

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 - Some	<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>45120</p> <p>Based on record review, observation and interview, the facility failed to develop a plan of care to meet the residents' needs for 3 of 21 residents reviewed for care plans. (Resident 7, 44 & 244)</p> <p>Findings include:</p> <p>1. During an initial interview with Resident 7 on 3/16/22 8:54 A.M., Resident 7 indicated she had been hospitalized a few weeks ago for urinary tract infection, she was currently on an antibiotic for a urinary tract infection and develops urinary tract infections frequently.</p> <p>A record review of Resident 7 was completed on 3/16/22 at 11:23 A.M. Diagnosis included, but were not limited to: chronic kidney disease, diabetes mellitus type 2, and anemia.</p> <p>An Annual MDS (Minimum Data Set) Assessment, dated 1/7/2022, indicated Resident 7 had a BIMS (Brief Interview Mental Status) score indicating no cognitive impairment and was frequently incontinent of bladder. She required supervision with set-up assistance from a staff member for toileting.</p> <p>A Nurses' Note on 1/16/2022 at 8:10 P.M., indicated Resident 7 was sent to the emergency room for slurred speech and a feeling of a thick tongue.</p> <p>On 1/17/2022 at 1:59 A. M., a Nurses' Note indicated Resident 7 returned to the facility with a diagnosis of UTI (urinary tract infection)/dehydration. A new order for Rocephin (antibiotic) intravenously for four days was received upon returning from the emergency room .</p> <p>On 1/18/2022 at 1:10 P.M., a Nurses' Note indicated Resident 7 was slurring her words with right sided facial droop. Resident 7 was sent to the emergency room .</p> <p>On 1/18/2022 at 7:21 P.M., Resident 7 returned to the facility. The emergency room nurses indicated the diagnosis remained the same as previous visit.</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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 - Some</p>	<p>A urinalysis obtained on 3/5/2022, indicated positivity for a urinary tract infection. The culture and sensitivity indicated Escherichia coli as the bacteria and resistance to many antibiotics. Physician's Orders indicated Resident 7 began receiving AZO Cranberry and Probiotic tablet 250-30-50 mg-mg-million one tablet by mouth twice daily for frequent UTI's on 7/07/2021. Resident 7 was prescribed ceftriaxone (Rocephin) one gram intravenously once a day from 1/18/2022 to 1/21/2022. Resident 7 was also prescribed fosomycin tromethamine packet three grams by mouth every three days for MDRO (multi-drug resistant organism) UTI from 3/1/2022 through 3/16/2022.</p> <p>A Care Plan could not be located for the urinary tract infection or intravenous antibiotic use.</p> <p>During an interview on 3/18/2022 at 2:04 P.M., RN (Registered Nurse) 4 indicated floor staff do not participate in the development of care plans for new orders or conditions. RN 4 indicated a box can be checked with the order that updates the care plan.</p> <p>During an interview on 3/21/22 at 10:50 A.M., the Regional Nurse indicated a care plan or event (an assessment for an ongoing problem that serves as a care plan) should have been developed for the urinary tract infection.</p> <p>44111</p> <p>2. A clinical record review was completed on 3/18/2022 at 8:31 A.M., and indicated resident 44's, diagnoses included, but not limited to: type 2 diabetes mellitus, systemic lupus erythematosus, heart failure, anxiety disorder, dysphagia, dementia without behavioral disturbance, and Bullous pemphigoid.</p> <p>On 12/22/2021 a new order was received for Hospice to eval and treat, and she was accepted.</p> <p>During an interview on 3/18/2022 at 10:15 A.M., the MDS nurse indicated she should have had a care plan for Hospice.</p> <p>45409</p> <p>3. A clinical record review was completed on 3/17/2022 at 11:19 A.M. Resident 244's diagnoses included, but were not limited to: diastolic (congestive) heart failure, pleural effusion, acute respiratory failure with hypoxia.</p> <p>Resident 244's current physician orders, dated 3/11/2022, indicated oxygen at 2 liters per nasal canula continuous; change oxygen tubing monthly; clean external concentrator filter every two weeks; head of bed elevated to alleviate/reduce shortness of breath while lying flat; monitor oxygen saturation every shift; assess for signs and symptoms of shortness of breath while lying flat and albuterol sulfate inhaler every 6 hours as needed.</p> <p>The clinical record lacked a care plan for the use of the oxygen and respiratory needs.