STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155791	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Blair Ridge Health Campus	269 Meadowview Dr Peru, IN 46970

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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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45120 Based on interview, record review, and interview, the facility failed to provide a transfer and discharge form for 1 of 3 residents reviewed for hospitalization s. (Resident 36) Finding includes: During an interview, on 7/12/2024 at 9:33 A.M., Resident 36 indicated he had not been hospitalized since his admission to the facility, but had been at the facility 3 times. A record review was completed on 7/15/2024 at 10:59 A.M. Diagnoses included, but were not limited to: infection of the spinal internal fixation device, osteomyelitis, and MSSA (Methicillin Sensitive Staphylococcus Aureus). An Admission Minimum Data Set (MDS) assessment, dated 6/5/2024, indicated Resident 36 was cognitively intact. The medical record indicated Resident 36 was discharged to the emergency roiagnom on [DATE] and returned to the facility on [DATE]. A Nurse's Note, dated 6/19/2024 at 12:49 P.M., indicated an order was obtained from Resident 36's surgeon to send to the emergency room due to his spinal surgical site dehiscence (reopening of a surgical wound) with purulent (pus) drainage. On 6/20/2024 at 2:34 A.M., a Nurse's Note indicated Resident 36 returned to the facility. During an interview, on 7/17/2024 at 10:10 A.M., LPN 6 indicated a transfer and discharge form should be given if a resident was transferred from the facility to another facility. She indicated the transfer and discharge form would have been scanned into the electronic health record. A policy was provided, on 7/17/2024 at 2:34 P.M., by the Assessment Support, titled, Guidelines for Transfer and Discharge, indicated, .According to federal regulations, the facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility. 1. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview, on 7/17/2024 at 3:45 P.M., the Executive Director indicated the facility did not issue a transfer and discharge form on 6/19/2024. 3.1-12(a)(6)(A)

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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. 38845 Based on record review and interview, the facility failed to ensure 1 of 2 residents received a PASRR(Preadmission Screening and Resident Review) assessment in a timely manner. (Resident 40) Finding includes: The record for Resident 40 was reviewed was on 7/11/2024 at 3:40 P.M. Diagnoses included, but were not limited to: dementia, psychotic disorder with hallucinations, mood disturbance and anxiety. A PASARR Level 1 assessment had been completed for Resident 40, on 4/3/2024, with no Level II assessment required. Resident 40 received a new qualifying diagnosis of psychotic disorder and medication change on 4/27/2024. During an interview, on 7/16/2024 at 11:39 A.M., the Social Service director indicated she could not locate an updated PASARR assessment and there should have been one updated for Resident 40 with the new diagnoses/medication. On 7/16/2024 at 4:07 P.M., the Director of Nursing indicated she did not have a policy for PASARR assessments.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 38121 Based on observation, interview, and record review, the facility failed to provide grooming services for 2 of 3 residents reviewed for activities of daily living. (Residents 27 and 29) Findings includes: 1. During an observation for Resident 27, on 7/11/2024 at 11:41 A.M., she had long white whiskers on her chin, upper lip, and cheeks. On 7/12/2024 at 10:40 A.M., during an observation and interview, Resident 27 continued to have the whiskers, and she indicated she had an electric razor her daughter had brought to the facility for management of her whiskers. She indicated she would like them removed. A record review for Resident 27 was completed on 7/15/2024 at 9:31 A.M. Diagnoses included, but were not limited to, dementia, visual hallucinations, and diabetes mellitus type 2. An Annual Minimum Data Set (MDS) assessment, dated 6/4/2024, indicated Resident 27 required substantial/maximal assistance for grooming, and had moderate cognitive impairment. A current Care Plan indicated Resident 27 had impairment in functional status. The care plan interventions did not address grooming assistance. During an observation, on 7/15/2024 at 9:48 A.M., Resident 27' continued with the whiskers observed previously. On 7/16/2024 at 10:02 A.M., Resident 27's whiskers continued to the upper lip, chin, and cheeks. During an interview on 7/17/2024 at 10:14 A.M., LPN 6 indicated facial hair was to be shaved whenever a resident needed to be shaved, not just on shower days. 2. During an observation, on 7/11/2024 at 10:23 A.M., Resident 29 was observed in his geri chair seated in the common area. He was unshaven with whiskers on his face, chin and had long fingernails. During an observation, on 7/12/2024 at 10:47 A.M., Resident 29 was unshaven with whiskers on his face, chin and had long fingernails. During an observation, on 7/15/2024 at 9:01 A.M., Resident 29 was observed seated at the dining table. He was unshaven, with whiskers on his face, chin and had long fingernails. A record review for Resident 29 was completed on, 7/16/2024 at 8:53 A.M. Diagnoses included, but were not limited to dementia, chronic kidney disease, weakness, chronic obstruction pulmonary disease, dysphagia and ataxic gait. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Quarterly Minimum Data Set (MDS) assessment, dated 4/26/2024, indicated Resident 29 had severe cognition impairment and was dependent on staff for showering, bathing and requires maximal assist with personal hygiene. A current Care Plan, dated 4/29/2024, indicated Resident 29 had an ADL (activities of daily living) self-care performance deficit and required substantial/max assist with personal hygiene. During an interview on 7/16/2024 at 9:47 A.M., LPN 2 (Licensed Practical Nurse) indicated the resident should have been shaved and his nails should have been trimmed. During an interview on 7/17/2024 at 2:18 P.M., the Regional Support Nurse indicated the facility does not have a policy for ADL care. The staff was to follow their resident procedure guide. 3.1-38(a)(3) 45120

