STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Pointe of Warren	801 N Huntington Ave Warren, IN 46792

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed to utilize infection prevention and control strategies to prevent contamination of a urinary catheter for 1 of 2 residents reviewed for indwelling catheters. (Resident 70)Findings include:During an observation, on 4/7/26 at 9:53 a.m., Resident 70's indwelling catheter drainage bag hung on the resident's bed frame. The bag touched the floor.On 4/8/26 at 10:58 a.m., Resident 70's indwelling catheter drainage bag hung on the resident's bed frame. The bag touched the floor.On 4/8/26 at 11:18 a.m., Resident 70 was laying on her back in her bed. Her indwelling catheter drainage bag hung on the top of the bed's footboard. The indwelling catheter tubing protruded from under the blanket at the foot of the mattress, ascended upwards, curved over the top of the footboard, and descended to insertion site on drainage bag. The tubing and bag were located above the level of Resident 70's bladder.On 4/8/26 at 2:28 p.m., Resident 70's indwelling catheter drainage bag hung on the resident's bed frame. The bag touched the floor.On 4/9/26 at 10:08 a.m., Resident 70's indwelling catheter drainage bag hung on the resident's bed frame. The bag touched the floor.Resident 70's clinical record was reviewed on 4/9/26 at 10:50 a.m. Diagnoses included chronic kidney disease, urinary retention (inability to fully empty bladder), and obstructive and reflux uropathy (blockage and backward flow of urine).Current physician orders included 18 French 30 milliliter bulb indwelling catheter to be changed every 14 days and as needed (4/1/26), catheter care every shift (9/12/24), urinary drainage bag changed weekly (11/4/25), and position catheter tubing below bladder level (9/12/24).A quarterly Minimum Data Set (MDS) assessment, dated 2/17/26, indicated Resident 70 had severe cognitive impairment. She was dependent on staff assistance for toileting and personal hygiene. She had an indwelling catheter.A current care plan, revised on 10/22/24, indicated Resident 70 had an indwelling catheter due to urinary retention and obstructive uropathy. Interventions included the following: position the catheter bag and tubing below the level of the bladder (3/18/25), catheter care every shift (9/13/24), monitor for signs and symptoms of discomfort and urinary frequency (9/13/24), and monitor, record, and report to medical doctor for signs and symptoms of a urinary tract infection (9/13/24).During an observation, on 4/9/2026 at 11:24 a.m., CNA 8 confirmed Resident 70's indwelling catheter drainage bag hung on the resident's bed frame and the bag touched the floor. The bag was supposed to be hung in a way to ensure it was lower than the resident's bladder because gravity would cause the urine to flow backwards into the bladder if it was not lower than the bladder. The drainage bag was not to touch the floor because of sanitary reasons. A barrier should have been placed between the drainage bag and the floor.During an interview, on 4/9/26 at 11:33 a.m., QMA 9 indicated a urinary drainage bag was to be placed below a resident's waist. A drainage bag was not to touch the floor at any time. It was considered an infection control issue if a drainage bag touched the floor.During an interview, on 4/9/26 at 12:33 p.m., RN 10 indicated a urinary drainage bag was to remain below a resident's bladder. Due to infection control practices, a urinary drainage bag was not to touch the floor and was considered contaminated if it touched the floor. During an interview, on 4/9/26 at 12:39 p.m., the DON indicated proper indwelling catheter bag placement was to be below the level of the resident's bladder and the urinary drainage bag was not to touch the floor. Flooring was not considered clean and if a (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	drainage bag touched the floor, it increased the potential of an infection. Germs were able to enter through the drainage spigot of the bag. Measures were to be taken to ensure urinary drainage bags did not touch the floor.During an interview, on 4/9/26 at 2:48 p.m. the Infection Preventionist indicated urinary drainage bags were not to touch the floor at any time due to the increased risk of bacterial contamination and the urinary drainage bag was able snagged which would cause urine to leak.A current facility policy, dated 8/2025, titled Policy and Procedure: Urinary Catheter Care, provided by the DON on 4/9/26 at 2:15 p.m., included the following: Policy: This facility is committed to ensuring the highest standard of care for residents with urinary catheters. Proper catheter care is essential to prevent infections, promote comfort, and maintain the dignity of residents.Maintaining Unobstructed Urine Flow.3. The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary blader.Infection Control.2.b. Be sure the catheter tubing and drainage bag are kept off of the floor.A current facility policy, dated 8/2025, titled Policy and Procedure: Indwelling Urinary Catheters, provided by the DON on 4/9/26 at 2:15 p.m., included the following: Policy: 9. Ensure the drainage bag is below bladder level and not touching the floor. 