| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155818 | A. Building<br>B. Wing | 03/04/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Hearthstone Health Campus | 3043 North Lintel Drive<br>Bloomington, IN 47404 |

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 0777<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results.<br><br>Based on interview and record review, the facility failed to ensure chest x-ray results were reported to the doctor in a timely manner for 1 of 2 residents reviewed for hospitalization. (Resident 69)Findings include: On 3/3/26 at 2:14 p.m., Resident 69's clinical record was reviewed. The diagnoses included, but were not limited to, dementia, acute respiratory failure with hypoxia (deficient supply of oxygen), and right-side heart failure. The Physician Orders indicated a chest x-ray was ordered on 12/30/25. A Progress Note, dated 12/30/25 at 10:26 a.m., indicated Resident 69 had a strong non-productive cough. The nurse practitioner ordered Robitussin every 4 hours as needed, Prednisone (steroid) 20 milligrams (mg) every day for 5 days, and a chest x-ray. A Chest X-Ray, dated 12/30/25 at 4:58 p.m., indicated cardiomegaly (enlarged heart), mild changes in congestive heart failure, and opacification (increased density on an x-ray which is caused by pneumonia, pulmonary embolism, lung cancer or collapse) of the left lower lung field. These findings were more pronounced when compared to the chest x ray on 9/19/25. It was requested to have a further evaluation with different views. The clinical record lacked documentation of physician notification of chest x-ray results on 12/31/25. During an interview on 3/4/26 at 11:19 a.m., Licensed Practical Nurse (LPN) 1 indicated Resident 69 had an upper respiratory infection and received an order for a chest x-ray. The chest x-ray was completed on 12/30/25. The chest x-ray results would be placed in the binder with the resident's name on the log. The binder was at the nurse's station for the nurse practitioner or the physician to review. The binder was observed with LPN 1. Resident 69's chest x-ray results were not on the log for 12/31/25. LPN 1 could not find any documentation of physician notification of chest x-ray results on 12/31/25. During an interview on 3/4/26 at 12:03 p.m., the Nurse Consultant indicated the chest x-ray results were reviewed by the nurse practitioner on 1/1/26. The clinical record lacked documentation of physician notification of the chest x-ray results on 12/31/25. On 3/4/26 at 2:45 p.m., the Director of Nursing (DON) provided the facility policy, Physician - Provider Notification Guidelines, reviewed date 12/8/25 and indicated it was the policy currently being used by the facility. A review of the policy indicated, . 3. Prompt notification to practitioner of radiology results that fall outside of clinical normal reference range, or reference range for resident .11. Attempts to notify the physician/provider and their response should be documented in the resident electronic health record . 410 IAC (Indiana Administrative Code) 16.2-3.1- 49(j)(2) |

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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