

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155844	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Chesterton		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were administered as ordered for 1 of 5 residents reviewed for unnecessary medications, (Resident 5) and 1 of 2 residents reviewed for urinary catheter. (Resident 66) The facility also failed to ensure a physician's order was in place for a compression device for 1 of 3 residents reviewed for range of motion. (Resident 4) Findings include: 1. Resident 5's record was reviewed on 2/20/26 at 10:09 a.m. Diagnoses included, but were not limited to, dependence on renal dialysis and heart failure.</p> <p>The admission Minimum Data Set assessment, dated 2/2/26, indicated the resident was cognitively intact and received renal dialysis.</p> <p>A Physician's Order, dated 2/16/26, indicated to give midodrine, (a medication used to treat hypotension) 10 milligrams, three times daily, for hypotension. Hold if blood pressure was greater than 130/90.</p> <p>The February 2026 Medication Administration Record (MAR) indicated the midodrine was given on the following days when the systolic pressure was greater than 130:</p> <p>2/17 blood pressure 150/86</p> <p>2/18 blood pressure 150/86</p> <p>2/18 blood pressure 146/59</p> <p>2/20 blood pressure 141/78</p> <p>On 2/19, the medication was not given when the blood pressure was 119/64. The Medication Note indicated the blood pressure was outside of parameters.</p> <p>During an interview on 2/20/26 at 2:00 p.m., the Director of Nursing indicated the midodrine orders and parameters came from the hospital discharge orders. She indicated the parameters should be revised to hold the medication if the systolic was greater than 130 and the current order wasn't clear. She indicated some education needed to be provided to nursing staff.</p> <p>2. On 2/18/26 at 1:22 p.m., Resident 4 was observed sitting in a wheelchair in his room. There were compression leg wraps folded up in a clear plastic bag on his bed. There was also a machine with tubes hooked to the end of the bed that connected to the compression leg wraps. The resident indicated he was unaware who brought them and placed them on his bed. He was unaware if he was supposed to apply them or if the facility staff were to apply them to his legs.</p> <p>(continued on next page)</p>

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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/19/26 at 2:35 p.m., Resident 4 was not in his room. The compression leg wraps were opened up and laying on the resident's bed. They were hooked to the tubing and the machine at the end of his bed.</p> <p>Record review for Resident 4 was completed on 2/19/26 at 1:02 p.m. Diagnoses included, but were not limited to, diabetes mellitus and left tibia fracture.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 2/3/26, indicated the resident was cognitively intact. The resident had an impairment on both sides of his lower extremities. The resident received diuretic and anticoagulant medications.</p> <p>A Care Plan, dated 10/31/25, indicated the resident was on diuretic therapy related to edema.</p> <p>A Care Plan, dated 10/31/25, indicated the resident was on anticoagulant therapy related to DVT (deep vein thrombosis) (blood clot) prevention.</p> <p>There was lack of documentation for Physician Orders for the compression leg wraps.</p> <p>During an interview on 2/19/26 at 2:36 p.m., RN 1 indicated she was unaware there were compression leg wraps on the resident's bed. He did not have an order for them and she would have to look into it.</p> <p>During an interview on 2/19/26 at 2:50 p.m., the Director of Nursing (DON) indicated the resident was supposed to wear the legs wraps for swelling in his legs. The company must have dropped them off in his room and did not let the staff know. There should have been an order in the computer for the compression leg wraps.</p> <p>3. Resident 66's record was reviewed on 2/20/26 at 10:32 a.m. Diagnoses included, but were not limited to, heart failure.</p> <p>A Physician's Order, dated 1/31/26, indicated midodrine (treatment for low blood pressure) oral tablet 2.5 milligrams, one tablet by mouth three times a day, hold medication if systolic blood pressure (top number) is greater than 110.</p> <p>The February 2026 Medication Administration Record indicated the midodrine was administered on the following dates and times with a systolic blood pressure (bp) greater than 110.</p> <ul style="list-style-type: none"> - 2/2/26 at 8:00 a.m., bp 123/75 - 2/2/26 at 12:00 p.m., bp 136/74 - 2/3/26 at 8:00 a.m., bp 135/87 - 2/3/26 at 12:00 p.m., bp 129/72 - 2/6/26 at 12:00 p.m., bp 117/63 - 2/6/26 at 5:00 p.m., bp 117/63 <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/23/26 at 2:20 p.m., the Director of Nursing indicated she had no further information to provide. 3.1-37(a)		