

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Lagrange		STREET ADDRESS, CITY, STATE, ZIP CODE 0770 North 075 East Lagrange, IN 46761	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident received oral hygiene for 1 of 5 residents reviewed (Resident 10).</p> <p>Findings include:</p> <p>On 3/5/25 at 10:30 AM, Resident 10 was observed from the hallway lying in bed. Resident 10 was lying on their right side facing the open door. Resident 10's mouth was open with their tongue protruding.</p> <p>Resident 10's record was reviewed on 3/7/25 at 9:08 AM. Diagnoses included cerebral palsy, curvature of the spine and curvature of the neck.</p> <p>Resident 10's Quarterly Minimum Data Set (MDS) dated [DATE], Brief Interview for Mental Status (BIMS) assessment indicated Resident 10's cognition was severely impaired. The MDS indicated Resident 10 was entirely dependent on the staff for all aspects of care.</p> <p>Resident 10's Care Plan, dated 12/14/23, indicated the resident was totally dependent on staff for oral care.</p> <p>On 3/6/25 at 10:04 AM, Resident 10 was observed lying in bed. The resident's mouth was open, their tongue was protruded.</p> <p>On 3/7/25 at 1:33 PM. Resident 10 was observed lying in bed. The resident's mouth was open, their tongue was protruded. The resident's lips were dry with white caking. Resident 10's tongue was protruding and covered with a dry, white colored coating.</p> <p>In an interview, on 3/7/25 at 1:51 PM, Registered Nurse (RN) 25 indicated Resident 10's lips and tongue were extremely dry. RN 25 indicated Resident 10 should receive oral care every 2 hours.</p> <p>A current facility policy, titled Oral Care provided by the Administrator on 3/11/25 at 9:30 AM, indicated dependent residents should be provided with oral care every 2 to 4 hours.</p> <p>3.1-38(a)(3)</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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure maintenance of a tube feeding for 1 of 1 resident reviewed (Resident 10).</p> <p>Findings include:</p> <p>On 3/5/25 at 10:30 AM, Resident 10 was observed lying in bed. A tube feeding pump was observed in Resident 10's room.</p> <p>Resident 10's record was reviewed on 3/7/25 at 9:08 AM. Diagnoses included cerebral palsy, curvature of the spine and curvature of the neck.</p> <p>Resident 10's Quarterly Minimum Data Set (MDS), dated [DATE], indicated Resident 10's Brief Interview for Mental Status (BIMS) assessment indicated the resident was severely impaired. The MDS indicated Resident 10 was entirely dependent on the staff for all aspects of care.</p> <p>Resident 10's Care Plan, dated 1/3/24, indicated the resident required tube feeding and was to have nothing by mouth.</p> <p>On 3/7/25 at 1:33 PM, Resident 10 was observed lying in bed. Resident 10's tube feeding pump was running. The tube feeding formula container was dated 3/5/25 at 9:00 PM. The tube feeding water container was dated 3/5/25 at 9:00 PM.</p> <p>In an interview, on 3/7/25 at 1:51 PM, Registered Nurse (RN) 25 indicated Resident 10's tube feeding bags were dated 3/5/25 at 9:00 PM. RN 25 indicated tube feeding supplies were supposed to be changed daily and labeled with the date and time.</p> <p>A current facility policy, titled Enteral Nutrition Therapy, dated 9/20/24, provided by the Administrator on 3/10/25 at 9:00 AM, indicated the tube feeding sets should be replaced every 24 hours.</p> <p>3.1-44(a)(1)</p> <p>3.1-44(a)(2)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure freedom from unnecessary medications for 1 of 3 residents reviewed (Resident 17).</p> <p>Findings include:</p> <p>Resident 17's record was reviewed on 3/7/25 at 10:16 AM. Diagnoses included diabetes, chronic kidney disease, Parkinson's and coronary artery disease.</p> <p>Resident 17's Quarterly Minimum Data Set, (MDS) dated [DATE], indicated the resident's Brief Interview for Mental Status (BIMS) was 14 (no cognitive loss). The MDS indicated Resident 17 required an indwelling urinary drainage catheter.</p> <p>A physician order, dated 6/12/24, indicated resident 17 was to be administered an antibiotic injection every day for 3 days for a UTI.</p> <p>A progress note, dated 6/20/24 at 11:36, indicated Resident 17 had completed antibiotics for an unknown infection. The note indicated a medication error had been made by the prescriber. The note indicated the resident did not have a urinalysis to support the diagnosis of a urinary tract infection (UTI).</p> <p>Resident 17's Medication Administration Record, (MAR) dated June 2024, indicated the resident had been administered an antibiotic injection for UTI on 6/11/24, 6/12/24 and 6/13/24.</p> <p>In an interview, on 3/11/25 at 9:20 AM, the Administrator indicated they had not been aware of Resident 17 receiving an antibiotic without infection.</p> <p>A current facility policy, titled Medication Related Errors, dated 5/1/10, provided by the Administrator on 3/11/25 at 9:45 AM, indicated in the event of a medication prescribing error, the facility staff should follow incident policy, associated forms and performance improvement processes.</p> <p>3.1-48(a)(1)-(6)</p>		