STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155794	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Retreat at the Stratford, The	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)
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. Based on interview and record review, the facility failed to ensure the physician was notified of daily weight gains as ordered by the physician for 1 of 1 resident reviewed for notification of change. (Resident 3)Findings include:The clinical record for Resident 3 was reviewed on 2/10/26 at 11:11 a.m. The diagnoses included, but were not limited to, congestive heart failure, chronic kidney disease, chronic obstructive pulmonary disease, mild persistent asthma with acute exacerbation, and shortness of breath.A care plan, dated 10/3/25, indicated Resident 3 was at risk for complications related to chronic kidney disease. An intervention indicated to monitor the weight and notify the physician of a significant weight change.A physician's order, dated 10/8/25, indicated to weigh the resident daily at 6:00 a.m. and to notify the physician if there was a weight gain of 2 pounds or more over night.Resident 3 had a recorded weight gain of 2 pounds or more on the following dates:On 1/4/26, the weight went to 161 pounds from 157 pounds on 1/3/26.On 1/6/26, the weight went to 162 pounds from 157.8 pounds on 1/5/26.On 1/10/26, the weight went to 161 pounds from 158 pounds on 1/9/26.On 1/13/26, the weight went to 161.12 pounds from 156 pounds on 1/12/26.On 1/18/26, the weight went to 157 pounds from 155 pounds on 1/17/26.On 1/19/26, the weight went to 159 pounds from 157 pounds on 1/18/26.On 1/22/26, the weight went to 161 pounds from 157 pounds on 1/21/26.On 1/28/26, the weight went to 160 pounds from 158 pounds on 1/27/26.On 2/3/26, the weight went to 160 pounds from 158 pounds on 2/2/26.On 2/6/26, the weight went to 161 pounds from 156 pounds on 2/5/26.On 2/8/26, the weight went to 160 pounds from 158 pounds on 2/7/26.On 2/11/26, the weight went to 163.12 pounds from 159 pounds on 2/10/26.During an interview, on 2/11/26 at 10:05 a.m., the Clinical Support Nurse indicated he could not find documentation of the notifications for the weight gains of 2 pounds or more since January. The nurses indicated they were supposed to call the physician with any updates or needs but did not indicate they had called regarding the multiple weight gains.A current facility policy, titled Change in a Resident's Condition or Status, dated 2/2021 and provided by the Clinical Support Nurse on 2/12/26 at 10:25 a.m., indicated .The nurse will notify the resident's attending physician or physician on call when there has been a .specific instruction to notify the physician of changes 3.1-5(a)(3)

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