STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155716	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Evansville	601 N Boeke Rd Evansville, IN 47711

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review, the facility failed to implement care plans for 3 of 7 residents reviewed for falls and 1 of 5 residents reviewed for weight loss. Care plan interventions were not implemented to prevent falls and for monitoring residents with weight loss. (Resident 6, Resident 67, Resident 92, and Resident 111) Findings include:1. On 3/9/26 at 10:50 A.M., Resident 92 was observed in the common room participating in activities. He was wearing white socks that did not have non-skid bottoms. On 3/12/26 at 11:00 A.M., Resident 92's clinical record was reviewed. Diagnoses included, but were not limited to, Parkinson's Disease, Alzheimer's Disease, and muscle weakness. The most current Quarterly Minimum Data Set (MDS) Assessment, dated 12/8/25, indicated Resident 92 had severe cognitive impairment, was dependent on staff for toileting, and did not have any falls since the prior assessment. A current risk for falls care plan, initiated 6/12/23, included, but were not limited to, the following interventions:Non-skid socks/footwear on at all times, initiated 6/27/23 and revised on 11/22/24.Non-skid mat at bedside, initiated 9/15/23. The most current fall risk assessment, dated 12/20/25, indicated Resident 92 was at high risk for falls. A care conference was completed on 3/5/26 with family in attendance. Care plans were reviewed. Physician orders included, but were not limited to:To have non-skid footwear/socks at all times every shift for safety, dated 6/27/23 On 3/13/26 at 9:52 A.M., Resident 92 was observed sitting on his bed in his room. He was wearing white socks that did not have non-skid bottoms. There was not a non-skid mat at his bedside. During an interview on 3/13/26 at 11:38 A.M., the Director of Nursing (DON) indicated that the non-skid mat was not in Resident 92's room and his socks were not non-skid. 2. On 3/10/26 at 2:45 P.M., Resident 111's clinical record was reviewed. Diagnoses included, but were not limited to, multiple sclerosis and dementia. The most current Quarterly MDS Assessment, dated 12/7/25, indicated Resident 111 had severe cognitive impairment, required substantial to maximal assistance of staff (staff does more than half of the effort) for toileting and transferring, and had one fall without injury since the prior assessment. (continued on next page)

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
	155716	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Evansville	601 N Boeke Rd Evansville, IN 47711

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A current risk for falls care plan, initiated on 11/11/24, included, but was not limited to, the following interventions:Non-skid mat in front of toilet, dated 9/12/25. A care conference was completed on 1/15/26. The care plan was reviewed. The most current fall risk assessment, dated 3/7/26, indicated Resident 111 was at high risk for falls. Physician orders included, but were not limited to:Non-skid mat in front of toilet every shift, dated 9/12/25. On 3/13/26 at 9:48 A.M., Resident 111's bathroom was observed. There was not a non-skid mat in front of the toilet. At that time Certified Nurse Aide (CNA) 5 indicated that there was not a non-skid mat in front of Resident 111's toilet and he was unsure if one was supposed to be there. During an interview on 3/13/26 at 11:38 A.M., the Director of Nursing (DON) indicated there was not a non-skid mat in front of Resident 111's toilet and there should have been. 3. On 3/11/26 at 11:45 A.M., Resident 6's clinical record was reviewed. Diagnosis included, but was not limited to, dementia. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 12/13/25, indicated Resident 6 was severely cognitively impaired, was completely dependent on staff (staff do all of the work) for toileting, bathing, and transfers, had no or unknown to have weight loss since the previous MDS assessment, and was receiving hospice services. The current care plan included, but was not limited to:I am at risk for nutritional problems related to hypokalemia, hypothyroidism, depression, initiated 11/29/24Interventions included, but were not limited to: Obtain weight as ordered, initiated 12/6/24. Physician orders included, but were not limited to: Vital Signs to be done monthly. If weight is less than three pounds or greater than three pounds difference from previous months weight, resident must be reweighted. One time a day starting on the 1st and ending on the 1st every month for per facility protocol. Document all vitals. Start date 12/1/24. Resident 6's most recent recorded weight was 1/1/26 of 115.2 pounds; prior to that on 12/10/25 was 115.2 pounds. The electronic medication administration record (eMAR) indicated Resident 6 refused a weight on 2/1/26, but no attempts to reweigh were recorded. The eMAR indicated the physicians order to obtain a weight on 3/1/26 was not completed. During an observation on 3/13/26 at 9:49 A.M., Resident 6 was weighted; her weight was 98.8 pounds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155716	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Evansville	601 N Boeke Rd Evansville, IN 47711

