

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155794	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Retreat at the Stratford, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2460 Glebe St Carmel, IN 46032	

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)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48525</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified of the residents' advanced directives and an order was documented in the residents' medical record for 3 of 3 residents reviewed for advanced directives. (Resident 8, 63 and 68)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 8 was reviewed on 3/4/25 at 9:51 a.m. The diagnoses included, but were not limited to, hypertension, senile degeneration of the brain, and muscle weakness.</p> <p>An Indiana Physicians Orders for Scope of Treatment (POST) form was completed and signed on 11/12/24 and indicated the resident wished to be a Do Not Resuscitate (DNR).</p> <p>Resident 8 was admitted to the facility on [DATE].</p> <p>A physician's order, dated 3/4/25, indicated the resident was a DNR.</p> <p>The physician's order was not in place until 3.5 months after the resident was admitted to the facility.</p> <p>2. The clinical record for Resident 63 was reviewed on 3/4/25 at 2:04 p.m. The diagnoses included, but were not limited to, heart failure, stage 3 chronic kidney disease, and adult failure to thrive.</p> <p>An Indiana Physicians Orders for Scope of Treatment (POST) form was completed and signed on 2/21/25 and indicated the resident wished to be a DNR.</p> <p>Resident 63 was admitted to the facility on [DATE].</p> <p>The physician's order, dated 3/4/25, indicated the resident was a DNR.</p> <p>The physician's order was not in place until 15 days after the resident was admitted to the facility.</p> <p>38872</p> <p>(continued on next page)</p>

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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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. The clinical record for Resident 68 was reviewed on 3/3/25 at 11:38 a.m. The diagnoses included, but were not limited to, morbid obesity, fracture of the right femur, and hypertension.</p> <p>Resident 68 was admitted to the facility on [DATE].</p> <p>Resident 68 did not have an order for the resident's code status entered into the record.</p> <p>During an interview, on 3/4/25 at 9:43 a.m., the Director of Nursing indicated the residents should have had a physician's order.</p> <p>During an interview, on 3/7/25 at 1:11 p.m., the Corporate Support Nurse indicated the facility followed state and federal regulations and had no other information to present.</p> <p>A current facility policy, dated as revised April 2009 and received from the Clinical Support Nurse on 3/7/25 at 1:00 p.m., indicated .The director of nursing services (DNS) or designee notifies the attending physician of advanced directives (or changes in advanced directives) so that appropriate orders can be documented in the residents medical record and plan of care</p> <p>3.1-4(f)(5)</p> <p>3.1-4(f)(7)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48525</p> <p>Based on interview and record review, the facility failed to ensure person-centered comprehensive care plan interventions were developed for a resident who had a significant weight loss for 1 of 1 resident reviewed for nutrition. (Resident 6)</p> <p>Findings include:</p> <p>The clinical record for Resident 6 was reviewed on 3/4/25 at 12:52 p.m. The diagnoses included, but were not limited to, heart failure, vitamin deficiency, dysphagia, and anorexia.</p> <p>A physician's order, dated 5/1/23, indicated the resident was to be weighed monthly.</p> <p>A vitals tab indicated the following:</p> <p>On 1/1/25, the resident weighed 107.12 pounds.</p> <p>On 2/1/25, the resident weighed 101 pounds.</p> <p>On 2/10/25, the resident weighed 96 pounds.</p> <p>Resident 6 had a significant weight loss of 5.7% in 30 days and then continued to lose more weight on 2/10/25.</p> <p>A Registered Dietician (RD) note, dated 2/18/25, indicated the resident triggered for a significant weight loss. The current body weight was 96 pounds and recommended Ensure Plus (nutritional supplement) twice per day to help with weight stability.</p> <p>A current care plan, effective 4/6/23, indicated the resident was at risk for altered nutrition and hydration related to heart failure.</p> <p>During an interview, on 3/6/25 at 3:02 p.m., the Clinical Support nurse indicated the facility should have updated the resident's care plan within 14 days after a significant weight loss.</p> <p>During an interview, on 3/7/25 at 12:05 p.m., the Director of Nursing indicated the care plan should have been updated within 14 days after significant weight loss.</p> <p>During an interview, on 3/7/25 at 1:11 p.m., the Corporate Support Nurse indicated the facility followed state and federal regulations and had no other information to present.</p> <p>A current facility policy, titled Goals and Objectives, Care Plans, dated as revised April 2009 and received from the Clinical Support Nurse on 3/7/25 at 1:00 p.m., indicated .When goals and objectives are not achieved, the resident's clinical record will be documented as to why the results were not achieved and what new goals and objectives have been established. Care plans will be modified accordingly</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-35(a) 3.1-35(b)(1)

