STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure foods were disposed of after the use by date, cold foods were maintained at a safe temperature on the salad bar, beard restraints were effectively worn, and employee drinks were not kept in food prep areas during 4 of 4 kitchen observations. This deficient practice had the potential to affect 40 of 40 residents who received food from the kitchen. Findings include:During an initial kitchen tour with the Food Services Director, on 8/21/25 at 10:20 a.m., a container of French toast mix was labeled with a use by date of 8/19/25. At the same time, the Food Service Director indicated the date on the container was the last date the food was able to be used, and she disposed of the French toast mix. During a continuous lunch observation, on 8/21/25 from 11:30 a.m. to 12:06 p.m., a salad bar was observed with cottage cheese and hard boiled eggs. Three residents were served food from the salad bar. At 12:06 p.m., the Food Services Director indicated the temperature of the cottage cheese was 53 degrees Fahrenheit (F), and the temperature of the hard boiled eggs was 55 degrees F. The Food Services Director indicated foods on the salad bar should have been held at 40 degrees F or below, and she removed the food from salad bar. During a kitchen observation, on 8/26/25 at 9:15 a.m., [NAME] 9 was placing food onto a plate. [NAME] 9 was wearing a beard cover, but it was pulled down below his mouth, exposing his mustache. During a kitchen observation, on 8/26/25 at 10:42 a.m., Dietary Corporate Support 10 was filling small cups with condiments. In the same area an unopened energy drink was observed. At the same time, the Food Service Director indicated employee drinks should not have been in food prep areas, and she threw the drink away. During an interview, on 8/26/25 at 10:53 a.m., the Food Services Director indicated all facial hair was required to be contained in the beard cover. The employee's beard cover should not have been pulled down below his mustache. On 8/22/25 at 8:55 a.m., the Executive Director (ED) provided a document titled, Food Production Guidelines, last revised on 7/9/25, and indicated it was the policy currently being used by the facility. The policy indicated, .Purpose: The purpose of this policy is to: To provide clear direction and understanding of safe and sanitary handling of food during food production.Policy: Safe and sanitary handling of food will be employed during food production. Procedure.5. Food is served as soon after preparation as possible and is held at the following.Hold food-COLD = 41 F or below. 6. Leftovers must be dated, labeled, covered, and immediately refrigerated or frozen for later use. Refrigerated leftover must be used within 72 hours. On 8/26/25 at 11:35 a.m., the Regional Nurse Consultant provided a document titled, [NAME] and Hairnet, last revised on 7/9/25, and indicated it was the policy currently being used by the facility. The policy indicated, .Purpose: The purpose of this policy is to: Beards and mustache hair must be covered while in kitchen food product areas. Facial hair restraints are required in any food production area. Facial hair is not exempt from the hair restraining standard.Procedure: Some common approaches include: cover all beard or mustache hair that is more than 1/8 of an inch growth. On 8/26/25 at 11:58 a.m., the Regional Nurse Consultant provided an untitled, undated document and indicated it was the policy currently being used by the facility. The policy indicated, .410 IAC [Indiana Administrative Code] 7-24-136 Eating, drinking.Sec. 136. (a) Except as specified in subsection (b), an employee shall.eat and drink food.only in designated areas where the contamination (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
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	of: (1) exposed food.cannot result. (b) A food employee may drink from a closed beverage container if the container is handled in a manner that prevents contamination of the following.(3) Exposed food. 3.1-21(i)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure assistance was provided for activities of living (ADLs) for residents unable to carry out ADLs on their own for 4 of 16 residents reviewed for ADLs (Residents 34, 3, 11, and 36). Findings include: 1. On 8/21/25 at 2:57 p.m., Resident 34 was observed with long, untrimmed fingernails, with dark debris underneath them, on both hands. On 8/25/25 at 10:06 a.m., Resident 34 was observed with long, untrimmed fingernails, with dark debris underneath them, on both hands. Resident 34's record was reviewed on 8/22/25 at 10:26 a.m. Diagnoses on the resident's profile included, but were not limited to, unspecified dementia with agitation and major depressive disorder. A quarterly Minimum Data