410 IAC (Indiana Administrative Code) 16.1-3.1-18(a)(a)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 securely store medications during a random observation of 1 of 6 medication carts (2B New End Medication Cart).Finding includes:During a random observation on the 2B hallway, on 4/9/26 beginning at 8:11 a.m., a medication cup with various pills was observed sitting on top of an unlocked medication cart left unattended in the hallway. No nursing staff members were in visual range of the cart. Activity Assistant 11 walked down the hall and stood by the medication cart, indicating she needed to speak with the nurse. At 8:13 a.m., RN 12 opened a resident's door across the hall and approached the medication cart. During an interview, at the time of the observation, she indicated the medication cart should not have been left unlocked, nor with medications sitting on top. The medications belonged to Resident 92 and were intended for his morning medication pass. RN 12 left the cart unlocked with the medications on top when the resident across the hall began yelling for help and was found to have urinated throughout the room. She closed the door because the resident needed privacy. The medication cart contained the medications for the 11 residents who lived on the 2 B hall. Resident 92's clinical record was reviewed on 4/9/26 at 8:59 a.m. The current orders for the morning medication pass included amlodipine (blood pressure) 5 mg daily, duloxetine (depression) 30 mg daily, ferrous sulfate (iron supplement) 650 mg daily, pantoprazole (gastroesophageal reflux disease) delayed release 40 mg daily, clopidogrel bisulfate (antiplatelet) 75 mg daily, prednisone (anti-inflammatory and immunosuppressant) 10 mg daily, ezetimibe (high cholesterol) 10 mg daily, docusate sodium (stool softener) 10 mg twice a day, furosemide (diuretic) 40 mg twice a day, metformin (diabetes) 1000 mg twice a day, gabapentin (neuropathy) 200 mg three times daily, and potassium citrate extended release 5 milliequivalents (mEq) three times a day.During an interview, on 4/9/26 at 3:49 p.m., RN 6 indicated medications should not be left on top of the medication cart nor should the cart be left unlocked out of the visual range of the nurse. Prior to assisting a resident out of visual range, the medications and the cart should be secured.During an interview, on 4/9/26 at 4:04 p.m., the DON indicated medications should not be left unattended on the medication cart. The medication cart should be locked when out of visual range.A current, undated policy, provided on 4/13/26 at 10:07 a.m. by the Administrator in Training, titled Medication Storage, indicated the following: .All drugs and biologicals will be stored in locked compartments.During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart.410 Indiana Administrative Code 16.2-3.1-25(m)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. A. Based on observation, record review, and interview, the facility failed to ensure food was served and handled under safe and sanitary conditions for 2 of 19 residents observed during meal service. (Residents 3 and 57)B. Based on observation and interview, the facility failed to ensure universal precautions and hand hygiene were implemented during the administration of nasal spray for 1 of 4 residents observed during medication administration. (Resident 19) Findings include:A. During a lunch observation, on 4/6/26 at 12:10 p.m., the following was observed: CNA 4 pulled out a piece of bread with her bare hands from the plastic container. The bread was placed on Resident 3's tray. CNA 4 opened another plastic bag containing bread, removed that piece of bread with her bare hands. CNA 4 placed the second piece of bread on top of the first piece on Resident 3's tray. CNA 4 washed her hands with soap and water before walking over to Resident 57. She opened a plastic bag containing a piece of bread. CNA 4 removed the bread with her bare hands and placed it on Resident 57's tray. CNA 4 walked over and sat down next to Resident 