

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER Christian Care Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 720 E Dustman Rd Bluffton, IN 46714	

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)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>45243</p> <p>Based on interview and record review, the facility failed to ensure physician orders were in place related to code status for 2 of 3 residents reviewed. (Resident 62 and 166)</p> <p>Findings include:</p> <p>1. Resident 62's record review on 10/18/24 at 9:41 AM, indicated diagnoses included encephalopathy and generalized anxiety.</p> <p>A review of physician orders indicated there were no orders for Resident 62's code status - Do not resuscitate(DNR).</p> <p>A review of state of Indiana out of hospital DNR declaration and order was signed by physician on 10/3/24.</p> <p>2. Resident 166's record review on 10/18/24 at 10:30 AM indicated diagnoses included chronic obstructive pulmonary disease.</p> <p>A review of physician orders indicated there were no physician orders for Resident 166's code status- Do not resuscitate (DNR).</p> <p>A review of treatment option declaration (advance directives) indicated the resident wished no Resuscitation. The document was signed on 10/8/24.</p> <p>In an interview, on 10/18/24 at 9:48 AM, Registered Nurse 5, indicated code status should be on the face sheet, physician orders, and resident room doors.</p> <p>In an interview, on 10/21/24 at 9:55 AM, the Director of Nursing (DON) indicated there should have been a physician order for the DNR code status.</p> <p>A current facility policy, titled Medical Treatment Declaration Policy, dated 9/15, was provided by the DON on 10/21/24 at 10:30 AM. The policy indicated . to establish guidelines to ensure each resident is given the appropriate and required information in order to make informed choices in their medical treatment</p> <p>(continued on next page)</p>

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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