STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155800	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lutheran Life Villages	9802 Coldwater Road Fort Wayne, IN 46825

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. 44531 Based on interview and record review the facility failed to ensure physician orders were followed though regarding a laboratory blood draw for 1 of 1 residents reviewed. (Resident 8) Findings include: A record review began on 3/14/25 at 2:04 PM. Resident 8's diagnosis included Alzheimer's disease, bipolar disorder, and depression. A review of the physician orders indicated the following: Lamotrigine oral tablet 150 MG (milligrams) (Lamotrigine), give 1 tablet by mouth one time a day related to Bipolar disorder, current episode depressed, mild or moderate severity, unspecified. Start date 7/26/24. Lamotrigine level every 6 months, due 8/28/24: one time only for labs until 8/28/24 at 11:59 PM. order date 2/26/24. start date 8/28/24. end date 8/28/24. A review of the lab results report, dated 3/3/24, indicated a lamtrigine level was not observed on the report. A review of the lab results report, dated 3/12/24, indicated a lamtrigine level was not observed on the report. A review of the lab results report, dated 3/25/24, indicated a lamtrigine level was completed for Resident 8 on the report. The next lab was due to be drawn in September 2024. There were no lab report with a lamtrigine level for Resident 8 between 3/25/24 and March 2025. In an interview, on 3/14/25, the Director of Nursing (DON) indicated they missed the lamtrigine level lab for September 2024. She indicated the lab was ordered to be drawn every 6 months and that's when it should have been done. The order was put in as one time only and it was missed. She indicated the facility called the Nurse Practitioner, and will get the lab to come out to get it done. The facility fixed the order to reflect the lab was to be drawn every 6 months. (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A current facility policy titled Medical Record, dated 12/21/16, was provided by the DON on 3/17/25 at 9:31 AM. The policy indicated .the nurse is required to electronically acknowledge orders. The nurse should review the order for clarity and completeness, making an entry into the nurses notes, adding an additional Care Plan problem or augmenting an existing problem, an entry into a communication device or shift report and notify any ancillary department required to execute the order. When applicable, the nurse should notify pharmacy and dinning services. Acknowledging/noting orders takes place in the Electronic Medical Record (EMR), nurse notes to be in the EMR, care plans to be added, changed or updated within the EMR 3.1-37

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45794 Based on observation, interview and record review, the facility failed to ensure vascular access device was monitored and maintained for 1 of 1 resident reviewed (Resident 52). Findings include: On 3/14/25 at 10:25 AM, Resident 52 was observed sitting in their wheelchair in their room. Resident 52's right lower arm and right hand were observed to be swollen. Resident 52's right lower arm and right hand were observed to be red and purple in color. In an interview, on 3/14/25 at 10:40 AM, Resident 52 indicated their right arm and right hand were swollen and bruised due to a problem with an intravenous (IV) line. Resident 52 indicated an IV line had to be removed from their right arm. Resident 52 raised their left shirt sleeve. A transparent dressing above the left elbow bend was observed. A stabilization device (Stat Lock) securing an IV line was observed under the transparent dressing. A dark brown substance was observed on the Stat Lock and on Resident 52's skin at the IV insertion site. The dressing did not include a start or change date or time. On 3/14/25 at 10:43 AM, a sign, dated 3/9/25 at 9:22 PM, was observed taped to the wall in Resident 52's room. The sign had the name and phone number of an IV service. The sign indicated Resident 52 had a midline catheter in their left arm. The sign indicated Resident 52's left upper arm circumference was 26 centimeters. The sign indicated the external length of the PICC line was 0 centimeters. Resident 52's record was reviewed on 3/14/25 at 11:23 AM. Diagnoses included coronary artery disease, high blood pressure and irregular heartbeat. Resident 52's Annual Minimum Data Set (MDS) dated [DATE], indicated Resident Brief Interview for Mental Status (BIMS) score was 15 (no cognitive loss). The MDS indicated Resident 52 had 1 arterial or venous ulcer. The MDS indicated Resident 52 required the application of dressings to their feet. A physician order, dated 3/9/25, indicated a PICC line was to be inserted into Resident 52's left basilic vein for antibiotic use. A physician order, dated 3/10/25, indicated Resident 52's left arm PICC line was to be inspected for phlebitis and infiltration every shift. The order indicated the location and appearance of the PICC line site was to be documented in the progress notes. A physician order, dated 3/12/25, indicated Resident 52 required a PICC line dressing change every 7 days and as needed for soilage or dislodgement. The order indicated Resident 52's upper arm circumference and external catheter length were to be measured at each dressing change. A progress note, dated 3/9/25 at 5:40 PM, indicated a nurse had arrived for PICC line insertion. (continued on next page)