Set (MDS) assessment, dated 7/14/25, indicated the resident had a moderate cognitive impairment and required substantial/maximal assistance from staff for personal hygiene. A profile care guide care plan, dated 3/22/25, indicated the resident was scheduled for a shower on Tuesdays and Fridays day shift. Point of care bathing documentation, dated July 2025, indicated the resident received four showers during the month. The point of care record lacked documentation the resident refused care. Point of care bathing documentation, dated August 2025, indicated the resident received one shower during the month. The point of care record lacked documentation the resident refused care. Progress notes, dated July and August 2025, lacked documentation the resident refused bathing, showers, or nail care. During an interview, on 8/25/25 at 10:38 a.m., Licensed Practical Nurse (LPN) 7 indicated fingernail care should have been completed with showers. Activities also provided manicures once a week. There were no paper shower sheets anymore, and bathing was documented in the electronic record. If the resident refused a shower, they should have had the resident sign something stating they refused, but that normally would have been the paper shower sheet. Since they no longer used paper, she was not sure what the resident should have signed with refusals. The aides should have documented any care refusals in the electronic record. During an interview, on 8/25/25 at 1:20 p.m., the Regional Nurse Consultant indicated nail care should have been provided with showers and as needed, but there was no specific facility nail care policy. Showers should have been provided as scheduled, and shower refusals should have been documented for each scheduled shower. Resident 34 refused care at times, but she was unable to provide documentation the resident refused showers or nail care. 2. On 8/21/25 at 2:06 p.m., Resident 3 was observed with a full beard and mustache. At the same time, the resident indicated he had not received a shower since his admission because he had a port in his chest for dialysis, and the staff did not want to get it wet. The resident wanted to be clean shaven and asked to be shaved several times. The resident indicated the staff told him he needed to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	be on the list to be shaved. On 8/25/25 at 10:07 a.m., the resident was observed with a full beard and mustache. At the same time, the resident indicated he had not been shaved since his admission to the facility despite asking staff for assistance numerous times. He did not want to have a beard. Resident 3's record was reviewed on 8/26/25 at 10:02 a.m. Diagnoses on the resident's profile included, but were not limited to, end stage renal disease (condition in which the kidneys have permanently lost their ability to function properly) and dependence on renal dialysis (a medical treatment that removes waste products and excess fluid from the blood when the kidneys are unable to do so). Census information indicated the resident was admitted to the facility on [DATE]. An admission Minimum Data Set (MDS) assessment, dated 7/31/25, indicated the resident had a moderate cognitive impairment and required substantial/maximal assistance from staff for showers and bathing. Progress notes, dated July and August 2025, lacked documentation the resident refused showers or shaving. A Life Enrichment Assessment, dated 8/4/25, indicated it was very important to the resident to choose the type of bath he received, and he preferred showers. A profile care guide care plan, dated 8/5/25, indicated the resident was scheduled for a shower on Mondays and Thursdays, evening shift. An ADL care plan, dated 8/5/25, indicated the resident required staff assistance to complete self-care and mobility functional tasks completely and safely. Interventions included, but were not limited to, offer facial shaving on shower days, as needed, or as requested, and notify the nurse of refusals. Point of care bathing documentation, dated August 2025, indicated the resident received one shower during the month. The bathing record lacked documentation the resident refused showers. During an interview, on 8/26/25 at 1:57 p.m., the Regional Nurse Consultant indicated residents' bathing preferences were determined during the life enrichment assessment. The shower schedule was updated according to this assessment. During an interview, on 8/26/25 at 2:00 p.m., Certified Resident Care Assistant (CRCA) 11 indicated residents should have been shaved with showers and as needed. She was not told anything about Resident 3's beard and just thought he wanted a long beard. The resident was scheduled for showers. 