

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to follow physician orders related to medication administration for 1 of 18 residents reviewed. (Resident 4)Resident 4's record review began on 01/08/2026 at 1:26 PM. Diagnoses included chronic kidney disease stage 5, dependence on renal dialysis, and type 2 diabetes. Resident 4's current quarterly Minimum Data Set assessment (MDS), dated [DATE], indicated Resident 4 had a Brief Interview for Mental Status (BIMS) score of 15 (cognitively intact).Resident 4's current physician orders included:Dialysis on Monday, Wednesday, and Friday at an outside dialysis companyThe actual times of administration of medication may be adjusted on a daily basis to accommodate resident's request on administration schedule unless contraindicated due to the action of medication.Velphoro Chews 500mg tablet, by mouth three times a day with meals for chronic kidney diseaseFlexeril, or cyclobenzaprine 10mg tablet, by mouth three times a day for muscle spasmsGabapentin 200 mg capsules, by mouth three times a day for painZofran 8 mg tablet, by mouth three times a week for nausea, send with resident to dialysisMidodrine 5 mg tablet, by mouth three times a week for nausea or vomiting, send 3 tablets with resident to dialysis for hypotension A review of Resident 4's Medication Administration Record (MAR), dated 12/1/25-12/31/25, indicated Resident 4 did not receive the second dose of Flexeril 10 mg, Gabapentin 200 mg, and Velphoro 500mg on 12/1/25, 12/3/25, 12/10/25, 12/12/25, 12/15/25, 12/17/25, 12/19/25, 12/22/25, 12/24/25, 12/26/25, 1/5/26, and 1/7/26. Documentation related to Flexeril 10 mg, Gabapentin 200mg, and Velphoro 500 mg on 12/6/25 was missing for the noon dose.A review of Resident 4's Self-Administration of Medication Assessment, dated 11/15/25, indicated Resident 4 was had trouble holding onto objects, and opening bottles.During an observation, on 1/08/26 at 1:42 PM, an opened plastic bag in the dialysis communication folder, dated 1/7/26, labeled with Resident 4's name, was found to have 2 tablets of midodrine 5 mg, 2 tablets of gabapentin 100mg, 1 tablet of cyclobenzaprine 10mg, and 2 tablets of unpackaged Velphoro 500mg.In an interview, on 1/9/26 at 9:55 AM, Resident 4's Dialysis RN indicated medications sent from the facility were not given at dialysis, except for Midodrine. The facility did not send an order sheet or MAR with Resident 4. The dialysis center had told the facility not to send Resident 4's routine medications multiple times, the last time the dialysis facility communicated with the nursing facility was around November. Resident 4 was unable to open the packets for medications per self. Resident 4 was educated by dialysis staff about their medication administration procedure. In an interview, on 1/9/2026 at 10:29 AM, Qualified Medication Aide (QMA) 5 indicated MAR letters indicated (O) meant the resident was out of the facility. (H) meant the medication was on hold or for hospital stay. (R) meant the resident refused medication or treatment. QMA 5 indicated they had not heard of the dialysis center asking the facility to stop sending medications other than midodrine. In an interview, on 1/9/2026 at 10:38 AM, Registered Nurse (RN) 4 indicated Resident 4 usually returns from dialysis at 1PM. Scheduled medications for noon could be given upon return. The MAR should not have missing documentation</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 155512	If continuation sheet Page 1 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	
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	for scheduled medication. RN 4 indicated they were not aware when nursing staff had called a physician to clarify noon scheduled medications on dialysis days Resident 4 was not in the building. In an interview, on 1/8/26 at 1:57 PM, the Director of Nursing indicated the facility did not have a policy about sending meds to and from dialysis. A current policy, dated 12/2025, indicated a resident who cannot safely self-administer medications would have nursing staff administer resident's medications. 3.1-37(a)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than 5%. 2 of 14 residents observed were affected (Resident 29 and Resident 7). Findings include: 1. During an observation on 01/07/2026 11:51 AM, Licensed Practical Nurse (LPN) 7 obtained a blood glucose reading of 215 for Resident 29. 