</p> <p>During an interview, on 3/17/22 at 11:45 A.M., the Director of Nursing (DON) indicated the resident's needs are communicated with Matrix computer program. Matrix has a header for specific care needs. She indicated that residents on oxygen should have a care plan reflecting interventions for oxygenation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 - Some	<p>On 3/18/2022 at 10:51 A.M., RN 14 provided the policy titled, Comprehensive Care Plan Guideline, dated 5/22/2018, and indicated the policy was the one currently used by the facility. The policy indicated .Acute problems that arise with the resident are expected to be resolved within a short time frame will be addressed on the event form specific to that problem. Address problems that become ongoing or chronic with a new comprehensive care plan. Comprehensive care plans need to remain accurate and current. New interventions will be added and updated during or directly following CCM meeting. Newly recognized problems will have a care plan developed and added after CCM (care conference meeting) meeting</p> <p>3.1-35(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38845</p> <p>Based on record review, observation and interview, the facility failed to update/revise care plans for discontinued medications, and a hand splint for 2 of 21 residents whose care plans were reviewed. (Resident 6 and 15)</p> <p>Findings include:</p> <p>1. A clinical record review was completed on 3/17/2022 at 11:20 A.M. Resident 6's diagnoses included, but were not limited to: dementia, delusional disorder, depression, Alzheimer's disease, and hallucinations.</p> <p>A current care plan, dated 4/14/2014, indicated Resident 6 was at risk for developing adverse effects from the use of anti-convulsant medications.</p> <p>A current care plan, dated 10/7/2016, indicated Resident 6 was at risk for adverse consequences related to received hypnotic medication.</p> <p>A current care plan, dated 7/1/2019, indicated Resident 6 received anti seizure medication to treat irritability, anger and chronic pain.</p> <p>Resident 6's current medication orders, dated 3/2022, lacked the physician orders for an anti-convulsant, hypnotic, or seizure medications.</p> <p>A physician's order, dated 1/9/2022, indicated the anti-convulsant medication had been discontinued.</p> <p>During an interview, on 3/21/2022 at 9:37 A.M., Social Service staff indicated the care plans were not revised and should have been.</p> <p>44111</p> <p>2. A clinical record review was completed, on 3/16/2022 at 11:02 A.M., and indicated Resident 15's diagnoses included, but were not limited to: Alzheimer's disease, pneumonitis due to inhalation of food and vomit, dementia without behavioral disturbance, dysphagia, hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, and anemia.</p> <p>A Care Plan dated 3/11/2021, indicated resident is at risk for decline in ROM (range of motion) related to poor cognition and weakness with an intervention apply L (left) hand splint. The order for the hand splint was discontinued on 12/6/2021.</p> <p>On 3/17/2022 at 9:19 A.M., the Director of Nursing indicated that the care plan should have been revised when the hand splint was discontinued.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 3/18/2022 at 10:51 A.M., RN/MDS (Registered Nurse/Minimum Data Support) provided a policy titled Comprehensive Care Plan Guideline, dated 5/22/2018, and indicated the policy was the one currently used by the facility. The policy indicated . 5. If the resident is readmitted to the campus, the previous care plan will be reviewed and updated to meet the resident's current needs. a. If a previous care plan is no longer needed, it will be resolved from the active care plans. b. Resident's 24-hour CRCA (Certified Resident Care Assistant) assignment sheet or Care Tracker profile will be updated upon readmission. 6. Comprehensive care plans need to remain accurate and currant. a. New interventions will be added and updated during or directly following CCM (care conference meeting). b. Newly recognized problems will have a care plan developed and added after CCM meeting</p> <p>3.1-35(d)(2)(B)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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>38845</p> <p>Based on record review, observation and interview, the facility failed to follow physician orders for a preventative boot which resulted in a skin issue for 1 of 21 residents whose physician orders were reviewed. (Resident 31)</p> <p>Finding includes:</p> <p>A clinical record review was completed on 3/16/2022 at 11:37 A.M. Resident 31's diagnoses included, but were not limited to: protein malnutrition, diabetes, hearing loss, and osteoarthritis.