3. CNA 4 assisted Resident 3 with eating. CNA 4 grabbed Resident 3's bread with her bare hands and placed it up to Resident 3's mouth. Resident 3 declined taking a bite. CNA 4 touched the bread with both of her hands before placing the bread back down on top of another piece of bread on Resident 3's tray. During an interview, on 4/6/26 at 1:04 p.m., CNA 4 indicated she had touched Resident 3's bread with her bare hands but did not recall touching Resident 57's bread with her bare hands. She should not have touched the bread with her bare hands. During an interview, on 4/9/26 at 12:42 p.m., the DON indicated staff members should not handle food with their bare hands. A current facility policy, dated 4/1/26, titled Dietary Services, provided by the DON, on 4/13/26 at 2:38 p.m., indicated the following: .Food Service: Serve food using clean utensils, and avoid touching food directly with hands B. During a medication administration, on 4/9/26 at 8:20 a.m., LPN 5 prepared medications for Resident 19 at the medication cart. She entered the resident's room and administered the resident's oral medications. She then removed the cap from the fluticasone propionate nasal spray, gently shook the spray, and administered two sprays to each nostril with bare hands. After administration, she replaced the cap on the nasal spray and exited the resident's room without performing hand hygiene. LPN 5 returned the nasal spray back to the medication cart and documented the medications as given without performing hand hygiene. During an interview, on 4/9/26 at 8:35 a.m., LPN 5 indicated she did not wear gloves when giving nasal sprays. She did not touch the resident's nose, so she did not believe gloves were needed. She did not perform hand hygiene when exiting the room as she did hand hygiene when she began getting out the medications for the next resident who required medication. During an interview, on 4/9/26 at 3:50 p.m., RN 6 indicated to administer nasal sprays, first the physician's order was checked, hand hygiene was performed, gloves were applied, the nasal spray (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was administered, gloves were removed, and hand hygiene was performed. During an interview, on 4/9/26 at 4:04 p.m., the DON indicated gloves should be worn during the administration of a nasal spray. A current policy, dated 8/2025, titled Nasal Spray Storage and Administration, provided by the Administrator in Training on 4/10/26 at 5:08 p.m., indicated the following: .All nasal spray medications shall be stored, handled, and administered in accordance with manufacturer guidelines, physician's orders, and infection control standards.Administration Procedures.2. Perform hand hygiene and wear gloves as appropriate.remove gloves and perform hand hygiene. 410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(3) 410 IAC (Indiana Administrative Code) 16.2-3.1-18(l)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on record review and interview, the facility failed to provide or offer eligible residents and/or the residents' representatives the current pneumococcal immunization according to the Centers for Disease Control and Prevention (CDC) guidelines for 2 of 5 residents reviewed for immunizations. (Resident 57 and Resident 73). Findings include: 1. Resident 73's clinical record was reviewed on 4/8/26 at 3:37 p.m. Diagnoses included type 2 diabetes mellitus, chronic kidney disease, stage 3 a, and heart failure.Resident 73 received the pneumococcal conjugate vaccine (PCV) 13 on 7/14/17 and the pneumococcal polysaccharide vaccine (PPSV) 23 on 11/28/18.An immunization consent, signed on 9/25/25, indicated the resident's representative wanted the resident to receive the most current pneumonia vaccine if eligible and indicated by the physician and have it administered by the facility, specifically the pneumococcal conjugate 20 (PCV 20).The clinical record lacked indication the resident was given the most current pneumonia vaccine, specifically the PCV 20 or the pneumococcal conjugate 21 (PCV 21).During an interview, on 4/10/26 at 10:25 a.m., the Infection Preventionist (IP) indicated she believed the vaccination was complete since the resident had received the PPSV 23 and PCV 13. Resident 73 had not been given the most current pneumococcal vaccination, specifically the PCV 20 or the PCV 21. 