9 units of novalog insulin were given by an insulin flexpen. LPN 7 did not prime the novalog flexpen with 2 units of insulin prior to administration. In an interview, on 01/07/2026 11:53AM, LPN 7 indicated she didn't prime the flexpen with 2 units of insulin, and was not sure what the facility policy was for priming. Resident 29's record was reviewed 01/08/2026 12:00 PM. Diagnoses included diabetes mellitus type 2 and long term use of insulin. A current admission Minimum Data Set (MDS) assessment dated [DATE] indicated Resident 29 had a Basic Interview for Mental Status (BIMS) score of 10 (moderate cognitive impairment). A current physician's order, dated 12/28/25, indicated Resident 7 should receive novolog insulin coverage as follows: For a blood glucose reading of :151-199 give 2 units 200-249 give 4 units 250- 299 give 6 units 300- 350 give 8 units 351-399 give 10 units. For a reading of 215, 4 units of novolog insulin should have been given. A current physician's order dated 12/1/25 indicated Resident should receive 5 units of novolog insulin subcutaneously twice daily for diabetes type 2. In an interview, on 1/8/26 at 9:47 AM, the Director of Nursing (DON) indicated 2 units should be used to prime in the insulin flexpen before giving the dose of insulin to ensure the correct dose was received by the resident. A current policy titled Insulin Administration Policy, dated 6/21/2017, provided by the DON on 01/08/2025 at 10:16 AM indicated nurses should follow manufacturer's instructions on how to properly operate the device containing insulin. The policy indicated many devices required priming prior to administration. Novolog flexpen instructions, provided in video format on the manufacturer's (Novo Nordisk) website (<a href="https://www.novomedlink.com/diabetes/products/treatments/novolog/dosing-and-administration.html">https://www.novomedlink.com/diabetes/products/treatments/novolog/dosing-and-administration.html</a>), indicated after attaching a needle to the correct pen, the dosage dial should be turned to 2 and the activation button should be pushed to reveal a drop of insulin at the end of the needle (priming or airshot). If the drop was not observed, the process should be repeated up to 6 times. If after 6 attempts, no drop is observed, the pen should not be used. The priming or airshot process should be used to ensure no air was present in the portion of the pen use to deliver the correct dose of insulin. 2) During an observation on 1/8/25 at 8:40 AM, Registered Nurse (RN) 3 approached Resident 7 in the dining room with a cup of pills, cup of water, an inhaler, and a unit dose eye drop device. Resident 7 was in the process of eating his breakfast at the time of the observation. After he finished chewing a bite of food and swallowing, RN 3 handed Resident 7 his inhaler. Resident 7 inhaled the dose of medication and handed the inhaler back to RN 3. Resident 7 then picked up his cup of pills, poured them in his mouth and swallowed them. No mouth rinse was completed. RN 3 donned gloves, instructed Resident 7 to tilt his head back and administered eye drops in each eye. Resident 7 then took another bite of food. His remained positioned at the table with his plate of food in front of him throughout the process. In an interview, on 01/08/2026 8:56 AM, RN 3 indicated the inhaler should not have been given during mealtime due to risk of aspiration of food particles. She indicated an oral rinse should have occurred after administration of the inhaler. She indicated eye drops should not have been administered in proximity to the resident's food. 3 medication errors occurred during medication pass observation resulting in an error rate of 10.74%. Resident 7's record was reviewed on 01/08/2026 1:28 PM. Diagnoses included chronic obstructive pulmonary disease and dry eyes. Resident 7's current quarterly MDS assessment dated [DATE] indicate he had a BIMS score of 13 (mild cognitive impairment). A current physician's order, dated 1/28/25, indicated Resident</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7 should receive artificial tears eye drops, one drop in both eyes twice daily. A current physician's order, dated 2/13/25, indicated Resident 7 should receive anoro ellipta 62.5/25 mcg, inhale one puff once daily for chronic