| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155829 | A. Building<br>B. Wing | 09/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Springs at Lafayette, The | 2402 South Street<br>Lafayette, IN 47904 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>Based on observation, interview and record review, the facility failed to ensure the physician was notified of weight gains as ordered for 1 of 1 resident reviewed for physician notification. (Resident 9)Findings include: During an observation, on 9/19/25 at 10:09 a.m., Resident 9 had edema (swelling) in his bilateral lower extremities. During an observation, on 9/22/25 at 1:43 p.m., Resident 9's lower extremities had edema. During an observation, on 9/24/25 at 10:51 a.m., Resident 9 continued to have moderate swelling in his lower extremities. The clinical record for Resident 9 was reviewed on 9/19/25 at 11:31 a.m. The diagnoses included, but were not limited to, edema, hemiplegia and hemiparesis following a cerebral infarction, atrial fibrillation, bipolar disorder, heart failure, vascular dementia, Alzheimer's disorder, and diabetes mellitus.A care plan, dated 6/30/25, indicated Resident 9 had experienced significant weight gain related to edema and congested heart failure. The interventions included, but were not limited to, obtain weight as ordered. A physician's order, dated 8/20/25, indicated weigh Resident 9 daily and if the weight was greater than 3 pounds in 24 hours or greater than 5 pounds in 1 week to notify the cardiologist. a. On 6/26/25, Resident 9's weight was 304.0 pounds. On 6/27/25, the weight was 307.2 pounds. There was no documentation to indicate the cardiologist was notified of a 3.2-pound weight gain in 24 hours. b. On 7/6/25, Resident 9's weight was 300.0 pounds. On 7/7/25, the weight was 304.2 pounds. There was no documentation to indicate the cardiologist was notified of a 4.2-pound weight gain in 24 hours.c. On 9/23/25, Resident 9's weight was 291.8 pounds. On 9/24/25, the weight was 295.2 pounds. There was no documentation to indicate the cardiologist was notified of a 3.4-pound weight gain in 24 hours. During an interview, on 9/24/2025 at 11:59 a.m., LPN 2 indicated staff were to follow the physician's orders and call the physician for a weight gain of more than 3 pounds in one day.During an interview, on 9/24/25 at 1:59 a.m., the Director of Nursing (DON) indicated the facility did not have a policy related to notifying the physician. 3.1-5(A)(2)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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155829 | A. Building<br>B. Wing | 09/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Springs at Lafayette, The | 2402 South Street<br>Lafayette, IN 47904 |

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 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>Based on interview and record review, the facility failed to ensure there was documentation a bed hold policy was provided to the resident or resident's representative for 1 of 4 residents reviewed for transfer and discharge. (Resident 3)Findings include: The clinical record for Resident 3 was reviewed on 9/19/25 at 8:12 a.m. The diagnoses included, but were not limited to, chronic kidney disease, cerebral infarction, gastrostomy, chronic obstructive pulmonary disease, hypertension, congestive heart failure and bipolar disorder. A nursing progress note, dated 9/8/25, indicated Resident 3 had received 1000 milliliters (ml) of intravenous fluids with minimal improvement. Resident 3's son wanted the resident sent to the hospital. There was no documentation in the Electronic Health Record (EHR) of a bed hold policy being given to the resident or resident's representative at the time of transfer.During an interview, on 9/23/25 at 12:15 p.m., the Clinical Support nurse indicated she was aware the bed hold policy needed to be given to the resident or the resident's representative when being transferred and there was no documentation a bed hold policy was given to the resident representative when Resident 3 was sent to the hospital. A current facility policy, titled Transfer and Discharge (including AMA), revised 5/3/17 and received from the DON on 9/23/25 at 2:30 p.m., indicated .Written information regarding the bed-hold policy under the State plan and the facility's bed-hold policy will be provided to the resident and/or the resident's representative of the bed-hold and admission policies .Social Service should review the documentation in CCM the following business day to assure written information was provided to the resident and a family member or legal representative of the bed-hold and admission policies. Notification of Bed-Hold Policy and readmission should be provided via certified mail in the event notification was not provided as part of the discharge process A current facility policy, titled Bed Hold Policy, revised 11/18/16 and received from the DON on 9/23/25 at 2:30 p.m., indicated .The campus will properly inform residents in advance of their option to make bed-hold payments or well as the amount of the facility's charge to hold a bed, for this optional payment, the campus must make clear that the resident/responsible party must affirmatively elect to make them prior to being billed<br>3.1-12(a)(6)(A)(i)3.1-12(a)(6)(A)(ii)3.1-12(a)(6)(A)(iii)3.1-12(a)(6)(A)(iv) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155829 | A. Building<br>B. Wing | 09/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Springs at Lafayette, The | 2402 South Street<br>Lafayette, IN 47904 |