</p> <p>An Admission MDS (Minimum Data Set) assessment, dated 8/29/2021, indicated Resident 31 had a stage III and stage IV pressure area to her coccyx and left heel.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 2/19/2022 indicated Resident 31 required extensive assist of 2 staff for bed mobility, transfers dressing and toilet use and only had a stage III pressure area.</p> <p>Physician orders, dated 3/2022, indicated Resident 31 was to wear a heel protector on the left heel at all times when in bed or in the wheelchair. The heel protector was ordered 8/26/2021.</p> <p>A current care plan, dated 9/7/2021, indicated the resident was at risk for skin breakdown related to impaired mobility and pressure ulcers. Interventions included, but were not limited to: lifting device as needed for bed mobility, pressure reduction mattress, and cushion, keep clean and dry, minimize exposure to moisture, keep linens dry and clean, float heels as needed, encourage and assist to turn and reposition and weekly skin assessment.</p> <p>During an observation, on 3/16/2022 at 2:35 P.M., Resident 31 was observed sitting in her wheelchair with no heel protector on her left foot.</p> <p>During an observation, on 3/17/2022 at 9:26 A.M., Resident 31 was lying in bed with no heel protector on her left foot.</p> <p>During an observation, on 3/15/2022 at 10:10 A.M., Resident 31's left foot had a dark area to the outer aspect of the heel.</p> <p>During an interview, on 3/17/2022 at 10:10 A.M., C.N.A (Certified Nursing assistant) 12 indicated the resident did not wear a boot or protector to her feet.</p> <p>During an observation, on 3/17/2022 at 11:15 A.M., Resident 31 was observed in her wheelchair with no heel protector to the left foot.</p> <p>During an observation, on 3/17/2022 1:21 P.M., Resident 31 was observed in her wheelchair with no heel protector to the left foot.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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>During an observation, on 3/17/2022 at 2:07 P.M., Resident 31 was observed in her wheelchair with no heel protector to the left foot.</p> <p>Weekly skin assessments completed on, 3/7/2022 and 3/14/2022, indicated a (2) old impairment, with no other information documented.</p> <p>During an observation, on 3/18/2022 at 2:07 P.M., LPN (Licensed Practical Nurse) 2 indicated the area to the residents' left foot looked like a deep tissue injury, and indicated the resident had an area there before and it was healed. LPN 2 indicated the order for the foot protector was not listed on the treatment sheet and could not be signed off as completed if the order was not there.</p> <p>During an observation, on 3/21/2022 at 8:55 A.M., Resident 31 was in bed with a piece of lambs wool under the left heel. The Corporate Nurse and the Director of Nursing indicated the area to Resident 31's foot was a bruised area and the Nurse Practitioner had seen the resident today and indicated it was a bruise. The Corporate Nurse indicated there had been a pressure area there before but it was healed. The left heel was red but not boggy and had white flaky peeling skin to the area.</p> <p>A policy on following physician orders was requested on 3/21/2022 but one was not provided.</p> <p>3.1-37</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45120</p> <p>Based on record review, observation and interview, the facility failed to ensure proper admission assessment and orders were obtained for 1 of 4 residents to prevent the development of pressure ulcers. (Resident 30)</p> <p>Finding includes:</p> <p>During an initial interview with Resident 30 on 3/15/22 2:44 P.M., Resident 30 indicated she had been admitted to the facility with pressure ulcers and developed a pressure ulcer to her right shin due to wearing a AFO (ankle foot orthosis) brace.</p> <p>During an interview on 3/18/22 at 11:25 A.M., with Resident 30, she indicated she came to the facility with the AFO brace. Resident 30 indicated the brace kept her ankle in place and had worn the AFO brace for around 2 years. Resident 30 indicated she removed the AFO brace on her own at night and the CNAs would place a knee sock and the AFO brace to her left lower leg every morning. Resident 30 indicated she requested the area to her right lower extremity be assessed by the nurse due to pain.</p> <p>A record review of Resident 30 was completed on 3/17/22 at 3:13 P.M. Diagnosis included, but were not limited to: diabetes mellitus type 2, chronic obstructive pulmonary disease, and chronic kidney disease stage 4. Resident 30 admitted to the facility on [DATE].