STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155844	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort Chesterton	2775 Village Point Chesterton, IN 46304

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation and interview, the facility failed to ensure a resident's call light was in reach for a resident who was trying to be put back to bed for 1 of 3 residents reviewed for Activities of Daily Living (ADLs). (Resident H)Finding includes:On 9/25/25 at 11:33 a.m., Resident H was observed sitting in a wheelchair in her room. The resident appeared fatigued and was visibly shaking in the wheelchair. The resident indicated she had been waiting to be put back to bed. Her husband had asked the staff to put her back to bed when he left for the day and he was told it would be a while because they had a lot of things to do. The resident indicated she tried to press her call light again because she really needed to go back to bed and could not locate it. At 11:35 a.m., RN 1 was notified that Resident H could not locate her call light and wanted to be put back to bed. RN 1 looked around the room and located the resident's call light in the back corner of the room out of reach and not in view of the resident. RN 1 notified the resident that she would find an aide to assist her back to bed. The resident was assisted back to bed at 11:48 a.m.Resident H's record was reviewed on 9/24/25 at 11:10 a.m. The diagnoses included, but were not limited to, muscle weakness, encephalopathy (brain dysfunction), diabetes, and adult failure to thrive.The 8/31/25 admission Minimum Data Set (MDS) assessment indicated the resident was moderately impaired for daily decision making. The resident required substantial to maximum assistance with toileting, shower and bathing, lower body dressing, sit to stand, and chair to bed transfer.A Nurse's Note, dated 9/16/25 at 7:29 p.m., indicated the resident's spouse had requested assistance putting his wife back to bed. The resident appeared very lethargic and had difficulty locating a pulse. She was pale in appearance and vitals were checked. The resident was admitted to the hospital with a severe urinary tract infection.During an interview on 9/25/25 at 1:00 p.m., the Assistant Director of Nursing (ADON) indicated she understood the call light concern and had no additional information to provide.This citation relates to Intake 2621750.3.1-3(p)(1)

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
	155844	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort Chesterton	2775 Village Point Chesterton, IN 46304

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents received the necessary care and treatment related to medications not given as ordered for 1 of 3 residents reviewed for death, (Resident C) and 2 of 3 residents reviewed for infections. (Residents J and H)Findings include:1.Resident C's closed record was reviewed on 9/24/25 at 9:34 a.m. Diagnoses included, but were not limited to, congestive heart failure (CHF), diabetes mellitus and acute kidney failure. The resident was admitted on [DATE] and passed away in the facility on 2/16/25. The 5-day Minimum Data Set (MDS) assessment, dated 2/16/25, indicated the resident was cognitively intact and required partial to moderate assistance for bed mobility and transfers. A Physician's Order, dated 2/10/25, indicated to give furosemide (a diuretic) 20 milligrams (mg) every day for CHF. A Physician Progress Note, dated 2/15/25, indicated the resident had complained of shortness of breath. The note indicated the plan was to give one more dose of Lasix (furosemide) 20 mg daily and increase furosemide to 40 mg daily starting the following day. The February 2025 Medication Administration Record (MAR) had the additional dose of furosemide 20 mg scheduled for 2/15/25, however it was blank. A Nursing Medication Note indicated it was a duplicate order and not given. The MAR indicated the resident only received the original dose of furosemide 20 mg. During an interview on 9/25/25 at 2:40 p.m., the Assistant Director of Nursing (ADON) was made aware of the medication error and there was no additional information provided. 2. Resident J's record was reviewed on 9/25/25 at 1:43 p.m. Diagnoses included, but were not limited to, acute polynephritis (kidney infection), diabetes mellitus and muscle weakness. The admission MDS assessment, dated 9/21/25, indicated the resident was cognitively intact and required supervision for transfer and bed mobility. A Physician's Order, dated 9/17/25, indicated to give cephalexin (antibiotic) 500 mg four times daily for seven days for a urinary tract infection. The September 2025 MAR indicated the medication was not signed out as given on 9/21/25 at 6:00 a.m. and 6:00 p.m. There were no medication notes that indicated why the medication had not been signed out. During an interview on 9/25/25 at 2:40 p.m., the ADON was made aware of the missing entries on the MAR and indicated she would look into it. No additional information was provided. 3. Resident H's record was reviewed on 9/24/25 at 11:10 a.m. The diagnoses included, but were not limited to, muscle weakness, encephalopathy (brain dysfunction), diabetes, and adult failure to thrive. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155844	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort Chesterton	2775 Village Point Chesterton, IN 46304

