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	03/03/2026

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on interviews and record reviewed, the facility failed to ensure non-pharmacological interventions were completed. For 1 of 1 resident reviewed. (Resident 10)Findings include:Resident 10's record was reviewed on 2/25/26 at 1:13 PM. Diagnosis included, chronic kidney disease, stage 4. A review of Resident 10's current significant change minimum data set indicated their BIMS (Basic Interview for Mental Status) score was 12.A review of Resident 10's current Care plan, dated 2/6/26, indicated a focus of chronic pain related to osteoarthritis, age-related debility, gout, GERD. The goals included the resident would verbalize adequate relief of pain or ability to cope with incompletely relieved pain through the review date. Interventions included to administer routine/as needed, pain medication as ordered. Notify provider of any adverse reactions. Encourage and attempt to provide non-pharmacological interventions initially. Provide several choices if able (turn and reposition, back rub, emotional support, limb supports, flex/extend extremities, massage, distraction, heat/cold, remove/reduce environmental stimulants, controlled breathing, encourage prayer/meditation, pleasant imagery, relaxing music, breathing control, remove restrictive clothing, different seating, change linens, adjust room temp, etc) notify provider as needed if medicinal or pharmacological interventions are unsuccessful and follow new directions if indicated note any adverse side effects and notify provider of lethargy, change in level of consciousness, increased falls, hallucinations, nausea/vomiting, flaccidity, abnormal feelings of euphoria, increased swallowing difficulties, decrease rate of respirations. If indicated, note in the chart the following: notate characteristic, frequency, interruption in day-to-day activities or sleep, numerical rating of pain intensity on scale of 1-10 (10 being the worst pain you can imagine), duration, aggravating/relieving factors, anatomical location. A review of physician orders indicated to give oxycodone HCl Oral Concentrate 100 MG/5ML 0.25 milliliter (ml) by mouth every 4 hours as needed for pain 6-10 on the pain scale or dyspnea (shortness of breath) for pain. A review of Medication Administration Record (MAR), dated February 2026, indicated Resident 10 received oxycodone for pain as follows:On the 4th at 7:39 PM. Non-pharmacological interventions were not documented as attempted in the MAR or progress notes. On the 5th at 8:04 PM. Non-pharmacological interventions were not documented as attempted in the MAR or progress notesOn the 9th at 7:00 PM. Non-pharmacological interventions were not documented as attempted in the MAR or progress notesOn the 10th at 12:58 PM and 9:21 PM. Non-pharmacological interventions were not documented as attempted in the MAR or progress notesOn the 17th at 8:28 PM. Non-pharmacological interventions were not documented as attempted in the MAR or progress notesOn the 18th at 6:05 PM. Non-pharmacological interventions were not documented as attempted in the MAR or progress notesOn the 19th at 7:59 PM. Non-pharmacological interventions were not documented as attempted in the MAR or progress notesOn the 24th at 8:02 PM. Non-pharmacological interventions were not documented as attempted in the MAR or progress notesIn an interview, on 02/25/2026 at 2:00 PM, the Director of Nursing (DON) indicated non-pharmacological interventions should be done prior to administering as needed pain medication. In an interview, on 02/26/2026 at 8:48 AM, Registered Nurse 4, indicated CNAs complete the non-pharmacological interventions, tell the nurse if the interventions were effective, then the nurses would chart it. A current facility policy, titled Pain Management, dated 10/20, was provided by the Director of Nursing (continued on next page)

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
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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on 2/25/26 at 10:57 AM. The policy indicated. Non-pharmacological interventions will include but are not limited to: Environment comfort measure (e.g adjusting room temperature, smoothing linens, comfortable seating or assistive devices).Loosening any constrictive bandage, clothing or device.applying splinting.physical modalities.exercises to address stiffness and prevent contractures as well as restorative nursing programs to maintain joint mobility.cognitive behavioral interventions. 3.1-37(a)