obstructive pulmonary disease, rinse and spit after each use. In an interview, on 01/08/2026 9:34 AM, The DON indicated inhalers should not be administered during a meal due to risk of aspiration of food particles and an oral rinse should occur after the use of an inhaler when ordered by the physician. The DON indicated insulin pens should be primed with 2 units of insulin to ensure correct dosages were delivered. A current policy titled Administering Medications through a Metered Dose Inhaler, dated 12/17, provided by the Administrator on 1/8/26 at 10:16 AM, indicated gargling solution should be provided to the resident for inhaler administration. The policy did not address safety precautions to prevent aspiration or rinsing procedure. A current policy titled Ophthalmic drop administration, dated 12/17, provided by the Administrator on 1/8/26 at 10:16 AM, did not address ensuring medication was not administered in close proximity to food items. Manufacturers guidelines found on the refresh tears (artificial tears) website provided a warning indicated the medication was for external use only and poison control should be consulted in event of ingestion. 3.1-48(c)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure safe storage of medications for 6 of 15 residents observed (Resident 6, Resident 38, Resident 51, Resident 73, Resident 10, and Resident 4). Findings include: 1. During an observation on 01/07/2026 8:51 AM, Registered Nurse (RN) 2 opened the top drawer of a medicine cart positioned outside the main dining room. 3 cups of pills were in a divided compartment of the drawer, positioned together with the cups touching. A cup labeled with Resident 6's first name contained 7 pills. A cup with Resident 38's name contained 8 pills. A cup with Resident 51's name had 10 pills. A cup labeled with Resident 73's name was in the same cart section separated from the others by a box and contained 11 pills. An additional cup of pills was observed in same drawer about 12 inches away from the others. This cup was labeled for Resident 10 and contained 7 1/2 pills. The cups were open to air and not covered.</p> <p>In an interview, on 01/07/2026 8:52 AM, RN 2 indicated she had prepared medications for residents who normally came to the dining room. When the residents did not come to the dining room, she labeled the cup with their first name and placed the cups in the top of the cart. She indicated she should have verified each resident was present prior to preparing their medication. RN 2 indicated she intended to push the cart back to the hall and administer the prepared medications to the residents in their rooms. She indicated cups of medications should not be preset and placed in the medicine cart because medications could be spilled from their cups into the wrong cup or out onto the drawer surface if the cart is bumped while stationary or during transport.</p> <p>Resident 6's record was reviewed on 01/07/2026 11:17 AM. Diagnoses included bipolar disorder, metabolic encephalopathy, and chronic kidney disease.</p> <p>Resident 6's current admission Minimum Data Set assessment (MDS), dated [DATE], indicated Resident 6 had a Basic Interview for Mental Status (BIMS) score of 14 (cognitively intact).</p> <p>Resident 6's current physician's orders included Keppra 750mg 1 tablet by mouth twice daily for seizures, Vimpat 200mg 1 tablet by mouth twice daily for seizures, Vitamin D 125 mcg 1 tablet by mouth daily for supplement, Flexeril 10 mg 1 tablet by mouth three times daily for muscle spasms, probiotic blend 2 billion cell/50 mg 1 capsule by mouth daily for gut health, Requip 1 mg 1 tablet by mouth daily for restless leg syndrome, and divalproex 500mg tablet by mouth daily for restlessness and agitation.</p> <p>A current care plan titled .diseases which are treated with medications, indicated Resident 6 required medications with a goal date of 2/7/2026. The care plan indicated medication administration should be overseen by the nursing and physician team through the duration of Resident 6's stay.</p> <p>Resident 38's record was reviewed on 01/07/2026 11:44 AM. Diagnoses included Parkinson's disease, cerebrovascular disease, and depression.</p> <p>A current quarterly MDS, dated [DATE], indicated Resident 38 had a BIMS score of 14 (cognitively intact).