STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155718	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northview Health and Living	1235 W Cross St Anderson, IN 46011

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. (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

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure nursing staff competently administered medication when admission orders were not clarified for 1 of 4 at risk residents with the potential of causing adverse effects. (RN 1 and Resident E)Findings include:Resident E's clinical record was reviewed on 12/30/25 at 2:27 p.m. Diagnoses included displaced fracture of base of neck of right femur, Parkinson's Disease, anxiety disorder, restless leg syndrome, conversion disorder with seizures or convulsions, and COVID-19. The most current admission MDS (Minimal Data Set) assessment, dated 12/15/25, indicated the resident was dependent for toilet hygiene; required maximum assistance for personal hygiene and dependent to maximum assistance for repositioning and bed mobility. A current care plan, dated 12/26/25, indicated the resident had Parkinson's Disease. Interventions included, give medications as ordered by the physician. Monitor/document side effects and effectiveness. A current activity of daily living care plan, dated 12/26/25, indicated the resident required substantial/maximum assistance for toileting, bed mobility, and transfers. Interventions included 1-2 staff participation to reposition and turn in bed, 1 staff participation with personal hygiene and oral care, 1 staff participation to use toilet, and 2 staff participation with transfers. Hospital discharge orders, dated 12/4/25, indicated the following orders: 1. carbidopa-levodopa (anti-Parkinson's agent) immediate release) 25-100 mg, 1.5 tablets by mouth, give 1.5 tablets in the morning, around noon, in the evening, and at bedtime 2. carbidopa-levodopa ER (anti-Parkinson's agent extended release) 50-200 mg, give 1 tablet in the morning, around noon, in the evening and at bedtime. Hospital discharge orders, dated 12/26/25, indicated the following orders: 1. carbidopa-levodopa 25-100 mg, 1.5 tablets give 1.5 tablets in the morning, around noon, in the evening, and at bedtime 2. carbidopa-levodopa ER 50-200 mg. give 1 tablet in the morning, around noon, and 2 tablets at bedtime as needed. A Nurse Practitioner (NP) progress note, dated 12/28/25 at 2:03 p.m., indicated the resident had no changes in chronic Parkinson's symptoms and remained on a high dose of carbidopa-levodopa per neurologist to be followed with neurologist direction. The note also listed carbidopa-levodopa 25-100 mg, 1.5 tablets to be given 4 times a day and carbidopa-levodopa ER tablet Extended Release 50-200 mg to be given every 6 hours as needed.Review of the December 2025 Medication Administration Record indicated Resident E had not received any carbidopa-levodopa ER since facility re-admission on [DATE]. During an interview on 12/30/25 at 10:16 a.m., Pharmacist 2 indicated it was highly unusual for carbidopa-levodopa ER to have been ordered to be taken as needed. Extended-release medications were usually given as routine for long term effect. Regular dose medications would have been given as needed for immediate effect. The order should have been questioned and clarified. During an interview on 12/20/25 at 10:45 a.m., the NP indicated they had been unaware the carbidopa-levodopa ER had been ordered for as needed use. It was believed the orders may have been transcribed incorrectly. However, after clarifying the hospital discharge order, it was determined the order should have been clarified.During an interview on 12/30/35 at 3:29 p.m., Resident E's neurologist office's nurse indicated the last communication the office had with the facility was on 12/10/25 with RN 1. During that communication, on 12/10/25, the facility was advised to continue giving Resident E both carbidopa-levodopa and extended-release carbidopa-levodopa. The order was clarified as carbidopa-levodopa ER 50-200 mg 4 times daily- upon waking, late morning, late afternoon and in the evening and carbidopa-levodopa 25-100 mg 4 times daily - upon waking, late morning, late afternoon and in the evening. Both carbidopa-levodopa ER 25-100 and carbidopa-levodopa 1.5 tablets were to be given together. There had been no communication between neurology office and the facility since 12/10/25. During an interview on 12/30/25 at 3:45 p.m., RN 1 indicated she audited orders from the hospital websites. RN 1 intended to clarify the carbidopa-levodopa orders with the Nurse Practitioner (NP) due to the amount confusion with the carbidopa-levodopa orders during the last admission. RN 1 indicated the orders should have been clarified. During an interview on 12/31/25 at 9:15 a.m., LPN 4 indicated any unclear or questionable order should have been clarified with the NP. The NP would usually order to hold the medication until they could review the order. The NP was in the facility at least three times a week. During an interview on 12/31/25 at 11:27 a.m., both the DON and ADON indicated Resident E's admission orders on 12/26/25 should have been clarified. During an interview on 12/31/25 at 12:51 p.m., Resident E's neurologist indicated the neurologist office had not had any communication with the facility since 12/10/25. The neurologist indicated Resident E had been taking carbidopa-levodopa in both regular and extended release form at the same time routinely for the past 1-2