STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155482	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kendallville Manor	1802 E Dowling St Kendallville, IN 46755

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure oxygen orders were obtained and implemented for 1 of 3 residents reviewed (Resident 47). Findings include: During an observation, on 1/21/25 at 11:02 AM, Resident 47 was observed lying in bed wearing a nasal cannula attached to an oxygen concentrator running at 1.75 liters per minute (lpm). A piece of tape attached to the concentrator read 3.5 lpm. Resident 47's record was reviewed on 1/21/25 at 1:16 PM. Diagnoses included adult failure to thrive and personal history of pulmonary embolism. Resident 47's current quarterly Minimum Data Set (MDS), dated [DATE], indicated their Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact). The MDS indicated Resident 47 used supplemental oxygen. Resident 47's current care plan titled alteration in respiratory status . indicated the resident had a problem of difficulty breathing, with a goal date of 3/19/25. Interventions included providing oxygen as ordered. Physician orders, dated 12/23/24 ,indicated oxygen tubing and a respiratory bag should be changed weekly on Mondays, oxygen humidification water levels should be checked each shift and replaced as needed. No physician orders for oxygen administration and rate of flow were available for review. In an interview, on 1/21/25 at 11:26 AM, Licensed Practical Nurse (LPN) 2 indicated an oxygen flow rate is determined and ordered by the physician. LPN 2 indicated he reviewed the current physician's orders and was unable to find any current orders. He indicated the oxygen was currently running at 1.75 lpm and he did not know what the oxygen flow rate should be. In an interview, on 1/21/25 at 11:30 AM, the Director of Nursing (DON) indicated Resident 47's oxygen order may not have carried over after a recent hospitalization. She indicated a physician's order for administration of oxygen and a flow rate should be present in the medical record for all residents receiving oxygen. In an interview, on 1/21/25 at 11:55 AM, the DON indicated she reviewed readmission orders from the hospital and Resident 47 should have been receiving oxygen at 1 lpm. (continued on next page)

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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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A current policy dated October 2010, provided by the DON on 1/21/25 at 12:07 PM indicated staff should verify the physician's order before administering oxygen. 3.1-47(a)(6)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure pharmacy recommendations were followed for 1 of 5 residents reviewed (Resident 1). Findings include: Resident 1's record was reviewed on 1/24/25 at 7:46 AM. Diagnoses included primary hypertension and diabetes. Resident 1's Annual Minimum Data Set, (MDS) dated [DATE], indicated the resident's Brief Interview for Mental Status (BIMS) score was 12 (cognitively intact). A physician order, dated 2/5/24, indicated Resident 1 was to be administered Maxitrol Ophthalmic Suspension (antibiotic eye drops) to each eye 4 times a day for eye inflammation. A pharmacy note, dated 2/29/24, indicated Resident 1's antibiotic eye drops should be stopped on 3/7/24. Resident 1's physician agreed the antibiotic eye drops should be stopped on 3/7/24. Resident 1's Medication Administration Record, (MAR) dated 3/1/24 through 3/31/24 indicated the resident had been administered antibiotic eye drops 4 times a day every day through 3/31/24. A pharmacy note, dated 4/22/24, indicated Resident 1's antibiotic eye drops were to be stopped on 3/7/24. The pharmacy note indicated the antibiotic eye drops should be discontinued. Resident 1's MAR, dated 4/1/24 through 4/30/24, indicated the resident had been administered the eye drops 4 times a day from 4/1/24 through 4/22/24. A pharmacy note, dated 10/22/24, indicated the pharmacist recommended discontinuing Resident 1's sliding scale insulin and decreasing Resident 1's blood sugar checks from 4 times a day to once a day. The physician agreed. Resident 1's MAR, dated 10/1/24 through 10/31/24, indicated the resident's orders for reduction of blood sugar checks and sliding scale insulin had not been discontinued. The resident's blood sugar had been assessed 4 times a day every day from 10/1/24 through 10/31/24. The MAR indicated Resident 1 had been administered sliding scale insulin 22 times from 10/23/24 until 10/31/24. A pharmacy note, dated 11/19/24, indicated the pharmacist recommended Resident 1's sliding scale insulin be discontinued and their blood sugar checks decreased from 4 times a day to once daily. The physician agreed. Resident 1's MAR, dated 11/1/24-11/30/24, indicated Resident 1 had their blood sugar assessed 4 times a day from 11/1/24 until 11/20/24. The MAR indicated Resident 1 had been administered sliding scale insulin 19 times from 11/1/24 until 11/20/24. In an interview, on 1/24/25 at 3:00 PM, the Director of Nursing (DON) indicated they did not know the reason Resident 1's eye drops did not get discontinued as the pharmacist had recommended. The DON (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated Resident 1's sliding scale insulin should have been discontinued and blood sugar tests should have been decreased as recommended by the pharmacist on 10/22/24. In an interview, on 1/27/25 at 9:18 AM, the DON indicated Resident 1 had brought the antibiotic eye drops with them when they were admitted on [DATE]. The DON indicated the eye drops did not have a stop date on the prescription bottle. The DON indicated the facility had ordered more eye drops on 3/7/24. The DON indicated Resident 1's daughter had reported the resident had been on the eye drops intermittently since the resident's eye surgery. The DON indicated the facility should have clarified the stop date for the eye drops. A current facility policy, titled Guidelines for Notifying Physicians of Clinical Problems, dated 2005 and revised 2/2014, provided by the DON on 1/24/25 at 2:05 PM indicated the facility should notify the physician of significant medication errors immediately. The policy indicated the physician should be notified of medication errors that did not affect the resident's condition during the next routine communication with the physician. 