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. 45120 Based on observation, interview, and record review, the facility failed to follow physician orders related to PICC (peripherally inserted central catheter) line dressing changes for 1 of 1 resident reviewed for antibiotic therapy (Resident 36) Finding includes: During an observation on 7/12/2024 at 9:19 A.M., Resident 36 was observed to have a PICC line inserted to the basilic vein of the right arm. The dressing was dated 7/2/2024, and had paper tape adhered to the upper lateral portion of the dressing, and the dressing was not adhered distal to the lateral portion of the dressing adhered with paper tape. Resident 36 indicated the date, of 7/2/2024, observed on the dressing was the date the dressing had been changed. A record review for Resident 36 was completed on 7/15/2024 at 10:59 A.M. Diagnoses included, but were not limited to, infection of the spinal internal fixation device, osteomyelitis, and MSSA (Methicillin Sensitive Staphylococcus Aureus). An Admission Minimum Data Set (MDS) assessment, dated 6/5/2024, indicated Resident 36 was cognitively intact. A Care Plan, dated 6/3/2024 and revised 7/9/2024, indicated resident 36 required intravenous medication related to bacteremia. The interventions included intravenous site care as ordered. A PICC Insertion Record, dated 7/2/2024 at 1:40 P.M., indicated the PICC line was inserted to the right basilic vein because the left sided midline did not draw blood when frequent blood draws were necessary A Physician's Order, dated 6/5/2024, indicated to change the PICC/Midline/CVAD (central venous access device) dressing every 5 days, and as needed. A Physician's Order, dated 6/28/2024, indicated Resident 36 was to receive Cefazolin (antibiotic) 2 grams per 100 milliliters every 8 hours through 7/27/2024. The Medication Administration Record (MAR), dated July 2024, indicated the PICC line dressing was to be changed on 7/5/2024. The nurse did not change the dressing but documented the following: .Dressing with new PICC changed 7/3/2024 The MAR indicated a dressing change was completed on 7/10/2024 and a PRN (as needed) dressing change was completed on 7/13/2024. A Nurse's Progress Note, dated 7/13/2024 at 9:58 P.M., indicated a single lumen PICC dressing to the right upper extremity was beginning to come off and was changed using a prepackaged dressing kit. (continued on next page)

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview, on 7/17/2024 at 10:12 A.M., LPN 6 indicated Resident 36's PICC line dressing was to be changed every 5 days. She was not able to find documentation the PICC line dressing was being changed per the Physician's Order. There was also no explanation given as to why the MAR for July 2024 indicated the PICC dressing had been changed on 7/10/2024 when the dressing observed on 7/12/2024 was dated 7/2/2024. A policy was provided on 7/17/2024 at 1:51 P.M. by the Director of Nursing who indicated the policy was the current facility policy. The policy titled, Catheter Insertion and Care, indicated, .Midline catheter dressings will be changed at specified intervals, or when needed, to prevent catheter-related infections associated with contaminated, loosened or soiled catheter-site dressings .General Guidelines 1. Change midline catheter dressing 24 hours after catheter insertion, every 5-7 days, or if it is wet, dirty, not intact, or compromised in any way 3.1-47(a)(2)