</p> <p>Resident 38's current physician's orders included carbidopa/levodopa 25/250 mg two tablets by mouth</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>twice daily for Parkinson's disease, buspirone 10 mg 1 tablet by mouth daily for anxiety, acetaminophen 325 mg 2 tablets by mouth twice daily for pain, senna-s 8.6-50 mg 1 tablet by mouth daily for constipation, nifedipine 60 mg ER 1 tablet by mouth daily for hypertension, and escitalopram 10 mg 1 tablet by mouth daily for depression.</p> <p>A current care plan titled .diseases which are treated with medications, indicated Resident 38 required medications with a goal date of 2/9/2026. The care plan indicated medication administration should be overseen by the nursing and physician team through the duration of Resident 38's stay.</p> <p>Resident 51's record was reviewed on 01/07/2026 11:48 AM. Diagnoses included type 2 diabetes, normal pressure hydrocephalus, and hypertension.</p> <p>Resident 51's current quarterly MDS dated [DATE] indicated Resident 51 had a BIMS score of 12 (mild cognitive impairment).</p> <p>Resident 51's current physician's orders included bumex 2 mg tablet by mouth twice daily for edema, cinnamon 500 mg 2 capsules by mouth daily, hydrochlorothiazide 50 mg 1 tablet by mouth daily for hypertension, acetaminophen 325 mg 2 tablets by mouth 3 times daily for pain, vitamin D3 50 mcg 1 tablet by mouth daily for supplement, metoprolol succinate ER 1 tablet by mouth twice daily for hypertension, metformin 1000 mg 1 tablet by mouth twice daily for diabetes type 2, hydralazine 100 mg 1 tablet by mouth 3 times daily for hypertension, and benazapril 40 mg 1 tablet by mouth daily for hypertension.</p> <p>Resident 73's record was reviewed on 01/07/2026 11:54 AM. Diagnoses included congestive heart failure and chronic obstructive pulmonary disease.</p> <p>Resident 73's current quarterly MDS dated [DATE] indicated Resident 73 had a BIMS score of 15 (cognitively intact).</p> <p>Resident 73's current physician's orders included allopurinol 200 mg one tablet daily by mouth daily for gout, senna 8.6 mg one tablet daily by mouth for constipation, norco 5/325 mg (a schedule II medication) one tablet three times daily by mouth for pain, carafate 1 gram one tablet twice daily for acid reflux, pantoprazole 40 mg one tablet twice daily by mouth for acid reflux, eliquis 2.5 mg one tablet by mouth every 12 hours for atrial fibrillation, vitamin d3 10 mcg 1 tablet by mouth once daily for supplement, vitamin b12 250 mcg 2 tablets by mouth twice daily for supplement, oxybutinin ER 5 mg 1 tablet by mouth daily for urinary frequency,10) folic acid 1 mg 1 tablet by mouth daily for supplement, and certavite with antioxidants 1 tablet by mouth daily.</p> <p>A current care plan titled .diseases which are treated with medications, indicated Resident 73 required medications with a goal date of 2/21/2026. The care plan indicated medication administration should be overseen by the nursing and physician team through the duration of Resident 73's stay.</p> <p>Resident 10's record was reviewed on 01/07/2026 11:40 AM Diagnoses included myasthenia gravis, major depressive disorder and chronic pain.</p> <p>Resident 10's current annual MDS assessment dated [DATE] indicated Resident 10 had a BIMS score of 15 (cognitively intact).</p> <p>Resident 10's current physician's orders included Claritin 10 mg 1 tablet by mouth daily, Methadone</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10 mg (a schedule II medication) 1 1/2 tablets by mouth 3 times daily, Zofran 8 mg 1 tablet by mouth daily, Duloxetine 60 mg 1 capsule by mouth daily, lisinopril 20 mg 1 tablet by mouth, daily, levothyroxine 50 mcg 1 tablet by mouth daily, and Aspirin 81 mg 1 tablet by mouth daily.</p> <p>In an interview, on 01/07/2026 8:58 AM, the Director of Nursing (DON) indicated staff should not preset medications in the medicine carts. She indicated presetting medications in the medication carts increased the risk of medication errors, loss or damage to medications.</p> <p>2.) During an observation on, 01/08/26 at 1:42 PM, RN 8 acquired Resident 4's dialysis folder from the nurse's workroom. Inside the folder multiple medications were observed.</p> <p>In an opened plastic bag, labeled with Resident 4's name and dated 12/24/25, 3 tablets of midodrine 5 mgs were observed.