STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155724	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbridge Health Campus	602 Woodbridge Ave 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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident's advanced directives were updated for 1 of 1 resident reviewed for advanced directives. (Resident 19) Finding Includes: The clinical record for Resident 19 was reviewed on [DATE] at 2:04 p.m. The diagnoses included, but were not limited to, right hip fracture, cognitive communication deficit, metabolic encephalopathy, chronic kidney disease, chronic obstructive pulmonary disease, congestive heart failure, and atrial fibrillation. A current care plan, dated [DATE], indicated Resident 19 had advanced directives. The care plan was not specific on what his advanced directives included. Interventions included, but were not limited to, advanced directives reviewed quarterly and as needed, code status as ordered, and honor durable POA's (Power of Attorney) decision. A current physician's order in Resident 19's electronic medical record, dated [DATE], indicated the resident was to be a full code. An out of hospital DNR form, dated [DATE] and signed by the resident's POA on [DATE], indicated the resident did not want to receive Cardiopulmonary Resuscitation (CPR) and wished to have a code status of DNR. The form was signed by the physician on [DATE]. During an interview, on [DATE] at 10:10 a.m., Registered Nurse (RN) 3 indicated once they had a signed DNR form, they should have changed the code order in the electronic record. During an interview, on [DATE] at 11:29 a.m., the Assistant Director on Nursing (ADON) indicated the nurses should have updated the code status order when they received the DNR form signed by the resident or resident representative, a witness, and the physician. A current facility policy, titled Guidelines for Advanced Directives, dated [DATE] and received from the Interim Executive Director on [DATE] at 10:42 a.m., indicated .Advanced Directives will be reviewed with resident and/or resident representative by the Admissions Representative or designee at time of admission . The nursing staff will confirm the desired code status and obtain an order from the physician .Designation of code status and obtainment of physician order will be part of the medical record . (continued on next page)

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
	155724	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbridge Health Campus	602 Woodbridge Ave 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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-4(f)(5)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155724	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbridge Health Campus	602 Woodbridge Ave 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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and record review, the facility failed to ensure a PASARR (Preadmission Screening and Resident Review) was completed when a resident received a new mental health diagnosis and was prescribed an antipsychotic medication for 1 of 1 resident reviewed for PASARR. (Resident 46) Findings include: The clinical record for Resident 46 was reviewed on 6/2/25 at 11:30 a.m. The diagnoses included, but were not limited to, dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, dementia with psychotic disturbance, psychotic disorder with delusions due to a known physiological condition, and depression. A PASARR level I, dated 9/11/24, indicated the resident had a diagnosis of anxiety disorder and depression and no level II was required. A physician's order, dated 9/14/24, indicated quetiapine (an antipsychotic medication) 25 mg (milligram) twice a day related to a psychotic disorder with delusions due to a known physiological condition. The diagnosis of psychotic disorder with delusions due to a known physiological condition was added on 10/4/24. During an interview, on 6/2/25 at 2:11 p.m., the Social Service Director (SSD) indicated Resident 46 did have a PASARR completed without the antipsychotic medication listed and another screen should have been implemented. A current facility policy, titled Indiana PASARR, undated and received from the Executive Director (ED) on 6/2/25 at 3:10 p.m., indicated .Preadmission screening and resident review (PASARR) is a federal requirement to help ensure that individuals are appropriately placed in nursing facilities for long term care .A change in status and Level II follow up, SSD to ensure paperwork is submitted, print outcome letter and upload to Matrix file .Applicable supportive documentation is in place, SSD for Level II 3.1-16(d)(1)(A) 3.1-16(d)(1)(B)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155724	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbridge Health Campus	602 Woodbridge Ave 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 observation, interview and record review, the facility failed to ensure daily weights were obtained as ordered and to ensure the physician was notified of weight changes as ordered for 2 of 2 residents reviewed for quality of care. (Resident 9 and 10) Findings include: 1. During an observation, on 5/28/25 at 11:04 a.m., Resident 9 was lying in bed and had audible wheezes. The clinical record for Resident 9 was reviewed on 5/28/25 at 1:30 p.m. The diagnoses included, but were not limited to, congestive heart failure, chronic obstructive pulmonary disorder, shortness of breath, acute kidney failure, hypertensive, and type 2 diabetes mellitus. A care plan, dated 3/26/25, indicated the resident had congestive heart failure and had the potential for complications. The interventions included, but were not limited to, obtain weights as ordered. A physician's order, dated 5/29/25, indicated to weigh the resident daily and notify the physician of a weight gain of 2 pounds or greater in one day, or for a plus or minus of 5 pounds in one week. A progress note, dated 5/30/25 at 6:56 p.m., indicated Resident 9 was concerned with the increased swelling to her bilateral lower extremities (BLE) and recent weight gain. A progress note, dated 5/31/25 at 12:24 a.m., indicated Resident 9's daughter was concerned about the resident's swelling in her legs. The nurse assessed Resident 9, and the resident had non-pitting edema (swelling) to her BLE. The electronic health record did not have any documentation the resident was weighed on 5/29/25 and 5/31/25. The physician was not notified of the missing weights. During an interview, on 6/3/25 at 11:10 a.m., the Executive Director (ED) indicated the resident had a new daily weight order added on 5/29/25. The weight for 5/29/25 was missed. The nurse inputted the order and did not hit the save button. It was unknown why the resident missed the daily weight on 5/31/25. The resident should have been weighed daily, and the weight should have been documented. During an interview, on 6/3/25 at 11:55 a.m., RN 7 indicated the daily weights with call parameters would be charted in the Medication Administration Record (MAR). A certified nursing assistant (CNA), qualified medical assistant (QMA), or a nurse could obtain a daily weight. 