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>38872</p> <p>Based on observation, interview and record review, the facility failed to assess and document skin issues for 1 of 2 residents reviewed for quality of care. (Resident 5)</p> <p>Findings include:</p> <p>During an observation, on 3/3/25 at 10:15 a.m., Resident 5 was noted to have multiple bruises on both her arms.</p> <p>The clinical record for Resident 5 was reviewed on 3/4/25 at 11:10 a.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, hyperlipidemia, and a history of a stroke.</p> <p>A care plan, initiated on 4/17/24, indicated the resident was at risk for skin alterations and to perform and record complete skin assessments.</p> <p>A physician's order, initiated on 4/18/24, indicated to give aspirin (a medication used to prevent platelets from sticking together and causing clots) 81 milligrams once a day.</p> <p>The only documented bruise found in Resident 5's record was an area on the right lateral elbow. No other skin concerns had been found in the record.</p> <p>During an interview, on 3/3/25 at 10:36 a.m., LPN 2 indicated the resident had lots of bruises.</p> <p>During an interview, on 3/7/25 at 10:06 a.m., the Corporate Support Nurse indicated the bruising on both arms should have been documented on skin sheets and monitored.</p> <p>During an interview, on 3/7/25 at 11:31 a.m., the Corporate Support Nurse indicated weekly assessments of the skin were to be completed and should note any discolorations, rashes, wounds, open areas and dryness. The documentation was to include the characteristics of the areas such as color and size.</p> <p>During an interview, on 3/7/25 at 1:11 p.m., the Corporate Support Nurse indicated the facility followed state and federal regulations and had no other information to present.</p> <p>A current facility policy, titled Resident Examination and Assessment, dated as last revised in 2/14 and received from the Corporate Support Nurse on 3/7/25 at 1:07 p.m., indicated Physical Exam .Skin .presence of bruises .Documentation .All assessment data obtained during the procedure</p> <p>3.1-37(a)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>38872</p> <p>Based on observation, interview and record review, the facility failed to ensure narcotic count sheets were signed off by the on-coming and off-going nurses to ensure an accurate reconciliation was completed for 1 of 1 narcotic book reviewed for reconciliation.</p> <p>Findings include:</p> <p>During an observation, on 3/3/25 at 5:27 a.m., with RN 1 in attendance, the narcotic book was found to be missing entries to show the on-coming and off-going nurses had reconciled the narcotic count and signed the narcotic book to indicate the count had been reviewed.</p> <p>During an interview, on 3/3/25 at 5:27 a.m., RN 1 indicated staff were supposed to sign the narcotic count sheets each shift.</p> <p>A facility document, titled Narcotic Count January 2025 Skilled, was provided by the Director of Nursing on 3/3/25 at 5:29 a.m., and indicated the following:</p> <p>On 1/4/25, there were no signatures for the on-coming and off-going day and evening shifts.</p> <p>On 1/5/25, there were no signatures for the on-coming and off-going day and evening shifts.</p> <p>On 1/11/25, there was no signature for the off-going evening shift.</p> <p>On 1/12/25, there was no signature for the off-going evening shift.</p> <p>On 1/13/25, there were no signatures for the on-coming or off-going evening shift.</p> <p>On 1/16/25, there were no signatures for the on-coming or off-going evening shift.</p> <p>On 1/18/25, there was no signature for the off-going evening shift.</p> <p>On 1/19/25, there was no signature for the off-going evening shift.</p> <p>There were five (5) other blank signature boxes on the form.</p> <p>A facility document, titled Narcotic Count February 2025 Skilled, was provided by the Director of Nursing on 3/3/25 at 5:29 a.m., and indicated there were 24 of 84 missed opportunities to sign off on the narcotic count sheet.</p> <p>During an interview, on 3/6/25 at 3:43 p.m., the Director of Nursing indicated the narcotic count sheet was to be signed by the on-coming and off-going staff.