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	12/18/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure fall interventions were followed for 1 of 5 residents reviewed (Resident 9).Findings include:A review of Resident 9's current care plan indicated the resident was to not sustain another serious injury from a fall through next review, with a goal date of 2/10/2026. Interventions included, lock walker in front of resident when sitting in recliner.A review of physician orders, dated 11/30/2025 at 6:00 PM, indicated a fall intervention was to lock the walker in front of the resident when sitting in a recliner.Resident 9's record was reviewed on 11/17/2025 at 10:48 AM. Diagnoses included a history of falling and a personal history of a healed traumatic fracture (fell on 7/24/2025 causing an upper right humerus fracture).During an observation, on 12/15/2025 at 9:55 AM, the following was observed: Resident 9 was sitting in her recliner. The resident's walker was located approximately four feet from the resident, in front of the bed.During an observation, on 12/17/2025 at 11:01 AM, the following was observed: Resident 9 was sitting in her recliner. The resident's walker was located approximately three feet from the resident, in front of the closet.During an interview, on 12/17/2025 at 11:04 AM, Licensed Practical Nurse (LPN) 2 observed Resident 9's walker. LPN 2 removed the walker from in front of the closet and demonstrated it should have been positioned in front of her recliner. LPN 2 indicated Resident 9's walker should be locked in front of her with the seat facing towards her. LPN 2 indicated when Resident 9 attempted to get up, the walker should be there so that she did not fall.A current policy, dated November 2025, provided by the Assistance Director of Nursing (ADON), indicated, .implement appropriate interventions to prevent future falls . In conjunction with the physician, staff will identify and implement appropriate interventions to try to minimize the serious consequences of falling.Appropriate interventions will be implemented, including adequate supervision, monitoring and assistive devices (when necessary), consistent with the resident's needs.3.1-45(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

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to use non medication interventions related to pain for 1 of 1 resident reviewed. (Resident 5).Findings include: In an interview on, 12/16/2025 at 9:27 AM, Resident 5 indicated her pain was not controlled. Resident 5 indicated the only intervention used for pain control was medication. On 12/16/25 at 10:07AM, a review of Resident 5's record indicated there were physician orders for pain medications as follows:Dated 11/10/25, give oxycodone 5 mg 1 tablet by mouth every 8 hours as needed for pain rated 6-10 Dated 12/4/25, give gabapentin 100mg (2) tablets three times a day Dated 11/10/25, give Tylenol arthritis pain 650mg one tablet every 24 hours for pain rated 1-5 Resident 5's diagnosis included stable fracture of T11-T12 vertebra, low back pain, and pinched nerve. A review of Resident 5's Medication Administration Record (MAR) December dated, 12/1/25 to 12/16/25, indicated Resident 5 received Oxycodone 5mg on the following dates and times:12/2 at 10:32am 12/3 at 11:58am and at 8:50pm12/5 at 1345 and 10:25pm12/6 at 830am12/9 at 1:44pm12/16/2025 12:50pmA review of Resident 5's progress notes for the above dates did not indicate any non-pharmacological interventions during the times the medication was given. A review of Resident 5's November 2025 MAR and progress notes indicated the oxycodone was given as needed for pain without any documented non medication interventions on the following dates and times:November 7th 8:20pmNovember 8:10amNovember 10th at 11:34am and at 3:26pmNovember 11th at 12:43pmNovember 13 at 4:54pmNovember 15th 4:44pmNovember 16th 6:43pmA review of Resident 5's current care plan did not include non-medication pain interventions. A review of Resident 5's Minimum Data Set assessment dated [DATE], Section J, indicated as needed pain medication was given, pain frequency was constant, and resident did not receive non-medication interventions for pain. A policy and procedure titled Pain Assessment Policy and Procedure was provided, on 12/16/25 at 1:01PM, by the Director of Nursing. The policy indicated.5. All members of the interdisciplinary team will work together to establish optimal pain control for the resident. 3.1-37(a)

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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 education regarding influenza vaccine refusal for 1 of 5 residents reviewed, (Resident 13). Findings include:A record review began on 12/16/25 at 10:00 AM for Resident 13. Medical diagnoses included dementia, psychotic disturbance, mood disturbance and anxiety.A record review of the Influenza immunization consent included education and information on potential adverse reactions. The form noted a refusal, dated 5/21/24, was signed by the resident's representative.A review of progress notes indicated there was nothing in the progress notes to indicate the resident representative was educated regarding the refusal. In an interview, on 12/16/25 12:05 PM, the Director of Nursing indicated she spoke with the resident's representative, who declined the influenza vaccine.There was no progress note documentation to indicate the representative was educated regarding the risks and benefits associated with this refusal.A current facility policy, titled, Immunization Program for Residents, dated 12/25, was provided by the DON. The policy indicated. the resident or the resident's legal representative any refuse vaccines for any reasons. If vaccines are refused, the refusal shall be documented in the resident's medical record.

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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 provide education regarding COVID-19 vaccine refusal for 1 of 5 residents reviewed, (Resident 13). Findings include:A record review began on 12/16/25 at 10:00 AM for Resident 13. Medical diagnoses includes dementia, psychotic disturbance, mood disturbance and anxiety.A record review of the COVID-19 immunization consent included education and information on potential adverse reactions and noted a refusal, dated 5/21/24, was signed by the resident's representative.A review of progress notes: there was nothing in the progress notes to indicate the resident representative was educated regarding the refusal. In an interview, on 12/16/25 12:05 PM, the Director of Nursing indicated she spoke with the resident's representative, who declined the COVID-19 vaccine. There was no progress note documentation to indicate the representative was educated regarding the risks and benefits associated with this refusal.A current facility policy, titled, Immunization Program for Residents, dated 12/25, was provided by the DON. The policy indicated. the resident or the resident's legal representative any refuse vaccines for any reasons. If vaccines are refused, the refusal shall be documented in the resident's medical record.