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/16/26 at 11:18 A.M., the Director of Nursing indicated staff should try to obtain weight again at another time if a weight is refused. 4. On 3/11/26 at 1:54 P.M., Resident 67 was observed lying in bed with no non-skid mat at bedside. On 3/11/26 at 9:26 A.M., Resident 67's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side and dysphagia, oropharyngeal phase. The Current Quarterly Minimum Data Set (MDS) Assessment, dated 2/21/26, indicated Resident 67 was cognitively intact. Resident 67 needed supervison for eating and transferring, partial to moderate assistance for hygiene, and substantial to maximum assistance for dressing. Resident 67 also had a history of falls. The current fall risk care plan related to hemiplegia dated 11/3/35. Interventions included, but were not limited to, the following: Nonskid mat at bedside every shift for fall intervention, dated 11/3/25 Current physician orders included, but were not limited to, Nonskid mat at bedside every shift for fall interventions dated 11/3/25. On 3/12/26 at 3:49 P.M., Resident 67 was observed sitting in a wheelchair with no non-skid mat at bedside. On 3/13/26 at 2:30 P.M., Resident 67 was observed sitting in a wheelchair with no non-skid mat at bedside. On 3/16/26 at 8:58 A.M., Resident 67 was observed lying in bed with no non-skid mat at bedside. During in interview on 3/16/26 at 8:55 A.M., the Assistant Director of Nursing (ADON) indicated that there should be a mat at the bedside and did not know why one was not present. On 3/16/26 at 11:12 A.M., the Administrator provided a current policy Falls and Falls Risk, Managing dated 8/2024. The policy indicated . The staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls . 410 IAC (Indiana Administrative Code) 16.2-3.1-35(g)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155716	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Evansville	601 N Boeke Rd Evansville, IN 47711

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 ensure proper storage of medication for 4 of 4 medication carts observed. Loose pills were observed in the medication cart drawers. (Short [NAME] Hall, Pavillion, Pathways, North East Hall)Findings include:1. On 3/9/26 at 8:44 A.M., the Short [NAME] Hall medication cart contained the following loose pills: 1 red circle pill with 11 marking1 yellow circle pill with 75 marking2. On 3/9/26 at 9:05 A.M., the Pavillion medication cart contained the following loose pills: 3 red circle pills with PH32 marking1 large white circle pill with no marking1 orange circle pill with 40 marking1/2 orange oval pill with u marking1 yellow circle pill with L marking1 red oval pill with 5 marking3 medium white circle pills with no marking2 blue circle pills with F5 marking2 green oval pills with V75 marking1 white circle pill with 337 marking1 white circle pill with H marking5 1/2 white oval pills with unidentifiable markings1 white circle pill with APO marking1 white circle pill with LL marking1 white circle pill with 77 marking1 white circle pill with U marking1/2 white circle pill with unidentifiable markings1 white oval pill with UU markingAt that time, Registered Nurse (RN) 3 indicated that pharmacy came to the facility once a month and cleaned out the cart, but she was unsure of the facility's policy in regards to who was supposed to clean the cart in between pharmacy visits.3. On 3/9/26 at 9:12 A.M., the Pathways medication cart contained the following loose pills:1 yellow oval pill with H126 marking1 red oval pill with H6 marking1 green oval pill with no markingsAt that time, Licensed Practical Nurse (LPN) 4 indicated that she cleaned the cart herself every time she passed medications, but was not sure of the facility's policy in regards to who was supposed to clean the carts.4. On 3/9/26 at 9:18 A.M., the North East Hall medication cart contained the following loose pills: 1 speckled brown circle pill with 85 marking1 large white circle pill with 54/22 markingOn 3/16/26 at 11:09 A.M., the Administrator provided a current Medication Storage in the Facility policy, dated 2020, that indicated Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier . (Name of Pharmacy) dispenses medications in containers that meet legal requirements, including requirements of good manufacturing practices where applicable. Medications are kept and stored in these containers . Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to the procedures for medication destruction, and reordered from the pharmacy, if a current order exits . Medication storage areas are kept clean, well lit, and free of clutter.410 IAC (Indiana Administrative Code) 16.2-3.1-25(j)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155716	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Evansville	601 N Boeke Rd Evansville, IN 47711