3. On 8/21/25 12:09 p.m., during an initial observation and interview Resident 11 indicated there was not enough staff to provide for her care needs, and she had not received a shower since admission. She had requested a shower and none had been given. On 8/22/25 9:46 a.m., during an interview the resident indicated she still had not received a shower. Noted her hair was oily and unkept. Resident indicated she wanted her hair washed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/22/25 at 10:00 a.m., the medical record of Resident 11 was reviewed. The record indicated the resident was admitted to the facility on [DATE]. Admitting diagnosis included but not limited to Hemiplegia (a loss of strength in the arm, leg, and sometimes face on one side of the body) following cerebral infarction (stroke) affecting left non-dominant side and right dominant side, type 1 diabetes (a disease that occurs when your blood glucose, also called blood sugar, is too high) and end stage renal disease (a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life). An admission Minimum Data Set (MDS) assessment, dated 8/13/25, indicated the resident required assistance with bathing and transfers and indicated the resident's cognition was moderately impaired. A care plan, dated 8/20/25, indicated the resident required assistance with daily care needs. Interventions included but not limited to assist with ADL (activities of daily living) care as needed. A care plan, dated 8/11/25, indicated Profile Care Guide, interventions included but not limited to shower Tuesday and Friday evenings. The record lacked documentation of showers being administered since admission to the facility on 8/8/25. The nurse progress notes lacked documentation of resident refusals. On 8/22/25 at 2:10 p.m., during an interview the Regional Nurse Consultant (RNC) indicated the residents should have a shower at a minimum of twice weekly unless the resident had an alternate preference. On 8/25/25 at 10:13 a.m., during an interview the RNC indicated the resident had refused several offers of showers. She indicated the software system did not indicate the refusal by the resident. She indicated the care plan had not included shower preferences. 4. On 8/21/25 at 2:01p.m., during initial observation and interview noted Resident 36 with heavy beard growth. During interview the resident indicated he preferred to be shaved, and the staff usually shaved him or assisted him to shave. He could not remember the last time he had been shaved. On 8/22/25 at 2:45 p.m., the medical record of Resident 36 was reviewed. The resident was admitted to the facility on [DATE]. Admitting diagnosis included but were not limited to paroxysmal atrial fibrillation and Congestive Heart Failure (CHF). A quarterly MDS, dated [DATE], indicated the resident required assistance with daily care needs and was cognitively intact. A care plan, dated 3/6/25, indicated resident will have functional needs met safely by staff. A care plan, dated 3/6/25, indicated showers will be administered on Monday and Thursday evenings. A care plan, dated 3/6/25, indicated to offer facial shaving on shower days, prn (as needed), or as requested. Notify nursing of refusals. A review of the medical record indicated the resident did not receive a shower from 5/26/25 to 8/7/25. From 8/7/25 to 8/25/25 the resident received two showers and the months of The record (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	indicated other was provided 24 times. On 8/25/25 at 10:13 a.m., during an interview the RNC indicated she did not know what other indicated on the care record. On 8/26/25 at 9:27 a.m., during an interview Licensed Practical Nurse (LPN) 4 indicated she was not sure of the policy regarding shaving, but she assumed it was to be done on shower days or if they ask. On 8/26/25 at 9:34 a.m., during routine observation noted the resident had not been shaved and had a heavy beard growth. He indicated he was planning to have the staff assist him to shave. The resident could not recall when he had been administered a shower. On 8/26/25 at 11:35 a.m., the RNC provided a document titled, Guidelines for bathing preferences, dated 12/17/24, and indicated it was the policy currently being used by the facility. The policy indicated, .1. The resident shall determine their preference for bathing upon admission. A. Day of week. B. Time of day – morning or evening. Type of bathing – tub bath, bed bath or shower.4. Bathing shall occur at least twice a week unless resident preference states otherwise. 