulcer.Resident G's physician orders included, but were not limited to; Humalog Junior KwikPen U-100 (insulin lispro) insulin pen, half-unit; 100 unit/ml administer per sliding scale (started 7/15/25), Lantus Solostar U-100 Insulin (insulin glargine) insulin pen; 100 unit/ml, administer 8 units at bedtime (started 7/15/25), and left anterior lower Leg: cleanse wound with normal saline, pat dry, apply Prisma to wound bed dampened with a few drops of saline. Cover with 2x2 gauze and secure with tape. Change dressing every other day (started 11/14/25). Resident G's recent wound observation of the anterior lower leg, dated 11/15/25, indicated the wound measured 5.5 cm x 1 cm x 0.1 cm with serosanguineous exudate and was described as full thickness: through dermis and down to subcutaneous tissue. During a review of Resident G's MAR and TAR from 11/1/25 to 11/24/25, the resident's order Humalog Junior KwikPen U-100 (insulin lispro) insulin pen, half-unit; 100 unit/ml administer per sliding scale was documented as administered by QMA 2 on 11/10/25. The order Lantus Solostar U-100 Insulin (insulin glargine) insulin pen; 100 units/ml, administer 8 units at bedtime was documented as administered by QMA 2 on 11/7/25, 11/10/25, 11/11/25, 11/16/25, and 11/18/25. The order left anterior lower leg: cleanse wound with normal saline, pat dry, apply Prisma to wound bed dampened with a few drops of saline. Cover with 2x2 gauze and secure with tape. (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 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Change dressing every other day was documented as completed by QMA 7 on 11/16/25. During a review of QMA 2's state licensure on 11/25/25 at 11:45 A.M., the license indicated that no secondary license to administer insulin had been obtained. During an interview on 11/25/25 at 10:45 A.M., LPN 8 indicated that QMAs who had not obtained the license for insulin administration could not administer insulin and that QMAs could not provide wound treatments for venous and arterial wounds. On 11/25/25 at 2:30 P.M., RN 5 supplied an undated facility policy titled, Non-Licensed Medication Administrator's Scope of Practice Guidelines by State. The policy included that a QMA may administer insulin only with a state certification. An Indiana-only Qualified Medication Aide Insulation facility policy, dated 12/16/24, included, To allow Indiana QMA's who are current on the QMA registry or have completed the QMA 100 (hour) training program, passed the state exam and successfully completed the Insulin Administration Education Module to administer insulin.The Indiana QMA scope of practice indicated, .The following tasks shall NOT be included in the QMA scope of practice: .(6) Administer a treatment that involves advanced skin conditions, including stage II, III, and IV decubitus ulcersThis citation relates to intakes 2604039 and 2639662. 3.1-14(j)