</p> <p>In an opened plastic bag, labeled with Resident 4's name and dated 01/07/26, 2 tablets of midodrine 5 mg, 2 tablets of gabapentin 100mg, 1 tablet of cyclobenzaprine 10mg, and 2 tablets of Velporo 500 mg.</p> <p>2 tablets of zofran 4 mg, and 1 tablet of midodrine 5 mg were observed loose, outside of packaging in the bottom of the dialysis folder pocket.</p> <p>Resident 4's record was reviewed on 01/08/2026 at 1:26 PM. Diagnoses included chronic kidney disease stage 5, dependence on renal dialysis, and type 2 diabetes. Resident 4's current quarterly Minimum Data Set assessment (MDS) dated [DATE] indicated Resident 4 had a Brief Interview for Mental Status (BIMS) score of 15 (cognitively intact).</p> <p>Resident 4's current physician orders included:</p> <ol style="list-style-type: none"> <li>1) Dialysis on Monday, Wednesday, and Friday at [NAME] Dialysis</li> <li>2) The actual times of administration of medication may be adjusted on a daily basis to accommodate resident's request on administration schedule unless contraindicated due to the action of medication.</li> <li>3) Velporo Chews 500mg tablet, by mouth three times a day with meals for chronic kidney disease</li> <li>4) Flexeril, or cyclobenzaprine 10mg tablet, by mouth three times a day for muscle spasms</li> <li>5) Gabapentin 100 mg capsules, by mouth three times a day for pain</li> <li>6) Zofran 8 mg tablet, by mouth three times a week for nausea, send with resident to dialysis</li> <li>7) Midodrine 5 mg tablet, by mouth three times a week for nausea or vomiting, send 3 tablets with resident to dialysis for hypotension.</li> </ol> <p>A current policy, titled Medication Storage, dated 7/23/2019, provided by the Administrator on 1/8/26 at 2:31 PM, indicated medications should be stored safely, securely, and properly, only accessible by licensed nursing staff, pharmaceutical staff, or staff members authorized to administer medications. The policy indicated schedule II medications and other drugs subject to abuse should be stored</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>in a separate area under double lock.</p> <p>3.1-25(m)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review the facility failed to ensure dishes and equipment were stored in sanitary conditions, unit refrigerators were maintained and were free of expired foods for 99 of 99 residents residing in the facility who consumed food prepared in the kitchen. Findings include: During an observation, on 1/5/26 at 9:16 AM, the following was observed: A nested stack of stainless steel, 6-inch containers had moisture between 3 of 6 pans observed. A dietary staff member was observed taking 6 wet, plate sized, lids out of the dishwashing area and stacking them for storage. During an observation, on 1/05/2026 at 2:00 PM, the Unit B pantry refrigerator had 2 chocolate Glucerna liquid supplements with expiration dates of 8/1/25. 1 vanilla Glucerna shake expired on 1/1/26. A review of the Nursing Unit B Refrigerator Log, on 1/9/26 at 11:10 AM, indicated documentation was missing for ensuring outdated food was discarded and routine weekly cleaning was completed from 1/1/26 to 1/9/26. The log indicated the refrigerator should be checked for outdated food daily and cleaned at least once a week. In an interview, on 1/5/26 at 9:30 AM, the Director of Dining Services indicated items should be dried before storing, nested, or stacked. She indicated 99 residents consumed food prepared in the kitchen. In an interview, on 1/09/2026 11:16 AM, LPN 12 indicated dietary staff were responsible for checking the refrigerator in the common area of Unit B. In an interview, on 1/09/2026 at 11:28 AM, the Director of Dining Services indicated dietary staff sign the unit refrigerator log. She indicated dietary staff had not checked the Glucerna supplements in the refrigerators. A current policy, dated 1/2024, indicated all food contact surfaces including pots, dishes, flatware, and utensils were required to air dry before stacking or storing. A current policy, dated 1/2024, indicated foods that had past the use-by date or expiration date were to be discarded. 3.1-21(i)(3)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review the facility failed to ensure ceiling tiles were maintained in 5 of 5 resident rooms reviewed. Findings include:During an observation starting on 01/05/2026 at 9:52 AM, the following was observed: Room A-15 had 2 areas of discolored ceiling tiles. 