3.1-38(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to notify the physician and resident representative of the unavailability of medication and refusal of medication by the resident for 1 of 5 residents reviewed for unnecessary medications (Resident 4). Findings include:On 8/22/25 at 11:01 a.m., the medical record of Resident 4 was reviewed. The record indicated the resident was admitted to the facility on [DATE]. Admitting diagnosis included but was not limited to, respiratory failure (a serious medical condition where the lungs are unable to provide enough oxygen to the body or remove enough carbon dioxide, or both) with hypoxia (a condition where the lungs can't get enough oxygen from the air into the blood), unspecified dementia (a group of brain disorders that cause a gradual decline in cognitive abilities), unspecified mood affective disorder (a category of mental illness where a person's persistent emotional state is significantly disturbed, leading to extreme highs or lows).A care plan, dated 2/17/25, indicated social aspects, Dementia. Interventions included but were not limited to administer medications per orders.A care plan, dated 7/2/25, indicated the resident was at risk for pain. Interventions included but were not limited to administer medications as ordered and notify MD (medical doctor) for any side effects observed or lack of effectiveness.A physician order indicated to administer Colace 100 mg (milligram) 1 tablet once daily, for constipation.A physician order indicated to administer a multivitamin tablet 1 daily.A physician order indicated to administer Eliquis 5 mg twice daily for anticoagulant (blood thinner)A physician order indicated to administer Lasix 20 mg once daily for edema (swelling)A physician order indicated to administer Sertraline 100 mg once daily for depressionA physician order indicated to administer Tramadol - Schedule IV (narcotic) 50 mg three times a day for pain.A physician order indicated to administer Ciloxan (Ciprofloxacin) ointment 3%, 1 drop each eye every 4 hours, antibiotic eye drops.Review of the Electronic Medication Administration Record (EMAR) from 6/1/25 to 6/30/25 indicated the resident refused 18 doses of Eliquis 5 mg, refused 5 doses of Lasix 20 mg, and refused 34 doses of Tramadol 50 mg.From 7/1/25 to 7/31/25, the resident refused 18 doses of Eliquis and refused 37 doses of Tramadol.From 8/1/25 to 8/22/25, the resident refused 12 doses of Ciloxan, and refused 8 doses were unavailable from the pharmacy. The resident refused 6 doses of Eliquis and refused 23 doses of Tramadol.The medical record lacked documentation the Physician or resident representative were notified of medication refusal or of the medication being unavailable from the pharmacy for July 2025 or August 2025.A quarterly Minimum Data Set Assessment, dated 8/18/25, indicated the resident was cognitively impaired.On 8/26/25 at 9:00 a.m., during interview the Regional Nurse Consultant (RNC) indicated the resident had refused antibiotic eye drops several times and the staff had difficulty administering them to her.On 8/26/25 at 9:15 a.m., during interview Licensed Practical Nurse (LPN) 4 indicated the policy was to notify the physician and the family if a resident refused medications.She indicated if it was a more serious medication she would notify the physician immediately of any refusals.On 8/25/2025 at 1:19 p.m., the RNC provided a document, titled, Physician-Provider notification Guidelines, dated 12/17/24, and indicated it was the policy currently being used by the facility. The policy indicated, . The purpose of this policy is to ensure the resident's physician or practitioner.is aware of all diagnostic testing or change in condition in a timely manner to evaluate condition for need of provision of appropriate interventions for care.11. Attempts to notify the physician/provider and their response should be documented in the resident electronic health record.3.1-5(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, record review, and interview, the facility failed to ensure resident's confidential information was maintained in a secure and private manner for 3 of 3 random observations (Residents 18, 3, and 43). Findings include:1.During a random observation, on 8/26/25 at 11:01 a.m., the 200-hall medication cart was unattended. The computer screen was open and Resident 18's medication screen was exposed. At the same time, another resident was standing directly next to the medication cart, looking on top of the cart as if she was looking for something. Two visitors were speaking with a resident outside of a room directly across from the medication cart. On 8/26/25 at 11:09 a.m., Certified Resident Medication Aide (CRMA) 5 returned to the medication cart, then immediately walked away from the cart again, and went into the pantry room to get a resident some ice, without closing the computer and securing Resident 18's personal information. On 8/26/25 at 11:11 a.m., CRMA 5 returned to the medication cart and began assisting another resident. She failed to close the lid to the computer until the screen went to sleep