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on interview, observation, and record review, the facility failed to ensure physician orders for oxygen administration were followed for 1 of 2 residents reviewed for respiratory care. (Resident 41) Finding includes:During an interview and observation on 3/10/26 at 9:45 A.M., Resident 41 indicated she wore oxygen continuously. The oxygen concentrator was set at four liters per minute of oxygen. On 3/10/26 at 2:34 P.M., Resident 41's clinical record was reviewed. Diagnoses included, but were not limited to, chronic respiratory failure with hypoxia. The most recent admission Minimum Data Set (MDS) Assessment, dated 1/7/26, indicated Resident 41 was cognitively intact, required substantial assistance from staff (staff do more than half of the work) for toileting and bathing, and was on oxygen. Physician orders included, but were not limited to:Oxygen at two to three liters per minute via nasal cannula continuously maintain saturation above 90% every shift related to chronic respiratory failure with hypoxia; Start date12/30/25. Change humidifier/bubbler monthly and as needed (PRN) for empty/compromised and one time a day every Sunday for routine oxygen; Start date 12/29/25. During an observation and interview on 3/13/26 at 10:02 A.M. residents' oxygen at 3.5 liters per minute; LPN 7 verified the oxygen concentrator was above three liters per minute and turned it down to three. The oxygen concentrator was out of reach of Resident 41 and did not have a humidification bottle on the concentrator. On 3/16/26 at 11:09 P.M., the Administrator provided a policy titled Oxygen Administration, dated 8/2024, that indicated Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration . Check the mask, tank, humidifying jar, etc., to be sure they are in good working order and are securely fastened. Be sure there is water in the humidifying jar and that the water level is high enough that the water bubbles as oxygen flows through. 410 IAC (Indiana Administrative Code) 16.2-3.1-47(a)(6)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155716	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Evansville	601 N Boeke Rd Evansville, IN 47711

