STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155474	A. Building B. Wing	10/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Bremen	316 Woodies Lane Bremen, IN 46506

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to ensure a care plan related to food allergies was followed for 1 of 3 residents reviewed for dietary needs. (Resident B)Finding includes:On 10/8/25 at 12:12 P.M., Resident B's clinical record was reviewed. Diagnoses included but were not limited to dementia, feeding difficulties, stroke, gastro-esophageal reflux, chronic obstructive pulmonary disease, anxiety, and atrial fibrillation.Resident B's most recent Face Sheet, dated 10/4/25, indicated the resident had an allergy to Tomatoes. Physician's orders included but were not limited to, a dietary order dated 2/28/25, that indicated the resident was allergic to tomatoes.Resident B's Care Plans included but were not limited to,1. Resident B had cognitive loss and dementia with impaired decision-making skills, dated 7/18/23. 2. Resident had an allergy to tomato, dated 2/20/24, and indicated the resident would not be served tomato at meals. 3. Resident B was at nutritional risk due to dementia, dated 7/26/23, and indicated the facility would provide his diet as ordered, and notify the physician as needed. A Nursing Progress Notes, dated 8/22/25 at 7:11 P.M., indicated Resident B was accidentally given tomato ketchup for his hotdog sandwich.On 8/24/25 a Grievance Report was filed by Resident B's family member that indicated the resident had received ketchup on his hotdog and that he was allergic to the ketchup. The grievance investigation by the facility indicated the resident was given ketchup, and that the ketchup came out of the kitchen on the resident's tray.Review of a written statement from CNA (Certified Nursing Assistant) 5, dated 8/24/25, indicated CNA 5 took Resident B his dinner tray and asked if he wanted ketchup and mustard n his hot dog and the resident indicated he did. CNA 5 gave him a few bites of the hotdog with ketchup and then noted his meal ticket indicated an allergy to tomatoes.On 10/10/25 at 1:07 P.M., the Administrator provided the policy titled, Comprehensive Care Plans, dated 4/6/15 and revised on 2/9/24, indicating it was the facilities current policy. The policy indicated, .The facility will. implement a comprehensive person-centered care plan for each resident This citation relates to Intake 2633300.3.1-35(a)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on interview and record review, the facility failed to ensure physician's orders related to treatment of a pressure ulcer were followed for 1 of 3 residents reviewed for wound care, (Resident B).Finding includes: On 10/8/25 at 12:12 P.M., Resident B's clinical record was reviewed. Diagnoses included but were not limited to chronic obstructive pulmonary disease, anemia, hypertensive heart disease, stroke, vascular dementia, myocardial infarction, atrial fibrillation, need for assistance with personal care, muscle wasting and atrophy. A facility Event Report, dated 8/19/25 at 3:00 P.M., indicated Resident B had developed a Stage 2 pressure wound to the right heel that measured 5 cm long, 7.5 cm wide and 0.2 cm in depth. A physician's order, dated 8/19/25 through 8/27/25, indicated to cleanse the wound to the right heel with wound wash, pat dry, apply calcium alginate to the wound bed and cover with ABD (specialized medical dressing designed for managing moderate to heavily seeping wounds) and rolled gauze, every morning. A new physician's order, dated 8/27/25 with no end date, indicated to cleanse the wound to the right heel with wound cleanser, pat dry, apply skin prep to the surrounding wound area, apply calcium alginate to the wound bed and cover with ABD and rolled gauze, every morning. A Grievance/Complaint Report, dated 9/29/25, indicated Resident B's family member was concerned that the resident's dressing to the right heel was not changed appropriately. The facility documentation on the investigation of the grievance indicated Resident B's heel had not been changed and a date - two days previous to the current date had been noted on the dressing. Review of a Coaching and Counseling Session form from the facility, dated 10/6/25, indicated LPN (Licensed Practical Nurse) 5, had not changed the dressing to Resident B's right heel on 9/27/25 and 9/28/25. LPN 5 indicated on the form that she had not realized she had not gotten the dressing changed because she had been the only nurse in the building all weekend. Resident B's Treatment Administration Record from 9/1/25 to 9/30/25, indicated on 9/27/25, QMA (Qualified Medication Aide) 6 had signed that the treatment had been complete and on 9/28/25, LPN 5 had signed that the treatment was completed. During an interview on 10/10/25 at 10:38 A.M. The Director of Nursing indicated that on 9/29/25, Resident B's family brought it to the attention of the nursing staff that the resident's right pressure area bandage was dated 9/26/25. The Director of Nursing indicated upon investigation that LPN 5 had documented that she had changed the resident's right heel dressing on 9/27/25 and 9/28/25 but did not actually treat the wound or change the dressing. An interview on 10/10/25 at 10:50 A.M., with LPN 7, indicated on 9/29/25, she was called to the resident's room because the family was concerned that the resident's heel dressing had not been changed. LPN 7 indicated she notified her supervisor that the dressing observed on the heel was still dated 9/26/25 and the resident's physician orders indicated the wound required daily changes. LPN 7 indicated she had changed the dressing at that time the issue was brought to her attention by Resident B's family. During an interview on 10/10/25 at 1:00 P.M., LPN 5 indicated she had not completed the dressing changes to Resident B's right heel wound on 9/27/25 or 9/28/25. She indicated she must have mistakenly signed the treatment off in the electronic charting system. A policy titled, Skin Integrity, dated 1/31/25, indicated, The facility will ensure that.A resident with impaired skin integrity receives necessary treatment and services, consistent with professional standards f practice, to promote healing. A policy titled Abuse, Neglect and Misappropriation of Property, dated 9/15/23 was provided by the Administrator on 10/10/25 at 8:45 A.M., and indicated, :.It is the organization's intention to prevent the occurrence of.neglect.neglect is defined as the failure of the facility, its employees.to provide.services to a resident that are necessary to avoid physical harm.Deprivation of Goods and Services by Stake holders.includes the deprivation by staff of goods or services that are necessary to attain or maintain physical.well-being.A policy regarding (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pressure wounds and pressure wound care was requested but not provided.This citation relates to Intake 2633300.3.1-40