mode. Resident 18's record was reviewed on 8/26/25 at 11:23 a.m. The profile indicated the resident's diagnoses included, but were not limited to, chronic respiratory failure with hypoxia (a long-term condition where the lungs struggle to get enough oxygen into the blood, leading to a dangerously low oxygen level in the body's tissues and organs) and atrial fibrillation (a condition where the upper chambers of the heart [atria] beat irregularly and rapidly). A quarterly Minimum Data Set (MDS) assessment, dated 7/24/25, indicated the resident had no cognitive deficit. During an interview, on 8/26/25 at 11:20 a.m., the Regional Nurse Consult indicated the resident's private information should not have been exposed. The computer should be closed when the staff is not at the medication cart. During an interview, on 8/26/25 at 11:39 a.m., Resident 18 indicated her privacy was very important to her and she did not want her personal information exposed for anyone to see. 2. During the medication administration pass, on 8/26/25 at 8:12 a.m., Certified Resident Medication Aide (CRMA) 5 walked away from the medication cart and entered a resident's room down the hallway. The computer screen was open and Resident 3's medication screen was exposed along with her name, date of birth , age, allergies, and code status. There were 2 residents sitting near the medication cart and other residents ambulating down the hallway at the time. The CRMA didn't return to the cart until 8:16 a.m. Resident 3's record was reviewed on 8/27/25 at 8:23 a.m. The profile indicated the resident's diagnoses included, but were not limited to, metabolic encephalopathy (a condition where the brain's function is impaired due to an underlying metabolic disturbance), meningitis (acute or chronic inflammation of the protective membranes covering the brain and spinal cord), and non-Hodgkin lymphoma (condition occurs when the body produces too many abnormal lymphocytes, a type of white blood cell). An admission Minimum Data Set (MDS) assessment, dated 7/31/25, indicated the resident had moderate cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. During a random observation, on 8/26/25 at 1:19 p.m., the back 200 hall medication cart computer was open and Resident 43's medication screen was exposed along with her name, date of birth , age, allergies, and code status. There were no staff around at this time and 2 residents were in the sitting area by the medication cart. CRMA 5 returned to the cart at 1:20 p.m. Resident 43's record was reviewed on 8/27/25 at 8:27 a.m. The profile indicated the resident's diagnoses included, but were not limited to, chronic respiratory failure with hypoxia (a condition where the lungs are unable to provide enough oxygen to the body over a prolonged period, leading to low oxygen levels in the blood) and chronic obstructive pulmonary disease (COPD- a group of lung diseases that block airflow and make it difficult to breathe). A quarterly Minimum Data Set (MDS) assessment, dated 7/17/25, indicated the resident was cognitively intact. During an interview, on 8/27/25 at 8:28 a.m., Licensed Practical Nurse (LPN) 12 indicated when she walked away from her medication cart, she would make sure that she minimized the computer screen, or hit the walk away button so that residents' private information wasn't exposed to anyone walking by. On 8/25/25 at 1:19 p.m., the Regional Nurse Consultant (RNC) provided a document with a date of 11/21, titled, Resident Rights Guidelines, and indicated it was the policy currently being used by the facility. The policy indicated, .Procedure.2. Our residents have a right to.C. Have their records containing personal and financial information kept confidential. 3.1-3(o)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 record review and interview, the facility failed to ensure medication was administered after a critical lab result and labs were re-checked as ordered by the physician for 1 of 5 residents reviewed for unnecessary medications (Resident 34). Findings include:Resident 34's record was reviewed on 8/22/25 at 10:26 a.m. Diagnoses on the resident's profile included, but were not limited to, hypokalemia (low potassium) and unspecified atrial fibrillation (irregular and rapid heart rate). A quarterly Minimum Data Set (MDS) assessment, dated 7/14/25, indicated the resident had a severe cognitive impairment. A lab report, dated 7/9/25, indicated the resident had a low potassium level of 3.4 millimoles (mmol)/liter (L). The normal range was 3.5 to 5.1 mmol/L. A lab report, dated 8/5/25, indicated the resident had a critically low potassium level of 2.6 mmol/L. The lab reported the critically low potassium to the facility at 5:42 p.m. An abnormal, critical lab event, dated 8/5/25, indicated the resident's potassium level