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 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a physician's assessment was completed within 30 days following admission for 2 of 2 residents reviewed for physician assessments following admission. (Resident 41 and Resident 32) Findings include: 1. During an interview on 3/10/26 at 9:45 A.M., Resident 41 indicated she had not seen a physician since admission. On 3/10/26 at 2:34 P.M., Resident 41's clinical record was reviewed. Resident 41 was admitted on [DATE]. Diagnosis included, but was not limited to, chronic respiratory failure with hypoxia. The most recent admission Minimum Data Set (MDS) Assessment, dated 1/7/26, indicated Resident 41 was cognitively intact, required substantial assistance from staff (staff do more than half of the work) for toileting and bathing, and was on oxygen. The clinical record lacked a physician assessment since admission. During an interview on 3/12/26 at 2:32 P.M., the Director of Nursing indicated Resident 41 was on the list to be seen by the physician on 2/11/26 but no assessment was completed in the medical record. 2. On 3/10/26 at 2:03 P.M., Resident 32's clinical record was reviewed. Resident 32 was admitted on [DATE]. Diagnosis included, but was not limited to, dementia. The most recent Quarterly MDS Assessment, dated 1/9/26, indicated Resident 32 was severely cognitively impaired and required partial assistance (staff do half of the work) for toileting and transfers. The clinical record indicated Resident 32 was assessed by the physician on 11/18/25. On 3/16/26 at 11:09 A.M., the Administrator provided a policy titled Physician Services, dated 8/2024, that indicated Supervising the medical care of residents includes (but is not limited to): participating in the resident's assessment and care planning; monitoring changes in resident's medical status; providing consultation or treatment when called by the facility; prescribing medications and therapy; ordering transfers to the hospital if necessary; conducting routine required visits; Physician visits, frequency of visits, emergency care of residents, etc., are provided in accordance with current OBRA regulations and facility policy. 410 IAC (Indiana Administrative Code) 16.2-3.1-22(c)(2)410 IAC 16.2-3.1-22(d)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155716	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Evansville	601 N Boeke Rd Evansville, IN 47711

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 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. Based on interview, observation, and record review, the facility failed to ensure a resident's dental status monitored, family was notified of dental changes, and dental services were initiated for 1 of 1 residents reviewed for dental. (Resident 3) Finding includes: During an interview on 3/9/26 at 11:53 A.M., it was indicated a family member had visited the resident the previous week, and noticed her front tooth missing, and indicated staff were unaware when it had occurred. On 3/11/26 at 9:38 A.M., Resident 3's clinical record was reviewed. Diagnosis included, but was not limited to, dementia.The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 3/2/26, indicated Resident 3 was severely cognitively impaired, was dependent on staff (staff do all of the work) for toileting, bathing, and transfers, and required maximal assistance (staff do more than half of the work) for oral hygiene. Physician orders included, but were not limited to:Do not attempt to floss between resident's two front teeth, as these teeth have been fused per recent dental procedure every shift; Start date: 8/15/24 The current care plan included, but was not limited to:The resident has an ADL (activities of daily living) self-care performance deficit related to Alzheimer's; Date Initiated: 5/23/24Interventions included: Do not attempt to floss between resident's two front teeth, as these teeth have been fused per recent dental procedure; Date Initiated: 8/16/24. During an observation on 3/12/26 at 10:06 A.M., Resident 3's front right tooth was chipped/not fully intact, and the left front tooth was completely missing. During an interview on 3/12/26 at 10:06 A.M., the Social Services Assistant indicated Resident 3's right tooth had been broken for a long time and the left tooth recent fell out, but was unsure exactly when the left tooth fell out. The daily oral task indicated staff performed, or set Resident 3 up to perform herself, oral care twice each day. The clinical record, including progress notes, assessments and documents, lacked documentation related to Resident 3 losing her tooth or notification to the family or dentist about Resident 3 losing her tooth. Resident 3's record contained a photo taken by staff on 6/19/23; the resident had both front teeth in the photo. During an interview on 3/13/26 at 10:11 A.M., The Director of Nursing (DON) indicated she thought the resident's tooth fell out sometime within the past two weeks; she indicated she had called staff and was unable to determine when the tooth was first observed gone, and indicated she was unaware if staff had found the missing tooth in the facility. On 3/16/26 at 11:09 A.M., the Administrator provided a policy titled Dental Services, dated 8/24, that indicated Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care All dental services provided are recorded in the resident's medical record. A copy of the resident's dental record is provided to any facility to which the resident is transferred.410 IAC (Indiana Administrative Code) 16.2-3.1-24(a)(2)410 IAC 16.2-3.1-5(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155716	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Envive of Evansville	601 N Boeke Rd Evansville, IN 47711

