STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155758	A. Building B. Wing	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Towers Health Care Center	102 W Poplar St Greencastle, IN 46135

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to submit a death in the Minimum Data Set (MDS) assessment timely for 1 of 20 residents reviewed for MDS accuracy (Resident 21).Findings include:Resident 21's record was reviewed on 12/3/25 at 1:36 p.m. The profile indicated the resident's diagnoses included, but were not limited to, malignant neoplasm of brain (an aggressive, cancerous tumor characterized by rapid growth, invasion of surrounding healthy brain tissue, and potential spread within the central nervous system) and acute and chronic respiratory failure (occurs when a patient with pre-existing chronic respiratory inadequacy suffers a sudden, life threatening deterioration in oxygenation or CO2 (carbon dioxide) removal).Facility census information indicated Resident 22 was admitted to the facility on [DATE].A significant change in status Minimum Data Set (MDS) assessment, dated 1/16/26, indicated the resident was cognitively intact and was marked Yes the resident did have a condition or chronic disease that may result in a life expectancy of less than 6 months.A nursing progress note, dated 1/21/26 at 5:40 p.m., indicated the resident had stopped breathing at 5:08 p.m. in the presence of the hospice nurse.A nursing progress note, dated 1/21/26 at 7:00 p.m., indicated that the resident's body was transported from the facility to the funeral home.A death in facility MDS assessment was submitted on 3/25/26.During an interview on 3/27/25 at 9:10 a.m., the Regional Clinical Consultant indicated she was not aware of why the MDS Coordinator had not submitted the death in facility assessment timely. She indicated the facility's MDS Coordinator had been out on FMLA (Family and Medical Leave Act) intermittently since January 2026 and the assessment could have just been missed. The consultant indicated the facility had an MDS consultant that would be on calls weekly with the MDS coordinator and she was not sure why he had not caught the missed death in facility assessment. The facility policy was to follow the RAI (Resident Assessment Instrument) guidelines when submitting and completing assessments.Section A0310 of the CMS (Centers for Medicaid and Medicare Services) RAI Version 3.0 Manual, dated October 2024, indicated, .A0310 Type of Assessment.F. Entry/discharge reporting.12. Death in facility.Chapter 2 of the CMS RAI Version 3.0 Manual, dated October 2024, indicated, .RAI-OBRA (Omnibus Budget Reconciliation Act of 1987) .death in facility tracking record A0310 F=12.MDS completion date (death) date + 7 calendar days.transmission dated no later than discharge (death) date + 14 calendar days.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on record review and interview, the facility failed to ensure a physician's order for an assessment of a resident's dialysis access site (surgically prepared area on the body that allows easy, high-volume access to the bloodstream for filtering blood during hemodialysis [a medical treatment that acts as an artificial kidney for people with kidney failure]) was accurate and documentation of assessments of the site were completed for 1 of 1 residents reviewed for dialysis (Resident 1).Findings include:Resident 1's record was reviewed on 3/25/26 at 11:27 a.m. The profile indicated the resident's diagnoses included, but were not limited to, end stage renal disease (the final, permanent stage of kidney failure where function drops below 15% of normal, necessitating dialysis or a transplant to live) and dependency on renal dialysis.An admission Minimum Data Set (MDS) assessment, dated 12/25/25, indicated the resident had no cognitive deficit and received hemodialysis.A care plan, revised on 2/25/26, indicated the resident required hemodialysis related to renal failure. Interventions included, but were not limited to, nurse to assess AV Fistula (an abnormal, direct connection between an artery and a vein, allowing blood to bypass capillary systems) for bruit (an abnormal, rushing or whooshing sound heard with a stethoscope over a blood vessel, indicating turbulent blood flow, usually caused by narrowing) and thrill (the palpable, physical vibration of that same turbulence, felt on the skin like a cat's purr or a buzzing sensation).A physician's order, dated 12/18/25, indicated to check the resident's permacath site (a specialized, long-term catheter used for dialysis patients to access the bloodstream without needing repeated needle sticks) daily and upon return from dialysis every shift; including caps in place and tight, dressing dry and intact.The residents' January, February, and March 2026 medication administration record (MAR) lacked documentation of the order being completed on the day shift on 1/6/26 and 2/27/26, and the night shifts on 2/11/26 and 3/5/26. A physician's order, dated 12/30/25, indicated to check access of the resident's left upper extremity antecubital (the area situated in front of or inside the bend of the elbow) access site for bruit and thrill and record and report abnormalities every shift for dialysis.The residents' January, February, and March 2026 MAR lacked documentation of the order being completed on the day shift on 2/27/26, and the nights shifts on 1/17/26 and 2/11/26.A physician's order, dated 12/30/25, indicated to complete a pre and post dialysis evaluation prior to leaving and upon return, two times a day, every Tuesday, Thursday, and Saturday, for dialysis.The residents' January, February, and March 2026 MAR lacked documentation of the post-dialysis order being completed on 1/1/26 and 1/22/26, and the pre-dialysis order being completed on 2/14/26 and 3/21/26.During an interview, on 3/25/26 at 3:00 p.m., the resident indicated she had not had the permacath for a long time. She had it removed quite a while. She only had the AV Fistula site.During an interview, on 3/25/26 at 3:08 p.m., Registered Nurse (RN) 5 indicated she checked the resident's AV Fistula site on her shift for bruit and thrill. The resident did not have a permacath. She was aware that the order for the permacath was still on her records, but she was unsure why.During an interview, on 3/26/26 at 1:50 p.m., the Director of Nursing (DON) indicated the order to assess the permacath site was not an accurate order. She believed the permacath had been removed when the resident was on the assisted living unit, prior to her coming to the skilled unit and had been overlooked. It was the expectation that when an order was completed, the nurse would chart in the MAR that it had been completed as ordered.On 3/26/26 at 1:50 p.m., the DON provided a document, with a revised date of 5/2023, titled, Home Dialysis Treatment, and indicated it was the policy currently in use by the facility. The policy indicated, Policy: This facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders.Compliance Guidelines.23. The facility will ensure that the physician's orders.include: a. The type of access for dialysis.26. The nurse will ensure that the.hemodialysis site.is checked before and after dialysis and every shift for patency.28. Residents with external hemodialysis catheters will be assessed every shift.410IAC (Indiana Administrative Code) 16.2-3.1-37(a)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview the facility failed to ensure medications were discarded according to facility policy and manufacture guidelines during observation of 1 of 1 medication storage rooms.Findings include:On [DATE] at 9:30 a.m., during observation of the medication storage room with Registered Nurse (RN) 7, observed one multi dose vial of Tuberculin (TB) solution (a sterile liquid containing inactive proteins derived from the bacteria that cause tuberculosis. It is used in skin tests to determine if a person has been infected with TB bacteria). The vial was dated as opened on [DATE].On [DATE] at 9:35 a.m., during an interview RN 7 indicated the vial of Tuberculin solution was viable for 30 days. On [DATE] at 9:38 a.m., during an interview the Director of Nurses (DON) indicated she would have to check the policy regarding expiration date of the TB solution. On [DATE] at 10:00 a.m., during an interview the DON indicated the TB solution vial was expired but had not been used after the expiration date.On [DATE] at 1:00 p.m., the DON provided a document titled, Medication storage and Medication labeling, dated [DATE], and indicated it was the policy currently being used by the facility. The policy indicated, .Medication labeling.5. Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated. If expired discarded after use.IAC (Indiana Administrative Code) 16.2-3.1-25(j)IAC (Indiana Administrative Code) 16.2-3.1-25(m)IAC (Indiana Administrative Code) 16.2-3.1-25(n)