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility document located in the narcotic book and received from RN 1 on 3/3/25 at 5:29 a.m., indicated . ATTENTION!!! Nurses and QMA's .Please Make Sure That You Are SIGNING ON/OFF IN The NARC BOOK Each Shift!!!</p> <p>A current facility policy, titled Controlled Substances, dated as last revised 11/22 and received from the Clinical Support Nurse on 3/6/25 at 3:25 p.m., indicated .Nursing staff count controlled medication inventory at the end of each shift .The nurse coming on duty and the nurse going off duty make the count together</p> <p>3.1-25(e)(3)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>38872</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were stored in their original packaging, failed to label an open vial with a date, and failed to monitor and document medication refrigerator temperatures for 1 of 1 medication cart and 1 of 1 medication refrigerator reviewed for medication storage.</p> <p>Findings include:</p> <p>1. During an observation of medication storage, on 3/3/25 at 5:21 a.m., with RN 1 in attendance, the following pills were found outside of their packaging and loose in the cart:</p> <p>One round white oval tablet with imprint C-2.</p> <p>Three small round white tablets.</p> <p>Three oval white tables.</p> <p>One medium round white tablet and one rectangular white tablet.</p> <p>During an interview, on 3/3/25 at 5:21 a.m., RN 1 indicated another nurse last cleaned the cart.</p> <p>2. During an observation of the medication refrigerator, on 3/3/25 at 5:30 a.m., with RN 1 in attendance, a bottle of Aplisol (tuberculosis testing serum) was found opened and without an open date.</p> <p>During the observation the medication refrigerator temperature logs were reviewed. The refrigerator temperatures had not been documented on January 3, 5, 6, 10, 12, 13, 17, 19, 20, 24, 26, 27, 29, 30 and January 31st, 2025. The February refrigerator temperature log was also found to be missing 13 of 28 temperatures.</p> <p>During an interview, on 3/3/25 at 5:33 a.m., RN 1 indicated the vial of Aplisol should have been labeled with a date when it was opened, and the refrigerator temperatures were to be checked and logged on the sheet every night.</p> <p>During an interview, on 3/6/25 at 3:25 p.m., the Corporate Support Nurse indicated the refrigerator temperatures were to be monitored daily.</p> <p>A current facility policy, titled MEDICATION STORAGE, dated as last reviewed in 7/12 and received from the Clinical Support Nurse on 3/6/25 at 3:25 p.m., indicated .Medication storage areas are kept clean . Medication storage conditions are monitored on a regular basis</p> <p>3.1-25(j)</p> <p>3.1-25(m)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48525</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview and record review, the facility failed to ensure a recipe was available and followed for puree foods to ensure nutritive value and flavor was conserved for 2 of 2 residents reviewed for a pureed diet. (Resident 1 and 4)</p> <p>Findings include:</p> <p>During a continuous observation, on 3/4/25 at 10:34 a.m., Dietary Manager (DM) 5 was pureeing tuna melt sandwiches for the residents who required a puree diet. As she was pureeing the sandwich, there was no recipe out and she was using an unmeasured amount of cold milk to thin the food out.</p> <p>During an interview, on 3/4/25 at 10:44 a.m., DM 5 indicated they did not have recipes for how to puree food. They did not have recipes for portion sizes or for what thickeners and thinners to use for each meal. They thinned the meal with the appropriate liquids, and they trained staff in orientation about what liquids to use.</p> <p>During an interview, on 3/4/25 at 11:01 a.m., DM 5 indicated she was not sure how someone would know what liquids to use for the puree if someone had to fill in for absent staff members. They trained staff during orientation on what liquids to use but they did not have a recipe.</p> <p>During an interview, on 3/5/25 at 11:47 a.m., DM 5 indicated she made a recipe book yesterday. The recipe was not in place on the day of the observation and indicated to use hot milk and DM 5 used cold milk when completing the puree.</p> <p>A Dining Manager recipe, titled Pureed Tuna Melt, dated 2025 and received from DM 5 on 3/5/25 at 3:15 p.m., indicated .Ingredients: Tuna Melt .Milk, hot</p> <p>A current facility policy, titled Pureed Diet, dated 2022 and received from DM 5 on 3/5/25 at 3:15 p.m., indicated .Gather the equipment needed: scale, measuring cups, measuring spoons, spatulas, recipes .Add measured amounts of hot liquid for cooked foods and cold liquid (if required) for cold foods and process until a smooth consistency is achieved</p> <p>3.1-21(a)(1)</p>		