3.1-25(h) 3.1-25(i)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a comfortable environment was maintained for residents in 4 of 7 resident rooms observed. During an observation on 01/21/25 at 10:04 AM, in room [ROOM NUMBER], the wall nearest the bed headboard had missing paint and exposed drywall in vertical marks too many to count approximately 3 feet from the floor, in 3 feet wide by 12 inches to less than 1 inch in length. The opposite wall had scrape marks 12 inches from the floor and approximately 5 feet wide. The exterior bathroom wall was missing 12 inches of cove base trim. The interior bathroom wall was missing 4 inches of cove base trim. During an observation on 1/21/25 at 10:29 AM, in the bathroom of room [ROOM NUMBER], the floor had black specks at the square tile seams and a heavier distribution in the corners of tiles. The interior bathroom wall had missing paint and drywall down to the wire mesh measuring approximately 4 inches x 1.5 inches. 1 of 5 light bulbs over the mirror were not functioning. Caulk was missing between the counter and the vertical trim to both sides of the counter. In an interview on 1/22/25 at 2:25 PM, LPN 3 indicated she would report bed, oxygen, or equipment malfunction to maintenance using verbal communication or written work order. During an interview on 1/22/25 from 2:30-2:40 PM, the Maintenance Director indicated no knowledge of the missing cove base pieces nor problems with the walls in rooms 209-217. He indicated replacing cove bases would be quick and there would be no need to vacate a resident from a room. He also indicated that The Administrator and Director of Nursing (DON) try to plan for vacant room maintenance, but this had been difficult. In a continuous interview and observation on 1/24/25 at 09:50-10:05, Housekeeper 9 indicated the black substance on the bathroom floor of room [ROOM NUMBER] was likely wax build up or glue from underneath the tile and may be removed with scrapping. Housekeeper 9 indicated there were stains on the tile floor unable to be removed. Housekeeper 9 indicated wall damage such as cracks or holes, water leaks, or lights not working would be reported with a written work order. Housekeeper 9 indicated resident beds have caused damage to the walls. During an observation on 1/24/25 at 10:00 AM, the 200s hall wall had a thin crack approximately 3 feet long from the ceiling. During an observation on 1/27/25 at 11:01 AM, room [ROOM NUMBER] had an exterior bathroom wall with a section of scrapped paint approximately 2 feet x 3 inches approximately 9-12 inches from the floor. During an observation on 01/27/25 at 11:03 AM, room [ROOM NUMBER] had missing paint and white primer approximately 4 inches x 0.5 inch at approximately 5 feet from the floor. In an interview, on 01/27/25 at 09:31 AM the DON indicated, residents need to be vacated from a room for larger repairs. The DON indicated, the facility replaced a bed that damaged the wall. The DON indicated, the facility has one maintenance employee. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview, on 1/27/25 at 10:30 AM, the Maintenance Director indicated the Administrator, would review work orders entered into the TELS program (TELS is a building management platform designed for Asset Management, Life Safety, and Maintenance solutions). A regional consultant for maintenance within the cooperation would also be able to see work orders. The Maintenance Director indicated he had a repair list for every room except 2 rooms completed since he started in August, 2024. The Maintenance Director indicated the facility had been approved to get new flooring in 3 residents' rooms. The Maintenance Director was unable to produce repair list or list of work orders for review. A current policy received on 01/27/25 at 09:36 AM titled Maintenance/Environmental Policy and Procedures, from the Maintenance Director, indicated all room shall be maintained in a clean and good order without defect or damage that effects usability and provide a homelike environment for the residents. For minor touch ups to scrapes and damaged paint in occupied rooms, every effort will be made to conduct minor repairs without inconvenience or displacement to the resident. All maintenance issues must have a work order entered in the TELS program. A monthly audit will be conducted by maintenance to identify any areas that need attention. The areas that need attention will be added to a project list to address in a timely manner. (Not to exceed 30 days.) When a room becomes vacant, an assessment will be conducted (room turn) to determine any necessary repairs. A current policy, received on 1/22/25 at 3:30 PM, from the Maintenance Director, titled Work Order Policy dated 9/1/2022, indicated all work order be either written on the log in front of the maintenance office or entered into TELS program. Work orders that are properly entered into the system will be acted upon within 72 hours and reviewed by The Administrator daily through the TELS logs. Telling the maintenance director or anyone else on the floor something is broken will not get it fixed. It MUST be in writing and include the exact location of the problem and the date of that finding. 3.1-19(e)