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	The 8/31/25 admission Minimum Data Set (MDS) assessment indicated the resident was moderately impaired for daily decision making. The resident required substantial to maximum assistance with toileting, shower and bathing, lower body dressing, sit to stand, and chair to bed transfer. A Care Plan, dated 8/27/25, indicated the resident had potential for pain related to acute cystitis (inflammation of the bladder lining). Interventions were to remove and limit cause where possible and respond immediately to complaints of pain. A Nurse's Note, dated 9/16/25 at 7:29 p.m., indicated the resident's spouse had requested assistance putting his wife back to bed. The resident appeared very lethargic and had difficulty locating a pulse. She was pale in appearance and vitals were obtained. The resident was admitted to the hospital with a severe urinary tract infection. A Physician's Order, dated 9/19/25, indicated to administer Cephalexin (antibiotic) 500 milligram (MG) by mouth four times a day for 7 days. A Follow Up Note, dated 9/20/25, indicated the resident had a complicated urinary tract infection (UTI) with acute cystitis. The Medication Administration Record (MAR) indicated the resident's Cephalexin was not signed out as given for the following doses: 9/21/25 at 7:30 a.m. 9/21/25 at 11:30 a.m. 9/21/25 at 5:30 p.m. During an interview on 9/26/25 at 3:30 p.m., the Nurse Consultant indicated she understood the resident missed three doses of antibiotic. The pharmacy had made time changes to the doses, and the original order was discontinued, which caused the three doses to be missed. This citation relates to Intake 2621688. 3.1-37(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155844	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort Chesterton	2775 Village Point Chesterton, IN 46304

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents received the necessary care and treatment for dialysis related to lack of pre and post dialysis assessments, an incorrectly scheduled medication and not providing medications to be given at dialysis for 2 of 3 residents reviewed for dialysis. (Residents D and K)Findings include:1.Resident D's record was reviewed on 9/24/25 at 12:40 p.m. Diagnoses included, but not limited to, diabetes mellitus, acute respiratory failure and end stage renal failure dependent on dialysis. The resident was hospitalized from 9/19-9/23/25. The admission Minimum Data Set assessment, dated 9/18/25, indicated the resident was cognitively intact, was dependent for bed mobility and transfers and received renal dialysis. A Physician's Order, dated 9/8/25, indicated the resident went to dialysis on Tuesday, Thursday and Saturday. The order was discontinued on 9/21/25 while hospitalized . A Physician's Order, dated 9/15/25, indicated to give levetiracetam (a seizure medication) 250 milligrams every Tuesday, Thursday and Saturday evening after dialysis. The order was discontinued on 9/21/25 while hospitalized and restarted on 9/24/25. During an interview on 9/25/25 at 9:40 a.m., the Assistant Director of Nursing (ADON) indicated the resident's dialysis days had been changed to Monday, Wednesday and Friday the previous week, but then the resident had been hospitalized . He was now on the schedule for Monday, Wednesday and Friday dialysis. The resident's dialysis communication book was reviewed and contained only one pre/post assessment dated [DATE]. During an interview on 9/25/25 at 10:10 a.m., the ADON indicated each resident had a dialysis communication book. On dialysis days, the facility nurse would complete the top portion of the assessment form prior to the resident leaving, then the dialysis staff would complete the bottom portion of the assessment. When the resident was hospitalized , his record, including dialysis assessments, had been sent to medical records. They were currently looking for the assessments. On 9/25/25 at 3:10 p.m., the ADON indicated they were not able to locate the dialysis assessments. On 9/25/25 at 3:25 p.m., the ADON indicated the medication had been scheduled on the incorrect days, the levetiracetam was to be given in the evening on Monday, Wednesday and Friday after dialysis. A dialysis policy was received but did not pertain to the above. 2. On 9/25/25 at 11:22 a.m., Resident K was observed in her room. She had indicated the staff were supposed to hold five of her medications and send them with her to dialysis. She was upset because the staff did not send her dialysis binder to dialysis on 9/24/25 and her medications were not sent with her to dialysis on 9/22/25 and 9/24/25. Resident K's record was reviewed on 9/25/25 at 1:44 p.m. The diagnoses included, but were not limited to, muscle weakness, end stage renal disease, and dependance on renal dialysis (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155844	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort Chesterton	2775 Village Point Chesterton, IN 46304

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The 9/21/25 admission Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making and was on dialysis. A Care Plan, dated 9/16/25, indicated the resident was on diuretic therapy related to fluid retention. Interventions were to administer medications as ordered by the physician and monitor adverse reactions. A Physician's Order, dated 9/19/25 at 11:55 p.m., indicated to hold Clonidine (blood pressure medication), Irbesartan (blood pressure medication), Furosemide (diuretic), and Spironolactone (diuretic and blood pressure medication) in the morning on dialysis days and send the medications with the resident to dialysis. The Medication Administration Record (MAR) indicated the order for medication to be sent to dialysis was signed out as given on 9/22/25 and 9/24/25. The pre/post dialysis form was not filled out on 9/24/25 and was not in the binder. During an interview on 9/25/25 at 1:16 p.m., the Assistant Director of Nursing (ADON) indicated she understood the concern with the dialysis binder not being sent to the dialysis center on 9/24/25 and the resident's medications not being sent to dialysis center on 9/22/25 and 9/24/25. The ADON indicated she had found the prepackaged medication for the resident in the medication cart. The Dialysis Protocol policy, received as current from ADON on 9/25/25 at 1:19 p.m. indicated, . 8. Medications to be administered during or post dialysis will be labeled and sent with resident to dialysis . This citation relates to Intake 2619593. 3.1-37(a)