STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155710	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chase Center	2 Chase Park Logansport, IN 46947

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 ensure medications were administered as ordered by the physician and the physician was notified when the medications were not administered for 1 of 5 residents reviewed for quality of care. (Resident 3)Findings include:The clinical record for Resident 3 was reviewed on 11/17/25 at 4:18 p.m. The diagnoses included, but were not limited to, traumatic brain injury, influenza A virus with pneumonia, dementia, borderline personality disorder, and anxiety disorder. 1. A physician's order, dated 11/2/25, indicated to administer oseltamivir phosphate (an antiviral medication) 12.5 milliliters through the gastrostomy tube (a flexible tube surgically inserted through the abdomen wall to deliver nutrition, fluids and medication directly in the stomach) every 12 hours for 5 days.The Medication Administration Record (MAR), for November, indicated the oseltamivir phosphate was not administered on 11/3/25 at 6:00 p.m., on 11/5/25 at 6:00 p.m., and on 11/6/25 at 6:00 p.m.2. A physician's order, dated 11/7/25, indicated to administer oseltamivir phosphate 12.5 milliliters through the gastrostomy tube every 12 hours until 11/10/25.The MAR, for November, indicated the oseltamivir phosphate was not administered on 11/8/25 at 6:00 a.m.3. A physician's order, dated 11/7/25, indicated to administer amoxicillin and potassium clavulanate (an antibiotic medication) 875-125 milligrams through the gastrostomy tube every 12 hours for 2 days.The MAR, for November, indicated the amoxicillin and potassium clavulanate was not administered on 11/3/25 at 6:00 p.m., and on 11/6/25 at 6:00 p.m.There was no documentation the physician was notified of the missed medication doses.During an interview, on 11/19/25 at 10:33 a.m., Registered Nurse (RN) 2 indicated missing medications or newly ordered medications could be pulled from the emergency drug kit (EDK). If the medication was not in the EDK, the nurse would call the pharmacy and get the medication sent STAT (immediately). The physician would be notified of the missed medication. During an interview, on 11/18/25 at 12:56 p.m., the Director of Nursing (DON) indicated the nurse on duty had indicated she administered the antibiotic. The nurse did not mark the medication off on the MAR and there was no way to know for sure if the medication was given. The nurses should document when medications are administered. A current facility policy, titled Medication Administration General Guidelines, received from the DON on 11/18/25 at 2:15 p.m., indicated .Medication(s) prepared or administered only by.personnel authorized by state laws and regulations to prepare or administer medications .Follow the six rights of medication administration .Right medication .Right dose .Right patient .Right route .Right time .Right documentation . Documentation is completed on the MAR/eMAR immediately after medication(s) ingested by resident and completed by the licensed personnel administer the medication(s) .Document any scheduled medication(s) that is withheld, refused, or given at a different time than scheduled .MAR/eMAR should have the licensed personnel initials circled for the medication(s) with an explanation written in the proper area on the backside of MAR/eMAR page designated .3.1-37(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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 interview and record review, the facility failed to ensure pneumococcal vaccines were provided when requested with a signed consent form for 1 of 5 residents reviewed for immunizations. (Resident 3)Findings include: The clinical record for Resident 3 was reviewed on 11/17/25 at 4:18 p.m. The diagnoses included, but were not limited to, traumatic brain injury, influenza A virus with pneumonia, seizures, dementia, borderline personality disorder, and anxiety disorder.A vaccination summary form indicated Resident 3 received a pneumococcal vaccine, on 8/4/18, and the vaccination was now past due.An informed consent form for a pneumococcal vaccine, dated 7/29/25, indicated the resident consented to receiving the vaccination.The electronic medical record did not include documentation Resident 3 received a pneumococcal vaccination after the signed consent form on 7/29/25.During an interview, on 11/18/25 at 2:59 p.m., the Director of Nursing (DON) indicated Resident 3 did not receive the pneumococcal vaccine. The immunization should have been provided soon after the consent was signed. A current facility policy, titled Pneumococcal Vaccines, dated as revised on 4/28/25 and received from the Administrator on entrance, indicated .Under these standing orders residents who meet criteria for Pneumococcal vaccination may receive the vaccine by the nurse or by any appropriately qualified personnel who follow facility policy .Obtain consents from the resident or responsible party and document in the resident's medical record .Document vaccine administration in resident's medical record .If the vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g. medical contraindication, resident rights, given prior to admission) in the resident's record 3.1-18(b)(5)