2 round areas with an irregularly round, brown outline surrounding black centers approximately 1/8th of a ceiling tile.Room A-18 had 6.25 ceiling tiles with 15 round areas of discoloration. In a line parallel to the hallway, 5 areas had round black centers measuring approximately 1-4 inches in diameter. An irregularly round brown outline surrounded the black colored areas of discoloration. One ceiling tile in the middle of the room had 2 large areas, covering the width of the tile and 1/3'd of the length. The two large areas had dark to light brown irregularly shaped round rings decreasing in size to the center gray and brown irregular round shape, approximately 5.5 inches in diameter.Room A-20 had 6 areas of discoloration on 3 ceiling tiles. 1 area had approximately 6 inches in diameter of brown, round rings decreasing to a black center about 3-inch by 4-inches. The second tile had three round areas of brown rings about 4-inches with a 3- inch diameter black center, 3-inch brown ring surrounding a 2-inch speckled black to gray center, and a half circle of brown about 3 inches in diameter surrounding a 2-inch black center.Room A-22 had 3 areas of discoloration on 2 ceiling tiles near an exterior window. 1 area had approximately 7 inches of diameter of brown, round rings decreasing in size to a black center approximately a 4 by 5-inch 3/4 circle stopping at the wall. The second area had a brown about 6 inch ring and a 4-inch diameter black speckled center. The third had a light brown ring, approximately 4 inches.Room A-24 had 5 areas of discoloration on 4 ceiling tiles in a line parallel to the hallway. 2 areas were a light brown ring approximately 3 inches in diameter, with about a 3-inch black center. 1 area had a brown ring, approximately 4.5-inch diameter with a 3-inch black speckled center. The main dining room had 11 ceiling tiles with brown circular or round shaped areas on the tiles next to the shared kitchen wall too numerous to count.In an interview, on 1/5/25 at 9:53, Resident 45 indicated the ceiling tiles in the room are nasty. A review of open work orders on 1/9/26 at 11:30 AM, indicated:An order, created on 10/21/25, indicated all stained ceiling tiles needed replaced on Unit A and in the hallways.An order, created on 12/16/25, indicated room A-15 had ceiling tiles with mold on them.In an interview, on 1/5/26 at 10:24 AM, the Director of Dining Services indicated she had not previously entered a work order for 11 brown discolored ceiling tiles in the dining room.In an interview, on 1/8/26 at 10:06 AM, the Maintenance Director indicated water damage has been an ongoing issue. When mold or mildew were noticed on ceiling tiles, the tiles should be changed right away. Rooms A 18, 20, 22, and 24 did not have specific work orders identifying black ceiling tiles.In an interview, on 1/9/26 at 11:19 AM, Housekeeper 14 indicated they would make a work order for ceiling tiles with water damage. When the tiles become black, Housekeeper 14 indicated a second work order and described how the ceiling looked.A current policy, dated 11/2012, and provided by the Executive Director, titled NIOSH Alert Preventing Occupational Respiratory Disease from Exposures Cause by Dampness in Office Buildings, School, and Other Nonindustrial Buildings, indicated the management should identify and correct all sources of excess building moisture (e.g., roof and window leaks). Regularly sched-uled inspections of the building by mainte-nance personnel (e.g., focusing on ceilings, dry wall, exterior walls) may help to identify evidence of leaks or dampness. Building materials that show evidence of mold growth or moisture damage should be cleaned and repaired or replaced to minimize the risk of health effects in building occupants.A CDC publication, titled Mold, dated 9/26/2024, indicated if you see or smell mold, you should remove it. You do not need to know the type of mold. If mold is growing in your home, you need to</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  Ascension Living Sacred Heart Village		STREET ADDRESS, CITY, STATE, ZIP CODE  515 N Main St Avilla, IN 46710	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>clean up the mold and fix the moisture problem.This citation is related to intake 26738613.1-19(f)(5)</p>