2. Resident 57's clinical record was reviewed on 4/9/26 at 10:50 a.m. Diagnoses included chronic obstructive pulmonary disease.Resident 57 received the pneumococcal conjugate 13 (PCV 13) on 10/31/18. The clinical record lacked offering or consent/declination for the PCV 20 or the PCV 21.During an interview on 4/10/26 at 10:34 a.m., the Infection Preventionist (IP) indicated she had not offered any updated pneumococcal vaccines.During an interview on 4/13/26 at 1:04 p.m., the DON indicated the IP was responsible for ensuring the residents receive immunizations according to the CDC (Centers for Disease Control and Prevention) guidelines.According the CDC website, retrieved on 4/13/26 at www.cdc.gov/pneumococcal/vaccines/adults.html#cdc_vaccine_recommendations_section_3-older-adults-wh adults 65 years or older who have received the PCV 13 and PPSV 23 (at or after the age of 65 years) have the option to get the PCV20 or the PCV 21, or to not get additional pneumococcal vaccines based on shared clinical decision making between the adult and the vaccine provider. Adults who received the PCV 13 only should talk with a vaccine provider.A current facility policy, dated 8/2025, provided by the Administrator in Training on 4/10/26 at 5:08 p.m., titled Pneumococcal Vaccine, indicated the following: .Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated.Residents who have previously received a pneumococcal vaccine will have their vaccination status reviewed to determine the need for additional doses.Pneumococcal vaccines will be administered to residents (unless medically contraindicated, already given, or refused) per our facility'/s physician-approved pneumococcal vaccination protocol, according to the CDC's recommended schedule.Administration of the pneumococcal vaccine will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.410 Indiana Administrative Code 16.2-3.1-13(a)

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on record review and interview, the facility failed to administer a COVID-19 vaccination per the Center for Disease and Control (CDC) guidance and per resident request for 1 of 5 residents reviewed for vaccinations. (Resident 70)Finding includes:Resident 70's clinical record was reviewed on 4/9/26 at 10:50 a.m. Diagnoses included pulmonary embolism without acute cor pulmonal (a blood clot in the lung artery that has not caused heart failure or strain), cerebral infarct (stroke), and hypertension (high blood pressure).A quarterly Minimum Data Set (MDS) assessment, dated 2/17/26, indicated her COVID-19 vaccination was not up to date.A review of the resident's vaccination history indicated the following:A vaccination consent form, dated 8/19/24, indicated the resident representative was provided education and consented to the administration of the most current COVID-19 vaccination.The clinical record lacked documentation of the administration of the appropriate COVID-19 vaccination. The clinical record lacked an updated or yearly COVID-19 vaccination consent or declination. During an interview, on 4/10/26 at 11:08 a.m., the Infection Preventionist (IP) indicated Resident 70 did not receive a COVID-19 vaccination after the initial consent was obtained. She was unsure why the COVID-19 vaccination was not administered. The consent had been obtained prior to her becoming the IP. She was unable to locate an updated COVID-19 vaccination consent form.During an interview, on 4/10/26 at 2:32 p.m., the DON indicated she was unsure where Resident 70's updated COVID-19 consent was. It was possible a previous staff member discarded it.The Center for Disease and Control (CDC) website, accessed on 4/10/26 at 9:45 a.m., indicated the following: COVID-19 Vaccination for Long-term Care Residents.Vaccine recommendations: CDC recommends an updated COVID-19 vaccine for most adults ages 18 years and older, including people who live and work in long-term care (LTC) settings, get 1 dose of an updated COVID-19 vaccine. CDC recommends everyone ages 65 and older including people who live and work in LTC settings, get 2 doses of an updated COVID-19 vaccine 6 months apart.Reminder: People who live in LTC settings must give consent or agree to getting a COVID-19 vaccine.A facility policy, dated 8/2025, titled, Policy and Procedure: COVID-19 Vaccination, provided by the Administrator on 4/10/26 at 3:53 p.m., indicated the following: Policy: All residents and employees who have no medical contraindications to the vaccine will be encouraged to receive a COVID-19 vaccine.COVID-19 vaccinations are vital in the effort to keep residents and staff safe during the fight against COVID-19. Immunization is an important part of this facility's ongoing infection control program.10. Administration of the COVID-19 vaccine will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of vaccination and manufacturer recommendations.410 IAC (Indiana Administrative Code) 16.2-3.1-18(b)(5)