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A late entry progress note, dated 3/11/25 at 11:40 AM, indicated there had been active bleeding from Resident 52's right arm PICC line insertion site. The PICC line was removed and a pressure dressing was applied. The dressing to the left arm PICC insertion site was changed and the area cleansed. Resident 52's progress notes, dated 3/6/25 at 1:46 PM through 3/18/25 at 8:15 AM, did not indicate the date or time of PICC line removal from the resident's right arm. Resident 52's progress notes, dated 3/6/25 at 1:46 PM through 3/18/25 at 8:15 AM, did not indicate the date or time of PICC line placement to the resident's left arm. Resident 52's Treatment Administration Record, (TAR) dated 3/1/25 through 3/31/25, indicated the following: PICC line dressing instructions: 1. Transparent dressing change to PICC site every 7 days as needed for soilage or dislodgement. The start date was 3/9/25 at 1:03 PM. The discontinued date was 3/12/25 at 12:19 PM. 2. Transparent dressing change to PICC site every 7 days, measure upper arm circumference and external catheter length upon admission and each dressing change and as needed. The start date was 3/16/25 at 11:00 PM. The discontinued date was 3/12/19 at 12:19 PM. 3. Transparent dressing change to PICC site every 7 days as needed for soilage or dislodgement. The start date was 3/12/25 at 12:30 PM. Resident 52's Treatment Administration Record, (TAR) dated 3/1/25 through 3/31/25, did not indicate the PICC dressing had been changed. The TAR did not indicate the resident's upper arm circumference had been measured. On 3/17/25 at 9:45 AM, Registered Nurse (RN) 2 was observed flushing Resident 52's PICC line. The PICC line dressing did not include a date or time. RN 2 indicated the PICC line dressing was to be changed the following day. RN 2 indicated they knew the PICC line dressing was to be changed tomorrow as they were sure the dressing was applied on Tuesday. On 3/18/25 at 9:42 AM, Registered Nurse (RN) 2 was observed changing Resident 52's PICC line dressing. RN 2 indicated they did not observe a date on the PICC line dressing. RN 2 removed the dressing and cleansed the resident's skin at the insertion site. RN 2 cleansed the Stat Lock. RN 2 allowed the area to air dry. RN 2 applied a transparent dressing over the Stat Lock and the PICC insertion site. RN 2 measured the external catheter and indicated the external catheter length was 1 centimeter. RN 2 applied a label with the date, time and their initials. RN 2 did not measure Resident 52's upper arm circumference. In an interview, on 3/18/25 at 9:47 AM, RN 2 indicated they were not aware of how often the Stat Lock should be changed. RN 2 indicated they did not know if the pharmacy supplied Stat Locks. RN 2 indicated they should have measured the resident's upper arm circumference. (continued on next page)

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview, on 3/18/25 at 10:35 AM, the Director of Nursing (DON) indicated the prior PICC line dressing should have been labeled with date, time and nurse initials. The DON indicated the resident's arm circumference should have been measured. The DON indicated the Stat Lock should have been removed and discarded prior to cleansing the area. A current facility policy, dated 8/3/24, provided by the DON on 3/17/25 at 11:35 AM, indicated PICC line dressings would be changed in a manner that decreased potential for infection. The policy indicated the Stat Lock should be removed and discarded. The policy indicated the PICC line dressing should be labeled with the date, time and initials. 3.1-47(a)(2)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 44531 Based on interview and record review, the facility failed to ensure pharmacy recommendations were followed through for 1 of 5 residents reviewed. (Resident 22) Findings include: A record review began on 3/18/25 at 9:14 AM. Resident 22's diagnosis included, chronic obstructive pulmonary disease. A review of the physician orders indicated: Methocarbamol oral tablet (methocarbamol) give 250 mg (milligrams) by mouth every 8 hours as needed for Muscle relaxer. Start date 12/9/24. A review of the pharmacy consultation report dated February 25, 2025 through February 26, 2025: indicated Resident 22 received a muscle relaxant, Methocarbarnol. The medication had not been used since 12/18/24. Recommendation: please discontinue Methocarbmol. Rational for recommendation: Muscle relaxants have strong, sedating anticholinergic properties, are associated with increased risk for fractures and have questionable effectiveness at doses tolerated by old adults. The physician accepted the recommendations signed on 2/27/25. There was a note the Director of Nursing acknowledged the recommendation signed on 3/4/25. In an interview, on 3/18/25 at 9:52 AM, the Director of Nursing (DON) indicated, they did not discontinued the medication. A current facility policy, Pharmacy-Drug Review, dated 2/28/27, was provided by the DON on 3/18/25 at 10:15 AM. The policy indicated . It is the intent of facility that a licensed pharmacist will review the resident drug regimen including the resident chart at least once a month. The consultant pharmacist may need to conduct the medication regimen review more frequently depending on the resident condition, review of short stay residents and risk of adverse consequences. The licensed pharmacist will report in writing, any irregularities to the attending physician, the facility's medical director, and the director of nursing to be acted upon 3.1-25(h)