was 2.6 mmol/L, which was a critically low level. The physician and resident representative were notified. A Medication Administration Record (MAR), dated August 2025, included the following physician's orders: -A physician's order, dated 6/27/25 and discontinued on 8/5/25, indicated potassium chloride extended release particles/crystals 20 milliequivalents (mEq) by mouth twice daily. -A physician's order, dated 8/5/25, indicated potassium chloride extended release particles/crystals 20 mEq, administer 40 mEq, one time only at 5:30 p.m. The MAR indicated the medication was not administered because it was unavailable. The MAR lacked documentation the physician was notified of the missed medication administration. -A physician's order, dated 8/5/25, indicated potassium chloride extended release particles/crystals 20 mEq, administer 40 mEq, one time only at 11:30 p.m. The MAR indicated the medication was not administered because it was unavailable. The MAR lacked documentation the physician was notified of the missed medication administration. -A physician's order, dated 8/6/25, indicated potassium chloride tablet extended release 20 mEq, give 40 mEq daily. A nursing progress note, dated 8/5/25, indicated the lab called to report a critical potassium level. The physician was notified, and new orders were received. An interdisciplinary team (IDT) progress note, dated 8/6/25, indicated a critical potassium lab was reported to the physician, and new orders were received. The note lacked documentation the physician was notified the medication was not administered as ordered. A pharmacy recommendation observation, dated 8/12/25, indicated the resident's potassium level was 2.6 mmol/L on 8/4/25. The resident's diuretic medication was reduced. The pharmacist recommended the lab be re-checked. The recommendation lacked documentation the extra doses of potassium were not administered as ordered by the physician. The physician accepted the recommendation and agreed to re-check the lab. A lab report, dated 8/23/25, indicated the resident had a critically low potassium of 2.7 mmol/L. The resident's record lacked documentation the resident's potassium level was re-checked prior to 8/23/25. A progress note, dated 8/23/25 at 10:41 a.m., indicated the lab notified the facility the resident had a critically low potassium level. The physician was notified and ordered a one-time dose of potassium 40 mEq by mouth. The note lacked documentation the physician was notified the previous extra doses of potassium were not administered. A progress note, dated 8/23/25 at 5:36 p.m., indicated the resident was given 40 mEq of potassium due to lab results. During an interview, on 8/22/25 at 1:40 p.m., the Regional Nurse Consultant indicated although the resident already had potassium ordered, medications came pre-packaged per med pass, and there were no extra doses of potassium available. Potassium was available in the emergency drug kit (EDK), but she thought the nurse had trouble accessing it. The potassium should have been pulled from the EDK and administered to the resident, on 8/5/25. If the potassium was not administered, the physician should have been notified. The physician did not order the lab to be re-checked at that time. During an interview, on 8/22/25 at 3:13 p.m., the Regional Nurse Consultant indicated she reviewed what was available in the EDK, and the potassium in the EDK was a different formulation than what was ordered. The nurse should have notified the physician what (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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	potassium was available in the EDK. There was also a back-up pharmacy they could have ordered potassium from to be delivered to the facility. During an interview, on 8/25/25 at 10:12 a.m., the Regional Nurse Consultant indicated the lab was drawn to re-check the resident's potassium level on 8/14/25, after the physician agreed to the pharmacy recommendation on 8/12/25. There was a problem with the specimen and the lab was not completed. She was not sure if the lab had been re-drawn. During an interview, on 8/25/25 at 11:52 a.m., the Regional Nurse Consultant indicated the lab was re-drawn on 8/23/25 to re-check the resident's potassium level. The lab should have been re-drawn before 8/23/25, but it had been missed. The lab faxed notifications if there were issues with labs, and the fax may have been missed. On 8/22/25 at 3:13 p.m., the Regional Nurse Consultant provided an undated list of medications available in the EDK. The list indicated potassium chloride 20 mEq/15 milliliters (ml) and potassium chloride extended release 10 mEq capsules were available in the EDK. On 8/22/25 at 3:13 p.m., the Regional Nurse Consultant provided a document titled, Medication Orders, last revised in January 2018, and indicated it was the policy currently being used by the facility. The policy indicated, .Policy: Medications are administered only upon the clear, complete, and signed order of a person lawfully authorized to prescribe.Procedures.D. The prescriber is contacted by facility personnel for direction when delivery of a medication will be delayed or the medication is not or will not be available. 