</p> <p>An Admission MDS (Minimum Data Set) Assessment, dated 2/17/2022, indicated the Resident 30 had a BIMS (Brief Interview Mental Status) score indicating no cognitive impairment and required extensive assistance with one staff member for bed mobility and toileting, and extensive assistance with two staff members for transfers.</p> <p>An Admission Assessment completed on 2/11/2022 at 3:18 P.M., indicated no skin impairment, and did not identify an AFO brace under musculoskeletal assistive devices of the assessment.</p> <p>A Weekly Skin Assessment on 2/16/2022 and 2/23/2022 on the 2:00 P.M.-10:00 P.M. shift, indicated old skin impairment related to the right groin region.</p> <p>A Nurses' Note on 2/25/2022 at 1:13 P.M., indicated Resident 30 had an abrasion to the left lower extremity (Resident 30 has a left lower limb amputation at the hip) just above the ankle and appears to be from brace rubbing on leg. A treatment was ordered and the AFO brace was not to be applied to the right lower extremity.</p> <p>On 2/27/2022 at 4:06 P.M., a late entry Nurses' Note was written for 02/25/2022 at 4:04 P.M. The Nurses' Note indicated, .res (Resident 30) has a pressure wound on RLE (right lower extremity) that appears to be from brace rubbing against skin. Wound measures 7cm [centimeter] x 6cm x 0.1cm. Stage III, 100% granulation tissue to wound bed. Notified MD of wound</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 0686 Level of Harm - Actual harm Residents Affected - Few	<p>On 3/15/2022 at 11:59 A.M., a Nurses' Note indicated, .Writer Spoke with res POA (Power of Attorney) with update on res (resident) pressure injury to right shin. Writer explained that it was caused from the brace that she wears. POA voiced understanding, she stated that res was wearing the brace r/t (related to) working on transferring. Res (Resident) is not transferring at this time, she asked if the brace was even necessary at this time. Writer explained that she was not wearing at this time r/t pressure injury</p> <p>On 3/15/2022 at 7:52 P.M., a Nurses' Note indicated, .continues to have a pressure wound on RLE that appears to be from brace rubbing against skin. Wound measures 6.1 cm x 3.5cm x 0.1 Stage III, 50 granulation tissue to wound bed</p> <p>Physician's Orders indicated the following orders:</p> <ol style="list-style-type: none"> 1. On 2/25/2022, Leave splint off of right lower extremity 2. On 2/27/2022, (RIGHT LOWER LEG): cleanse wound with wound cleanser, apply skin prep to skin surrounding wound, apply Anasept gel to wound bed, and cover with foam dressing change 5 days. 3. On 2/27/2022, Prostat (Protein Supplement) 30 ml twice daily 4. On 3/14/2022, Cleanse wound to RLE with wound cleanser, pat dry, apply skin prep to surrounding skin, cover with island dressing/border gauze, change daily, use adhesive remover to remove dressing 5. On 3/15/2022, low air loss mattress <p>A Care Plan on 2/27/2022, indicated a problem of a pressure ulcer to the right lower extremity.</p> <p>During an interview on 3/18/22 at 2:55 P.M., the DON reviewed the Electronic Health Record and indicated an order was not obtained for the AFO brace at admission, and skin integrity assessments should have been completed by a nurse every shift for the use of the AFO brace.</p> <p>On 3/18/2022 at 3:08 P.M., a policy was requested for skin care with removable devices. A policy was not provided. Policies entitled, Pressure/Status/Diabetic Wound Condition Guidelines, Guidelines of General Wound and Skin Care, and Guidelines for Weekly Skin Observation were provided. These policies did not address the prevention of pressure ulcers.</p> <p>3.1-40(a)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>45120</p> <p>Based on record review, observation and interview, the facility failed to provide oxygen therapy equipment per Physician Orders for 2 of 3 residents reviewed for respiratory care. (Resident 30 & 43)</p> <p>Findings include:</p> <p>1. During an initial observation with Resident 30 on 3/15/22 2:52 P.M., Resident 30 was receiving oxygen therapy via nasal cannula from an oxygen concentrator. A plastic respiratory storage bag was observed hanging from the oxygen concentrator with no date written on the bag. Resident 30 had a portable oxygen tank attached to the rear of her wheelchair. The nasal cannula attached to the concentrator and the portable oxygen tank did not have a date indicating when the oxygen tubing had been changed.</p> <p>On 3/18/2022 at 11:55 A.M., during an observation, the nasal cannula for the oxygen concentrator and portable oxygen tank did not have a date indicating when the tubing had been changed.