2. During an observation, on 5/29/25 at 12:10 p.m., Resident 10 had both legs elevated on her wheelchair foot pedals. The resident's legs were swollen and purple. The clinical record for Resident 10 was reviewed on 5/28/25 at 1:37 p.m. The diagnoses included, but were not limited to, congestive heart failure, right femur fracture, hypertension, chronic kidney disease, Parkinson's disease, psychotic disorder with hallucinations, depressive disorder, and anxiety disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155724	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbridge Health Campus	602 Woodbridge Ave 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	A care plan, dated 11/22/19, indicated the resident had congestive heart failure and had potential for complications. The interventions included, but were not limited to, obtain weights as ordered. A physician's order, dated 4/16/21, indicated daily weights before breakfast and to notify the physician of a weight gain of 2 pounds or greater in one day, or for a plus or minus of 5 pounds in one week. The resident's weight on 3/12/25 was 116.9 pounds and on 3/13/25 the weight was 119.4 pounds. This was an increase of 2.5 pounds. The resident's weight on 3/18/25 was 107.5 pounds and on 3/19/25 the weight was 110.1 pounds. This was an increase of 2.6 pounds. The resident's weight on 4/12/25 was 108.9 pounds and on 4/13/25 the weight was 111.8 pounds. This was an increase of 2.9 pounds. During an interview, on 6/3/25 at 12:05 p.m., Licensed Practical Nurse (LPN) 6 indicated daily weights were obtained in the morning between 6:00 a.m., and 10:00 a.m. The staff were responsible for making sure the weights were completed, added to the MAR, and recorded in the residents' progress notes. The clinical record did not have any documentation the physician was notified of the weight gains. A current facility policy, titled Clinical Services-Weight Monitoring, dated 12/20/24 and received from the Executive Director on 6/2/25 at 3:33 p.m., indicated .Weight monitoring is essential to the well-being of the residents we serve and requires a multidisciplinary approach .Daily weights as ordered .May be delegated to clinical leaders .Re-weigh as needed .Correct weights as needed 3.1-37(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155724	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbridge Health Campus	602 Woodbridge Ave 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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure medications were prescribed as ordered to prevent significant medication errors for 1 of 1 resident reviewed for medication errors. (Resident 202) Findings include: The clinical record for Resident 202 was reviewed on 5/28/25 at 2:40 p.m. The diagnoses included, but were not limited to, a history of a deep vein thrombosis (a blood clot in a deep vein), peripheral vascular disease, hyperlipidemia, anemia, hypertension. Resident 202 was admitted to the facility from the hospital on 5/23/25. An admission observation and data collection form, dated 5/23/25, indicated that the resident would be free from complications and adverse side effects from any medications and administer anticoagulant medications as ordered. A hospital discharge note, dated 5/23/25, indicated Resident 202 was to continue taking the medication Eliquis (an anticoagulant or a blood thinner used to prevent and treat blood clots in various cardiovascular conditions) twice a day for blood clots. A physician's order, dated 5/28/25, indicated to give Eliquis (apixaban) 5 mg tablet twice a day. The MAR (Medication Administration Record) indicated the first dose of Eliquis was administered on 5/28/25 at 10:18 a.m. This was 5 days after the resident was admitted to the facility. A nursing progress note, dated 5/28/25 at 11:10 a.m., indicated a medication error had occurred. The resident was admitted on [DATE] and the hospital discharge orders indicated the resident was to receive Eliquis 5 mg twice a day. The order was not transcribed into the MAR. The nurse practitioner completed a chart review and indicated the Eliquis was needed due to the resident's medical history. An admission checklist, dated 5/23/24, had the admitting nurse's signature, however the second nurse signature on the form was missing. During an interview, on 6/2/25 at 3:55 p.m., the Executive Director (ED) indicated the order for the medication was not found in Resident 202's medical record. The mistake was discovered on 5/27/25 and the medication order was entered on 5/28/25. During an interview, on 6/2/25 at 3:18 p.m., RN 2 indicated the hospital discharge medication orders should be entered into the computer. During an interview, on 6/3/25 at 11:30 a.m., the Assistant Director of Nursing (ADON) indicated when a nurse entered the physician's orders a second nurse was required to review and sign off on the orders within 24 hours. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155724	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodbridge Health Campus	602 Woodbridge Ave 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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A current Registered Nurse (RN) job description, received by the interim ED on 6/3/25 at 11:49 a.m., indicated .role and responsibilities .lead a team of direct care providers to ensure appropriate execution of medications and treatments, documentation .in compliance with the Health Campus Policies and Procedures A current RN new hire checklist, dated effective 2/21/18 and received by the interim ED on 6/3/25 at 11:49 a.m., indicated .admissions .admission verification of orders and order entry A current facility policy, titled Guidelines for Medication Orders, dated 12/17/24 and received by the Interim ED on 6/3/25 at 11:49 a.m., indicated .the admitting nurse shall review the standing order list with the physician when verifying admission orders .standing orders shall be in the medical record with the other physician orders 3.1-48(c)(2)