

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2025
NAME OF PROVIDER OR SUPPLIER  Lutheran Community Home		STREET ADDRESS, CITY, STATE, ZIP CODE  111 W Church Ave Seymour, IN 47274	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview, and record review, the facility failed to update Care Plans related to behaviors and monitoring alert systems for 2 of 3 residents' Care Plans reviewed. (Residents C and D) Findings include: 1. The clinical record for Resident C was reviewed on 10/23/2025 at 10:39 A.M. An Annual Minimum Data Set (MDS) assessment, dated 10/03/2025, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, unspecified dementia, anemia, and hypertension. The resident had physical and verbal behavior symptoms for 4 to 6 days of the assessment period.</p> <p>A Progress Note, dated 08/28/2025 at 5:56 P.M., indicated Resident B had wandered into Resident C's bedroom. Resident C had asked the resident to leave and when the other resident did not leave, Resident C smacked at the resident's face.</p> <p>A Progress Note, dated 10/06/2025 at 10:57 A.M., indicated Resident C was stating that another female resident ambulated up to this resident to slap me across the face. Resident C was sitting with staff completing an activity at the time. The other female resident was ambulating around the unit. Resident C stated, I'll slap her across the face. She better not do something to me, I'll do it right back! Resident C was repeating statements and staff attempted to redirect her.</p> <p>A Progress Note, dated 10/14/2025 at 9:34 A.M., indicated Resident B was on the unit and was in front of Resident C's room and stated, That lady slapped me. Upon speaking with the resident, it was voiced that Resident B had entered Resident C's room and Resident C slapped her. The incident was not witnessed.</p> <p>The Care Plan lacked any indication that Resident C had any behaviors towards other residents.</p> <p>During an interview, on 10/23/2025 at 1:42 P.M., the Director of Nursing (DON) indicated resident Care Plans were developed by the management staff. The Care Plans could be developed and revised at any time. Residents would be Care Planned for behaviors, changes in condition, and falls to name a few. Resident C had two incidents with another resident where she slapped the other resident in the face. Resident C should have been Care Planned for having behaviors towards other residents.</p> <p>2. A facility reported incident, dated 10/17/2025, indicated a Certified Nurse Aide (CNA) heard an exterior door alarm sound, she went to the door and observed Resident D exiting through the door at the end of the hall. The resident had fallen on the concrete. He had abrasions and skin tears on his face and a bruise on his left eyebrow.</p> <p>The clinical record was reviewed on 10/23/2025 at 10:05 A.M. An admission MDS assessment, dated</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:  155715	Facility ID:  155715  If continuation sheet Page 1 of 2

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/16/2025, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, heart disease, hypertension, and stroke.</p> <p>A Progress Note, dated 10/17/2025 at 6:17 P.M., indicated the resident had returned from the local emergency room. A roam alert bracelet was placed on the resident's left ankle.</p> <p>During an observation on 10/23/2025 at 1:14 P.M., the resident was in bed, and the roam alert bracelet was on his left ankle.</p> <p>The resident's Care Plans were reviewed and lacked a Care Plan for the roam alert system.</p> <p>The resident's orders lacked orders for the roam alert bracelet, monitoring the functionality of the device, and monitoring the skin under the device.</p> <p>During an interview on 10/23/2025 at 2:04 P.M., the Assistant Director of Nursing indicated if a resident was determined to be an elopement risk, a roam alert bracelet would be placed on them. The computer would be updated with their name and picture, and an order would be placed in the Electronic Medication Administration Record (EMAR) to monitor the resident and the device. A Care Plan should also be written for the use of the device. There should have been a Care Plan for the roam alert device, and an order added to his EMAR.</p> <p>The current facility policy, titled Resident Alarms was provided by the DON on 10/23/2025 at 2:33 P.M. The policy indicated, .When alarms are utilized, additional monitoring shall be provided, including but not limited to: Verifying alarms are working properly. Monitoring for adverse consequences associated with the use of the alarms.</p> <p>The current facility policy, titled Comprehensive Care Plans was provided by the Administrator on 10/23/2025 at 2:10 P.M. The policy indicated, .It is the policy of this facility to develop and implement a comprehensive person &amp;ndash; centered care for each resident.</p> <p>This citation relates to Intake 2642237.</p> <p>3.1-31(a)</p>		