</p> <p>A record review of Resident 30 was completed on 3/17/22 at 3:13 P.M. Diagnosis included, but were not limited to: COPD (chronic obstructive pulmonary disease), congestive heart failure and diabetes mellitus type 2.</p> <p>An Admission MDS (Minimum Data Set) Assessment, dated 2/17/2022, indicated the Resident 30 had a BIMS (Brief Interview Mental Status) score indicated no cognitive impairment and received oxygen therapy.</p> <p>Physician Orders on 2/14/2022 indicated oxygen at two liters per nasal cannula continuous and change oxygen tubing monthly on the first of the month.</p> <p>A Care Plan, dated 6/12/2018, indicated .Potential for SOB (shortness of breath) while lying flat r/t COPD Interventions of the care plan indicated, .Administer oxygen per MD order and as needed</p> <p>2. During an initial observation with Resident 43 on 3/15/22 10:13 A.M., Resident 43 had a portable oxygen tank attached to the rear of his wheelchair. Resident 43 was receiving oxygen therapy via nasal cannula from the portable oxygen tank. An oxygen concentrator was at bedside. A plastic respiratory storage bag was observed hanging from the oxygen concentrator with a date of 2/7/2022. The nasal cannula attached to the concentrator and the portable oxygen tank did not have a date indicating when the oxygen tubing had been changed.</p> <p>A record review of Resident 43 was completed on 3/16/2022 at 2:36 P.M. Diagnosis included, but were not limited to: atrial fibrillation, chronic kidney disease stage 3 and benign prostatic hyperplasia.</p> <p>A Quarterly MDS (Minimum Data Set) Assessment, dated 3/4/2022, indicated the Resident 43 had a BIMS (Brief Interview Mental Status) score indicated severe cognitive impairment and received oxygen therapy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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	<p>Physician Orders on 3/7/2022 indicated oxygen at two liters per nasal cannula continuous and on 1/4/2022, change oxygen tubing monthly on the first of the month.</p> <p>A Care Plan, dated 12/1/2022, indicated .Potential for SOB (shortness of breath) while lying flat atrial fibrillation and dyspnea Interventions of the care plan indicated, .Meds per MD order</p> <p>During an interview, on 3/18/22 at 1:57 P.M., RN (Registered Nurse) 4 indicated the oxygen tubing gets changed monthly, oxygen tubing should be dated, and the plastic respiratory storage bag should be changed with the oxygen tubing monthly or as needed.</p> <p>On 3/18/2022 at 3:47 P.M. a policy entitled, Guidelines for the Administration of Oxygen was provided by the Regional Nurse. The policy indicated, .14. Date the tubing for the date it was initiated. a. Tubing should be changed monthly and PRN</p> <p>3.1-47(6)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>38845</p> <p>Based on record review and interview, the facility failed to ensure a resident received person centered dementia care for 1 of 1 residents reviewed for dementia care. (Resident 6)</p> <p>Finding includes:</p> <p>A clinical record review was completed on 3/17/2022 at 11:20 A.M. Resident 6's diagnoses included, but were not limited to: dementia, delusional disorder, depression, Alzheimer's disease, chronic pain and hallucinations.</p> <p>An Annual MDS (Minimum Data Set) assessment, dated 12/7/2021, indicated Resident 6 had no hallucinations or delusions and had no behaviors during the assessment period. Had no speech and was rarely/never understood or understood others.</p> <p>A current care plan, dated 10/21/2015, indicated Resident 6 had a diagnosis of depression related to dementia and loss of physical and cognitive abilities. Interventions included, but were not limited to: encourage to express her feelings, provide active listening and supportive feedback. Encourage to participate in activities of enjoyment.</p> <p>A current care plan, dated 10/21/2015, indicated Resident 6 had a history of distressing delusional thoughts and feelings related to dementia diagnosis and had a history of hallucinations and seeing others in her room. Interventions included, but were not limited to: Administer medications per physician orders and attempt to divert attention to pleasant topics or activities of enjoyment.</p> <p>A current care plan, dated 9/27/2016, indicated Resident 6 had physically abusive behavioral expressions at times, had a history of kicking other residents and have Alzheimer's disease. Interventions, included but were not limited to: avoid over stimulation (noise, crowding other physically aggressive residents), convey an attitude of acceptance towards the resident, follow familiar routines, maintain a calm environment and approach to her and praise the resident when behavior is appropriate.