

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2025
NAME OF PROVIDER OR SUPPLIER Christian Care Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 720 E Dustman Rd Bluffton, IN 46714	

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. Based on observation, interview and record review, the facility failed to ensure protected health information was kept secured for 15 of 58 residents residing in the facility. Findings include: During an observation on 08/19/2025 10:00 AM a wooden wall unit was open with a shelf protruding about 12 inches into the hallway. The shelf held papers listing 16 resident names and information including treatment orders, shower schedules and instructions for certified nurse aide care. During an interview, on 08/19/2025 10:03 AM, Certified Nurse Aide (CNA) 2 indicated the papers on the shelf included shower schedules, linen changes, and shift report for CNAs to use to communicate resident care needs. She indicated the information contained on the forms was protected health information and should not be visible to individuals not providing care to the resident. She indicated the shelf of the wall unit should have been drawn up and fastened to keep health information from being seen by a passerby. She indicated 15 residents resided on hall, as one resident was currently hospitalized. During an interview, on 08/19/2025 1:44 PM, the Director of Nursing (DON) indicated the drop down shelf served as an informational CNA station. She indicated the drop down shelf contained CNA assignment sheets, shower schedules and special instructions for resident care. She indicated the information inside was protected health information and the unit should be closed when not in use. A current policy, titled Information Security Policy Overview, dated 10/23, provided by the DON on 8/20/25 at 8:26 AM, indicated health records should not be left on desks or unattended. A current policy, titled Policy and Procedure on Physical Security, undated, indicated health records should not be left on desks or cabinets unattended. The policy indicated records pulled from cabinets for future treatment should be left in a secured areas until needed by staff members. 3.1-3(o)