3.1-37(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, record review, and interview, the facility failed to ensure a resident's indwelling urinary catheter (catheter-a thin, flexible tube inserted into the bladder to drain urine, which is held in place by a small, inflatable balloon and connected to a drainage bag) was maintained in a sanitary condition, for 1 of 2 residents reviewed for urinary catheters (Resident 33). Findings include:During an initial observation, on 8/21/25 at 12:05 p.m., Resident 33 was in the therapy room sitting in her wheelchair (WC). The resident's catheter bag (receptacle to collect urine) was in contact with the floor. During a random observation, on 8/21/25 at 1:59 p.m., the resident was sitting in her WC in the lounge area. Her catheter bag was in contact with the floor. During a random observation, on 8/25/25 at 1:32 p.m., the resident was asleep in her bed. The catheter bag was hanging from the side of the bed. The bag was in contact with the base of her overbed table (a mobile, adjustable-height table designed to be rolled over a bed, chair, or couch to provide a convenient surface for eating, working, or holding personal items while a person is in a recumbent or seated position). Resident 33's record was reviewed on 8/26/25 at 9:00 a.m. The profile indicated the resident diagnoses included, but were not limited to, flaccid neuropathic bladder (when the bladder cannot effectively squeeze to empty itself, leading to urinary retention and potential overflow, caused by nerve damage). An admission Minimum Data Set (MDS) assessment, dated 7/17/25, indicated the resident had moderate cognitive deficit and had an indwelling urinary catheter. A care plan, dated 8/20/25, indicated the resident had an active diagnosis of urinary tract infection (UTI-an infection in any part of your urinary system, most caused by bacteria that enter the body and multiply in the bladder). Interventions included, but were not limited to, use proper infection control precautions as indicated and per policy. The record lacked documentation of a specific care plan related to the resident's catheter. A McGeer's criteria (standardized definitions and guidelines for diagnosing infections in long-term care [LTC] residents, used for surveillance to identify actual infections and estimate their prevalence, not for guiding immediate treatment decisions) infection tracking report, dated 8/19/25, indicated the resident had a healthcare acquired (developed in the facility) UTI. During an interview, on 8/26/25 at 9:16 a.m., the Regional Nurse Consultant indicated the expectation was that catheter bags, or the tubing should never be allowed to contact the floor or any other object. ON 8/26/25 at 11:36 a.m., the Regional Nurse Consultant provide a document, dated 12/16/24, titled, Preserving Dignity with Indwelling Catheter, and indicated it was the policy currently used by the facility. The policy indicated, .1. General guidelines.e) Urinary drainage bags and catheter tubing should be kept from touching the floor surface. 3.1-41(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on record review and interview, the facility failed to ensure lab tests were completed as ordered by the physician, for 1 of 5 residents reviewed for unnecessary medications (Resident 6). Findings include:Resident 6's record was reviewed on 8/25/25 at 9:04 a.m. The profile indicated the resident's diagnoses included, but were not limited to, alcoholic cirrhosis of the liver (severe, irreversible scarring of the liver caused by long-term, heavy alcohol use) and unspecified psychosis (when a person exhibits symptoms of psychosis, such as hallucinations or delusions, but the information is insufficient to diagnose a specific psychotic disorder). A quarterly Minimum Data Set (MDS) assessment indicated the resident had no cognitive deficit and indicated no documented behaviors. A care plan, dated 12/17/24, indicated the resident had a history of inappropriate behaviors. A care plan, dated 2/21/19, indicated the resident had a history of altered behaviors. A pharmacy recommendation, dated 12/24/24, recommended to draw a CMP (complete metabolic panel-a group of blood tests that measures 14 different substances in the blood to assess the body's chemical balance and overall health), CBC (complete blood count- a common blood test that measures