</p> <p>During an interview, on 3/21/2022 at 9:37 A.M., Social Service staff indicated Resident 6 had a decline and indicated the care plan did not have individualized person centered interventions for her dementia and the behaviors.</p> <p>On 3/21/2022 at 1:15 P.M., the Corporate Nurse provided the policy titled, Comprehensive Care Plan Guideline, dated 5/22/18, and indicated the policy was the one currently used by the facility. The policy indicated .b. Care plan interventions should be reflective of risk area(s) or disease processes that impact the individual resident. c. Should new identified areas of concern arise during the residents stay, they should be addressed on the care plan. d. Interventions should be reflective of the individual's needs and risk influence as well as the resident strengths. 3 revised to reflect changes in the residents condition as they occur. 6. Comprehensive care plans need to remain accurate and current. a. New interventions will be added ad updated or directly following CCM [care conference meeting] meeting. b. Newly recognized problems will have a care plan developed and added after CCM meeting</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-35(a)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>44111</p> <p>Based on interview and record review, the facility failed to ensure that as needed (PRN) antianxiety medications are only scheduled for 14 days and /or provide documentation the practitioner reevaluates the resident for appropriateness for 1 of 1 resident reviewed for unnecessary medication. (Resident 18)</p> <p>Finding includes:</p> <p>A clinical record review was completed, on 3/16/22 at 3:03 P.M., and indicated the Resident 18's diagnoses included, but were not limited to: dementia with behavioral disturbance, major depressive disorder, hallucinations, hypertension, and delirium due to known physiological condition.</p> <p>An Annual MDS (Minimum Data Set) assessment, dated 1/24/2022, indicated Resident 18's BIMS (Brief Interview for Mental Status) score of 3, severely impaired cognition.</p> <p>An order was received on 3/3/2022 for ativan 0.5 mg, twice a day as needed (PRN) without an end date, special instructions: anxiety.</p> <p>The Medication Administration Record indicated the medication was administered on the evening of 3/15/2022 and 3/16/2022.</p> <p>During an interview on 3/18/2022 at 9:04 A.M., the Regional Nurse indicated that PRN ativan should only be scheduled for 14 days and he received the medication on the evening of the 15th day.</p> <p>Documentation was requested for reevaluation of the resident for extension of the medication, and none was provided.</p> <p>On 3/18/2022 at 9:59 A.M., the Director of Nursing provided a policy titled, Psychotropic Medication Usage and Gradual Dose Reduction, dated 10/9/2017, and indicated the policy was the one currently used by the facility. The policy indicated .9. PRN order for psychotropic drugs are limited to 14 days. Except as provided if the attending physician or prescriber believes that it is appropriate for the PRN order to be extended beyond the 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. 10. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for appropriateness of that medication</p> <p>3.1-48(a)(2)(4)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38845</p> <p>Based on observation, interview and record review, the facility failed to ensure a treatment supply cart and medication cart were locked when unattended, failed to ensure medication storage areas were free from loose medications, failed to ensure medications were dated and labeled in 3 of 4 medication storage areas. (400 hall treatment cart, 100 hall medication cart, Legacy Medication medication cart, 100 hall medication cart)</p> <p>Findings include:</p> <p>1. During a random observation, on 3/17/2022 at 7:35 A.M., the 400 hall treatment cart was not locked with the top drawer opened with no licensed nursing staff within sight of the treatment cart.</p> <p>At 7:39 A.M., the Administrator walked towards the 400 hall, she stopped and locked the treatment cart.</p> <p>During an interview, on 3/17/2022 at 7:40 A.M., the Administrator indicated the treatment cart should have been locked.</p> <p>2. During a medication administration observation, on 3/17/2022 at 8:30 A.M., LPN (Licensed Practical Nurse) 2 removed the following medications from the 100 hall medication cart for Resident 244: Hydrocodone 7.5/325 mg (narcotic), Amlodipine 10 mg (anti hypertensive), Gabapentin 300 mg (nerve pain medication), Metoprolol 50 mg (anti hypertensive) and placed the tablets in a medicine cup on the top of the unlocked medication cart. LPN 2 walked down the hall to resident 244's room, went in the room and then returned to the medication cart, leaving the med cup with medication on the cart.