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 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>Based on observation, interview, and record review the facility failed to ensure open dates were labeled for opened medications in 2 of 2 medication carts reviewed. Findings include: During an observation on 08/19/2025 at 12:10 PM on 221-233 medication cart with the Director of Nursing (DON), inside of the medication cart the following was observed: At 12:12 PM Resident 45 had an opened medication of Airspura 90-80 MCG (inhaler) with no open date. At 12:13 PM Resident 60 had an opened medication of Wixela 250-50 inhaler with no open date. At 12:16 PM Resident 44 had an opened medication of milk of magnesia suspension with no open date. At 12:17 PM Resident 52 had an opened medication of polyethylene glycol 3350 powder with no open date. At 12:18 PM Resident 45 had an opened medication of Cal-Gest 200 (500) Mg chew tablet with no open date. During an observation on 8/19/25 12:20 PM on 201-212 medication cart with the DON, inside of the medication cart, the following was observed: At 12:23 PM Resident 10 had an opened medication of Levetiracetam 100 mg/ml solution with no open date. At 12:25 PM Resident 29 had an opened medication of polyethylene glycol 3350 powder with no open date. In an interview, on 8/19/25 at 12:25 PM, the DON indicated all opened medications need to be labeled with an open date. 1. A record review on 8/20/25 at 12:25 PM, indicated Resident 45's medication diagnoses included Cerebral infarction, unspecified. A review of the physician orders indicated to give Airsupra 90-80 mcg inhaler 1 gram orally 4 times a day. After use, rinse mouth and spit with a start date of 7/27/24. Cal-Gest Antacid Oral Tablet Chewable 500 MG, ordered to be given 2 tablets by mouth as needed with a start date of 6/17/25. 2. A record review, on 8/20/25 at 12:30 PM, indicated Resident 60's medical diagnoses included Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. A review of the physician orders indicated to give Wixela 250-50 inh 60 250-50mcg via oral inhalation. Give 1 Inhalation two times per day every day, with a start date of 5/31/25. 3. A record review on 8/20/25 at 12:35 PM, indicated Resident 44's medical diagnoses included presence of left artificial hip joint. A review of the physician orders indicated to give Milk of Magnesia suspension, give 30 ml by mouth every 24 hours as necessary (prn) for constipation, with a start date of 7/17/24. 4. A record review, on 8/20/25 at 12:40 PM, indicated Resident 52's medical diagnoses included chronic obstructive pulmonary disease, unspecified. A review of the physician orders indicated to give Polyethylene glycol 3350, give 17 grams by mouth once a day prn for constipation, with a start date of 7/17/24. 5. A record review on 8/20/25 at 12:45 PM, indicated Resident 10's medical diagnoses included nontraumatic intracerebral hemorrhage, unspecified. A review of the physician orders indicated to give Levetiracetam 100 mg/ml solution 5 milliliters by mouth two times per day at 8:00AM, and 8:00PM with a start date of 9/12/24. 6. A record review, on 8/20/25 at 12:50 PM, indicated Resident 29's medical diagnoses included Dementia in other diseases classified elsewhere, without behavioral disturbance. A review of the physician orders indicated to give Polyethylene glycol 3350 powder, give 17 grams by mouth one time per day every day at 8:00 AM, with a start date of 2/20/25. A current facility policy, titled Pharmacy Criteria, dated 12/08, was provided by the DON on 8/20/25 at 8:26 AM. The policy indicated .Medications are dispensed in accordance with all applicable regulations including labeling requirements 3.1-25(j)(m) and (n)</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure proper labeling, storage and sanitation were maintained in the kitchen. 58 of 58 residents residing in the facility ate food prepared in the facility kitchen. Findings include: 1. During an initial observation of the kitchen on 8/18/2025 at 9:16 AM the following items in dry storage were open, undated and did not contain an expiration date: 1 box containing individual pouches of poppy seed salad dressing, 1 box containing individual pouches of ranch salad dressing, 1 box containing individual pouches of fat free raspberry vinaigrette salad dressing, 1 box containing individual pouches of thousand island salad dressing, 1 box containing individual pouches of Italian salad dressing, 1 bag of cherry gelatin tied with a rubber band, 1 bag of cream soup base tied with rubber band no date and 1 bag of graham cracker crumbs tied with a twist. In the freezer on the far-left wall in the stockroom the following items were open and undated: 1 box of open parmesan crusted salmon and 1 box of open chicken breast filets. On the bread cart in the kitchen the following items were open, tied in a knot and did not contain an open or an expiration date: 1 loaf of bread with 13 slices, 1 bag with 2 hot dog buns and 1 bag with 6 buns. In the refrigerator in the kitchen the following items were open, tied in a knot and did not contain an open or an expiration date: 1 loaf of [NAME] bread. In the freezer in the kitchen the following items were open, not in the original package and did not contain an open date: 15 pieces of fish in a freezer bag. During an interview, on 8/18/2025 at 9:30 AM, the Dietary Manager (DM) indicated the facility typically labels and dates all food items when opened and the found items should have been labeled and dated, except the salad dressing and the bread. The DM indicated the facility uses the items quickly and have never labeled and dated bread or boxed items. The DM indicated she would not be able to tell when a loaf of bread or salad dressing was opened and began being used in the kitchen when the opened food items are not labeled. A current facility policy, Sanitary Food Storage Policy, dated 2/14 was provided by the DM on 08/20/2025 at 10:55 AM. The policy indicated, All food items in Dining Services will be labeled either by its original packaging or by dining staff. Expiration dates on the manufactures package of items such as milks, cottage cheese, salad dressing, peanut butter, jelly etc. will be followed. If a food does not have expiration date and is commonly known to have an indefinite shelf-life food will be dated when opened and discarded in one year. 2. During an initial observation of the kitchen, on 8/18/2025 at 9:16 AM, dining staff were observed getting ice machine. The ice machine was observed to have black dots and pink lines on the plastic flap. The DM was observed to wipe the plastic flap with a cleaning rag, and the black dots and pink lines were removed. On the sides and behind the stove and stacked ovens, the floor was observed to have brown build up, pasta, and other unidentifiable debris. During an interview, on 8/18/2025 at 9:40 AM, the DM indicated the last time the floor between and behind the stove and oven was cleaned was about 2-3 months ago. During an Interview, on 08/21/2025 12:53 PM, the DM and Administrator in Training (AIT) indicated the cleaning schedules were typically done once a month. The DM indicated the staff did not have the August 2025 cleaning schedule yet. The DM indicated the ice machine was cleaned monthly. The DM indicated the staff clean the ice machine between the monthly cleanings. The DM indicated she would let staff know when the machine needed to be cleaned throughout the month and she overlooked the cleaning, so the machine was not cleaned. The DM indicated cleaning behind and between the oven and stove had been an issue. The DM indicated maintenance cannot clean behind or between the stove and oven until the kitchen stopped serving food. The AIT indicated they had not been able to come up with a schedule for maintenance to clean as maintenance was not in</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>the building when the kitchen closed. The DM indicated there was no current cleaning schedule for cleaning the floor around the stove and oven. The DM indicated this was something administration has been attempting to resolve. The DM indicated she could not provide a date for the last time the floor between and behind the oven and stove was cleaned. The AIT indicated 58 of 58 residents eat from the kitchen and 22 of 58 residents receive ice from the ice machine. A current facility policy, Dining Services, dated 8/14 was provided by the AIT on 08/21/2025 at 12:30PM. The policy indicated, Food service operations and areas shall be maintained in good repair and shall be kept thoroughly clean and free from any accumulation of filth, garbage, rubbish, or other waste. The AIT also provided a current facility policy, Cleaning Policy, the policy indicated The Dining Services manager or assistant will assign tasks to Dining Services staff. Cleaning will be included on position task sheets.</p>		