STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155707	A. Building B. Wing	06/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Swiss Village	1350 W Main St Berne, IN 46711

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 interview and record review the facility failed to follow physician orders for 1 of 3 residents reviewed (Resident B).Findings include:Resident B's record was reviewed on 6/22/26 at 10:36 AM. Diagnoses included hypertension, congestive heart failure and atrial fibrillation.A nurse practitioner (NP) note, dated 2/6/26, indicated Resident B was seen for low blood pressure and new orders were written. The note indicated new orders included to monitor Resident B's blood pressure and heart rate daily.Nursing notes were reviewed from 2/6/26 to 2/9/26. There was no blood pressure or heart rate monitoring documentation on 2/7/26 or 2/8/26.Vitals were reviewed from 2/6/26 to 2/9/26. There was no blood pressure or heart rate monitoring documentation on 2/7/26 or 2/8/26.Orders were reviewed from 2/6/26 to 2/9/26. There was no order for daily blood pressure or heart rate monitoring on 2/7/26 or 2/8/26.During an interview, on 6/22/26 at 11:12 AM, the Director of Nursing (DON) indicated when an order was received, the nurse entered the order into the resident's health record. The DON indicated an order should have been entered on 2/6/26 for Resident B's daily monitoring of blood pressure and heart rate. The DON indicated the staff did not monitor Resident B's blood pressure or heart rate daily as ordered by the NP on 2/7/26 and 2/8/26.A current undated policy, titled Implementation and Management of Physician Orders, was provided by the DON on 6/22/26 at 11:28 AM. The policy indicated the receiving nurse should enter the order into the resident's health record immediately and orders should be implemented as soon as possible after receipt.This citation relates to Intake 3025641. 410 IAC (Indiana Administrative Code) 16.2-3.1-19

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