</p> <p>During an interview, on 3/17/2022 at 8:34 A.M., LPN 2 indicated she should not have walked away from the cart and the cart should have been locked.</p> <p>3. During a medication storage observation, on 3/18/2022 at 11:02 A.M., of Legacy Lane medication cart, the following was observed: a box of Fisherman's Friend cough drops with no resident identifiers; 8 loose pills in the drawers; an opened/undated bottle of Miralax; an opened/undated bottle of Almacone (antacid); an opened/undated bottle of Milk of Magnesium and an opened vial of Tubersol (tuberculosis solution) in a box with a sticker that indicated to use by 28 days after opening. The vial had a date of 11/19.</p> <p>During an interview, on 3/18/2022 at 11:19 A.M., QMA (Qualified Medication Aide) 7 indicated the medications should have a label and date on them, there should not be loose pills in the medication cart and the vial of Tubersol was outdated.</p> <p>4. During a medication storage area observation, on 3/18/2022 at 11:23 A.M., on the 100 hall medication cart, the following was observed: 1 bottle of lutein vitamins, blueberry, tart cherry, milk [NAME], [NAME] berry, and wild cherry bark opened, undated with no resident identifiers on the bottles. Five (5) bottles of Miralax (laxative) opened and undated, and 3 loose pills in the drawers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During an interview, on 3/18/2022 at 11:30 A.M., RN (Registered Nurse) 6 indicated all of the bottles should have had labels and dates on them and there should be no loose pills in the drawers.</p> <p>On 3/21/2022 at 1:15 P.M., the Corporate Nurse provided the policy titled, Medication Administration, dated 2018, and indicated the policy was the one currently used by the facility. The policy indicated . 5. Prior to administration of any medication, the medication and dosage schedule on the resident's medication administration record (MAR) are compared with the medication label.15. During administration of medications, the medication cart is kept closed and locked when out of sight of the facility medication administration personnel. No medications are kept on top of the cart</p> <p>On 3/21/2022 at 1:15 P.M., the Corporate Nurse provided the policy titled, Medication Labels, dated 11/2018, and indicated the policy was the one currently used by the facility. The policy indicated . A.If a label dose not fit directly on the product, e.g., eye drops, the label may be affixed to an outside container or carton, but the resident's name, at least must be maintained directly on the actual product container. F. Resident-specific non prescription medications (not floor stock) that are not labeled by the pharmacy are kept in the manufacture's original container and identified with the resident's name</p> <p>3.1-25(j)(m)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER Blair Ridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 269 Meadowview Dr Peru, IN 46970	
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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45120</p> <p>Based on observation and interview, the facility failed to store and date dry storage goods for 1 of 1 storage rooms reviewed for food storage.</p> <p>Finding includes:</p> <p>During a tour of the dry storage facilities on 3/15/2022 at 9:38 A.M., the surveyor observed a package of fettuccine noodles open to air and not secured. No open date was indicated on the open bag of fettuccine noodles. A large bag of panko breadcrumbs was loosely rolled and not closed securely. No open date was indicated on the open bag of panko breadcrumbs.</p> <p>During an interview on 3/15/2022 at 9:45 A.M., the Director of Food Services indicated the fettuccine noodles should be sealed securely, the panko breadcrumbs should be stored in a closed food bin and both items should have a date of when opened written on the packages.</p> <p>On 3/21/2022 at 3:07 P.M., the Administrator provided the policy entitled, Storage. The policy indicated, .6. Open packages are labeled, dated, and stored in closed containers .7. Dry bulk foods are stored in plastic containers with tight covers or bins which are easily sanitized A form entitled, Daily Check List was provided. The check list indicated, .check labeling and dating .make sure all containers and bags are closed</p> <p>3.1-21(2)</p>		