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 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>Based on interview and record review, the facility failed to ensure an accurate Preadmission Screening and Resident Review (PASARR) was completed for 2 of 3 residents reviewed for PASSAR. (Resident 2 and 35)Findings include:1. The clinical record for Resident 2 was reviewed on 9/22/25 at 9:41 a.m. The diagnoses included, but were not limited to, major depressive disorder, congestive heart failure, and cardiac arrhythmia.<br><br>A PASARR level I, dated 2/27/19, did not include the major depressive disorder diagnosis or a mood stabilizing medication.<br><br>A physician's order, dated 11/11/24, indicated to administer Depakote (a mood stabilizing medication) 125 milligrams (mg) twice a day for increased moods due to paranoia.<br><br>During an interview, on 9/22/25 at 10:50 a.m., the Social Services Director indicated the resident had a PASARR level I completed without the diagnosis or medication, and another screening should have been implemented.<br><br>2. The clinical record for Resident 35 was reviewed on 9/22/25 at 9:55 a.m. The diagnoses included, but were not limited to, metabolic encephalopathy, depression, anxiety, and attention-deficit/hyperactivity disorder.<br><br>A PASARR level I, dated 9/8/25, did not include any mental health diagnoses or medications.<br><br>A physician's order, dated 9/10/25 with an end date of 9/24/25, indicated to administer alprazolam (a medication used for anxiety) 0.5 mg as needed once a day for anxiety.<br><br>A physician's order, dated 9/10/25, indicated to administer sertraline 50 mg once a day for depression.<br><br>During an interview, on 9/22/25 at 10:55 a.m., the SSD indicated the resident had a PASARR level I completed without the diagnosis or medication, and another screening should have been implemented.<br><br>A current facility policy, titled State Required Pre-admission Screening, undated and received from the Director of Nursing (DON) on 9/23/25 at 2:30 p.m., indicated .PASRR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing facilities for long term care. PASRR requires that 1) all applicants to Medicaid-certified nursing facility be evaluated for serious mental illness (SMI) and/or intellectual disability; 2) be offered the most appropriate setting for their needs .and 3) receive the services they need in those settings. Campuses must follow the state mandated process for all Health Center move-ins and internal transfers from residential service lines<br><br>3.1-16(d)(1)(A)<br><br>3.1-16(d)(1)(B) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155829 | A. Building<br>B. Wing | 09/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Springs at Lafayette, The | 2402 South Street<br>Lafayette, IN 47904 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>Based on observation, interview and record review, the facility failed to ensure a physician's ordered fluid restriction was followed for 1 of 1 resident reviewed for quality of care. (Resident 9) Findings include: During an observation, on 9/19/25 at 10:09 a.m., Resident 9 had edema (swelling) in his bilateral lower extremities.During an observation, on 9/22/25 at 1:43 p.m., Resident 9's lower extremities had edema. During an observation, on 9/24/25 at 10:51 a.m., Resident 9's legs continued to have moderate swelling. The clinical record for Resident 9 was reviewed on 9/19/25 at 11:31 a.m. The diagnoses included, but were not limited to, edema, hemiplegia and hemiparesis following a cerebral infarction, edema, atrial fibrillation, bipolar disorder, heart failure, vascular dementia, Alzheimer's disorder, and diabetes mellitus.A care plan, dated 6/18/25, indicated Resident 9 received a diuretic medication for congested heart failure. The interventions included, but were not limited to, encourage fluids throughout the day if not contraindicated and observe the cardiovascular system and fluid status to determine the effectiveness of the diuretic therapy. A physician's order, dated 9/11/25, indicated to encourage a 1500 milliliter (ml) daily fluid restriction. The resident was to receive 240 ml per meal, 360 ml on day shift from nursing, 240 ml on evening shift from nursing and 180 ml on night shift from nursing. The Medication Administration Record (MAR), dated 9/1/25 through 9/30/25, indicated the resident received the following which was more than 1500 ml of fluids per day:a. On 9/2/25, the resident received 1540 ml of fluids.b. On 9/6/25, the resident received 1620 ml of fluids.c. On 9/9/25, the resident received 1620 ml of fluids.d. On 9/11/25, the resident received 1540 ml of fluids.e. On 9/13/25, the resident received 1540 ml of fluids.f. On 9/14/25, the resident received 1600 ml of fluids.g. On 9/16/25, the resident received 1620 ml of fluids.h. On 9/21/25, the resident received 1680 ml of fluids. During an interview, on 9/23/25 at 7:56 p.m., Resident 9's family member indicated she was very concerned the facility was not taking the resident's fluid restriction and daily weights seriously. The facility did not follow the resident's fluid restriction order. She was concerned he would develop fluid overload like he did in June 2025. The resident was sent to the hospital in June for excess weight gain and fluid overload. The hospital took a large amount of fluid off the resident during his last hospital admission. During an interview, on 9/24/25 at 11:25 a.m., LPN 2 indicated when she gave Resident 9 his medication, she used a 240 ml cup and filled it with water leaving 1 inch from the top. Resident 9 would drink all the water. She administered the resident pills three times during her shift and gave Resident 9 more than the ordered amount of water. She needed to better monitor the amounts of water she gave. A current facility policy, titled Guidelines for Fluid Restriction, undated and received from the DON on 9/23/25 at 2:13 p.m., indicated .Intake monitoring shall be initiated upon receipt of the order .Fluid consumption shall be reviewed in order to meet their established fluid needs. The resident and/or responsible party should be educated regarding the reason and importance of fluid restriction .Should the resident and/or responsible party should be educated regarding the reason and importance of fluid restriction .Should a resident and/or responsible party chose not to comply with the recommended fluid restriction a Self Determination of Care or Informed Refusal and Non-Compliance observation should be completed explaining the risk(s) of noncompliance 3.1-37(a) |