the number of different cells in the blood), B-12 (a medical test that measures the amount of vitamin B12 [an essential nutrient vital for making healthy red blood cells, keeping nerves and brain cells healthy] in the blood), TSH (thyroid stimulating hormone- measures the amount of TSH in the blood, which is produced by the pituitary gland to signal the thyroid gland to make thyroid hormones), and FT3 (measures the amount of free or active triiodothyronine [T3 hormone- a thyroid hormone that regulates your metabolism, energy use, and body temperature by controlling the speed at which your body uses calories] circulating in the bloodstream). The document indicated the physician accepted the recommendation to get the lab work completed. The record lacked documentation that the lab work had been completed as ordered. During an interview, on 8/25/25 at 11:52 a.m., the Regional Nurse Consultant indicated she was unable to locate any of the labs that had been ordered. She was unaware why the lab work had not been completed as ordered. She was unable to find any progress notes to explain why the labs had not been completed. When the physician agreed with the pharmacy recommendation for the labs, it was the physician's order to complete the lab work. On 8/25/25 at 11:55 a.m., the Regional Nurse Consultant provide a document, dated 9/12/17, titled, Physician-Provider Notification Guidelines, and indicated it was the policy currently being used by the facility. The policy indicated, .Procedure. 1. Resident.ordered labs and/or other diagnostic tests should be completed in a timely manner. 3.1-48(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155772	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cobblestone Crossings Health Campus	1850 E Howard Wayne Dr Terre Haute, IN 47802

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 - 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, interview, and record review, the facility failed to ensure expired medication was disposed of and failed to ensure medication was stored properly for 1 of 4 medication carts reviewed for medication storage. (Resident 16).Findings include:1. On [DATE] at 8:45 a.m., the back 200 hall medication cart contained an opened insulin pen with an open date of [DATE]. The insulin pen contained a label that indicated it was for Resident 16. During an interview, on [DATE] at 8:46 a.m., Certified Resident Medication Aide (CRMA) 5 indicated insulin was good for 28 days once opened and the pen should have been discarded because it was expired.Resident 16's record was reviewed on [DATE] at 9:29 a.m. The profile indicated the resident's diagnosis included, but were not limited to, Type 2 diabetes mellitus with hyperglycemia (a chronic condition that happens when you have persistently high blood sugar levels). A physician order, dated [DATE], indicated to administer insulin lispro (insulin medication) 100 unit/ml (milliliter), give 5 units by subcutaneous (under the skin) injection before meals, three times a day. 2. On [DATE] at 8:29 a.m., the back 200 hall medication cart contained an opened multi-use vial of Aplisol (a clear, colorless solution for injection as an aid in the diagnosis of tuberculosis) solution and had an open date of [DATE]. The vial contained a pharmacy label that indicated the vial was to be refrigerated. During an interview, on [DATE] at 8:30 a.m., Certified Resident Medication Aide (CRMA) 5 indicated she was unaware of how long the Aplisol vial had been in the medication cart and when the vial was not in use it should be refrigerated. She indicated the vial would have to be disposed of since it was not refrigerated and she had no idea how long it hadn't been refrigerated.On [DATE] at 11:36 a.m., the Regional Nurse Consultant (RNC) provided a document with a revised date of 11/18, titled, Medication Storage in the Facility, and indicated it was the current policy being used by the facility. The policy indicated, .1) A date opened sticker shall be placed on the medication.The expiration date of the vial of the vial or container will be [30] days unless the manufacturer recommends another date or regulations/guideline require different dating.E. The medication administration personnel will check the expiration date of each medication before administering it. F. No expired medication will be administered to a resident. G. All expired medication will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner.On [DATE] at 1:28 p.m., the RNC provided an undated document, titled, Tuberculin PPD-Aplisol Bioequivalent, and indicated it was the currently policy being used by the facility. The policy indicated, .The product should be stored between 2 degrees and 8 degrees Celsius (36- and 46-degrees Fahrenheit) and protected from light. 3.1-25(j)3.1-25(m)