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, interview, and record review, the facility failed to ensure documentation was accurate and complete for 2 of 5 residents reviewed for significant weight loss. Resident weights were not entered into the clinical record. (Resident 16 and Resident 75)Findings include:1. On 3/11/26 at 1:39 P.M., Resident 16's clinical record was reviewed. Diagnoses included, but were not limited to, Parkinson's disease.The most current admission Minimum Data Set (MDS) Assessment, dated 1/20/26, indicated Resident 16 was moderately cognitively impaired, required substantial to maximal assistance of staff (staff does more than half of the effort) for toileting and transferring, and had a weight loss of 5 percent (%) or more in the last month or loss of 10% or more in last six months.Current care plans included, but were not limited to:The resident has nutritional problem or potential nutritional problem related to Parkinson's disease, initiated 1/10/26.Physician orders included, but were not limited to:Weekly weights for four weeks, then monthly, and as needed one time a day every Monday for four weeks and one time a day starting on the 1st and ending on the 2nd of every month, dated 1/19/26.A weight summary for March 2026 indicated Resident 16 had the following weights:3/1/26 221 pounds (lbs.)3/2/26 211.9 lbs., a 9.1 lb. weight lossThe clinical record lacked documentation to indicate Resident 16 was re-weighed or that the 9.1 lb. weight loss in a day was followed up on.On 3/13/26 at 11:04 A.M., Certified Nurse Aide (CNA) 6 was observed to weigh Resident 16. He weighed 217.2 lbs.During an interview on 3/13/26 at 11:38 A.M., the Director of Nursing indicated that on 3/2/26 there was an issue with the scale in the Pavillion. Staff took Resident 16 to the therapy room to be re-weighed and his weight on that day was 220 lbs., but staff did not document the re-weigh in the resident's medical record.2. On 3/11/26 at 1:54 P.M., Resident 75's clinical record was reviewed. Diagnoses included, but were not limited to, protein-calorie malnutrition, dysphagia, and gastro-esophageal reflux disease (GERD).The most current Quarterly Minimum Data Set (MDS) Assessment, dated 1/23/26, indicated Resident 75 had severe cognitive impairment, was dependent on staff for toileting, required partial to moderate assistance of staff (staff does less than half of the effort) for eating, and had a weight loss of 5% or more in the last month or loss of 10% or more in last six months.A care conference was completed on 2/12/26 with family in attendance. Weight was down 22 pounds (lbs.) since December but did not trigger for significant weight loss. Staff would continue to monitor for further loss. The care plan was reviewed.Current care plans included, but were not limited to:The resident has nutritional problem or potential nutritional problem related to dementia and decline, dated 9/5/23.Physician orders included, but were not limited to:Weekly weight on Monday in the morning every Monday for weekly weight Clinically At Risk (CAR) review, dated 2/2/26 through 3/5/26.Weekly weight for Nutritionally At Risk (NAR) review one time a day every Monday, dated 3/9/26.The electronic Medication Administration Record (eMAR) for February and March 2026 was reviewed. There was not a weight documented on the following Mondays:2/16/26 - marked sleeping with no documentation of an attempt to try again at a different time2/23/263/2/26During an interview on 3/13/26 at 11:38 A.M., the Director of Nursing (DON) indicated that staff did weigh Resident 75 on 2/16, 2/23, and 3/2, but did not document it in the clinical record. Weights were recorded on an internal audit tool but never entered into the resident's clinical record.On 3/16/26 at 11:11 A.M., the Administrator provided a current Charting and Documentation policy, dated 8/2024, that indicated The following information is to be documented in the resident medical record: . Treatments or services performed . Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.On 3/16/26 at 11:11 A.M., the Administrator provided a current Weight and Measuring Resident policy, dated 8/2024, that indicated The following information should be recorded in the resident's medical record: . The height and weight of the resident . Report significant weight loss/weight gain to the nurse supervisor.410 IAC (Indiana Administrative Code) 16.2-3.1-50(a)(1)410 IAC (Indiana Administrative Code) 16.2-3.1-50(a)(2)