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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 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. 45120 Based on observation, interview, and record review, the facility failed to ensure food was stored, prepared and served under safe and sanitary conditions related to appropriate cold food temperatures, disposal of outdated foods, labeling and dating of food items in the refrigerator and freezer, storage of dishware and appliance cleanliness for 1 of 1 kitchens. This had the potential to affect 51of 52 residents who consumed food from the kitchen. Findings include: During an initial observation of the kitchen with Culinary Assistant 5, on 7/11/2024 from 9:40 A.M. through 10:00 A.M., the following was observed: a. Individualized yogurt cups were sitting on the counter beside the refrigerator without being iced. At 10:00 A. M., the yogurt cups were no longer on the counter. Culinary Assistant 5 indicated she had placed them back in the refrigerator. The temperature of the yogurt cups was requested, and the yogurt cup tested was 60.8 Fahrenheit. While Culinary Assistant 5 was checking the temperature of the yogurt cups, she asked, What's it supposed to temp? b. The reach in freezer had an opened, undated box of Taquitos (original box) and French fries in a plastic bag with no date or label. c. The reach in refrigerator had chocolate pudding with a use by date of 7/9/2024, green beans with a use by date of 7/10/2024, mashed potatoes with a use by date of 7/10/2024, a small bag of lettuce with a use by date of 7/10/2024, and a large bag of wilted looking lettuce with no label or use by date. d. The kitchen stovetop was observed to have grease and food debris down the side, the reach in refrigerator had food debris down the side and front, the stove/oven had spillage on the side and food debris on the front, and the convection oven had food spillage and grease stains down the front. e. The storage area for dishware was observed to have large salad bowls, side plates, side bowls, and ramekins stored upright and not inverted. 2. During an observation of the kitchen, on 7/12/2024 at 1:31 P.M., the side bowls and ramekins were observed upright and not inverted. 3. During an observation on 7/16/2024 at 10:55 A.M. with the Culinary Director, the same debris and soilage was observed on the reach in refrigerator, stove/oven, and convection oven. During an observation on 7/17/2024 at 10:59 A.M. with the Culinary Director, multiple side dishes and clear bowls, large salad bowls, and a cupcake pan were not stored inverted. The same appliance debris/soilage was observed. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 7/17/2024 at 11:32 A.M., the Culinary Director indicated dishware should be stored upside down on open shelves, all food opened should be labeled and dated, food should be disposed of by the use by date by the end of the day, and cold foods should be stored on ice or refrigerated when serving. She indicated the appliances had a once-a-week rotation for cleaning. A current policy was provided on 7/17/2024 at 1:30 P.M. by the Director of Nursing. The policy titled, Storage Procedures, indicated, .Food and supplies shall be properly stored to keep foods safe and preserve flavor, nutritive value, and appearance .Refrigerated Storage 7. Prepared perishable items as salads, puddings, milk, etc., are stored in a refrigerator and covered, labeled, and dated until used .Freezer Storage 3. All foods in the freezer are wrapped in moisture proof wrapping or placed in suitable containers, to prevent freezer burn. Items are labeled and dated A current policy was provided, on 7/17/2024 at 1:30 P.M., by the Director of Nursing. The policy titled, Food Production Guidelines, indicated, .Safe and sanitary handling of food will be employed during food production .6. Leftovers must be dated, labeled, covered, and immediately refrigerated or frozen for later use, Leftovers must be used within 72 hours A current policy was provided on 7/17/2024 at 1:30 P.M. by the Director of Nursing. The policy titled, Dish Machine, indicated, .Store ware in a clean dry area upside down to avoid direct contact with debris 3.1-21(h)(3)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 38845 Based on observation, interview and record review, the facility failed to ensure proper infection control practices were implemented related to lack of handwashing after glove removal during a blood glucose procedure and fanning an area that had been cleansed with alcohol pad during 1 of 3 medication administration observations. (RN 3) Finding includes: During a medication observation, on 7/16/2024 at 8:40 A.M., RN 3 obtained the supplies to perform a blood glucose level and administer insulin to a resident. RN 3 placed the glucometer device and supplies on the resident's bed, washed his hands and applied gloves. RN3 wiped the resident's finger with an alcohol pad and with an opened hand, fanned the area that had been cleansed. After RN 3 obtained the blood sample, he removed his gloves and without washing his hands, administered insulin to the resident. During an interview, on 7/16/2024 at 8:45 A.M., RN 3 indicated he should have washed his hands, placed the device on barrier and not fanned the area. On 7/16/2024 at 11:10 A.M., the Director of Nursing provided the policy titled, Glucometer, dated 9/17/2018, and indicated the policy was the one currently used by the facility. The policy indicated .2. Appropriate infection control techniques shall be followed during testing procedures On 7/16/2024 at 11:01 A.M., the Director of Nursing provided the policy titled, Guideline for Handwashing/Hygiene, with a review date of 12/31/2023, and indicated the policy was the one currently used by the facility. The policy indicated .3. Health Care Workers (HCW) shall use hand hygiene and times such as: .d. After removing gloves, worn per Standard Precautions for direct contact with excretions or secretions, mucous membranes, specimens, resident equipment, grossly soiled linen, etc On 7/17/2024 at 1:51 P.M., the Director of Nursing provided the policy titled,Injectable Medication Administration, and indicated the policy was the one currently used by the facility. The policy indicated .To administer medication via subcutaneous, intradermal and intramuscular routes in a safe, accurate, and effective manner. Equipment Required: .F. Barrier (e.g.,disposable tray or plastic cup), if supplies or medication will be set down in a resident's room 3.1-18(b)