STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VALPARAISO SENIOR VILLAGE	74 E JOURNEY WAY VALPARAISO, IN 46383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00447319. Complaint IN00447319 - State deficiency related to the allegations is cited at R0241. Survey date: January 30, 2025 Facility number: 015221 Residential Census: 97 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 2/3/25.	R 0000		
R 0241 Bldg. 00	410 IAC 16.2-5-4(e)(1) Health Services - Offense Based on record review and interview, the facility failed to ensure the Physician or Nurse Practitioner (NP) was notified of a laboratory (lab) test result in a timely manner. The facility also failed to ensure a resident's antidepressant medication was not stopped abruptly without indication and the NP was notified when a resident's blood pressure (BP) was out of parameters per the physician's orders for 1 of 3 residents reviewed. (Resident B) Finding includes: Record review for Resident B was completed on 1/30/25 at 9:20 a.m. Diagnoses included, but were not limited to, bipolar, anxiety, depression, hypertension, and hypothyroidism.	R 0241	Plan of Correction:Lab results will be audited weekly for 4 weeks, two times per month for 4 weeks and monthly for 3 months for completion and appropriate physician notification and for documentation completion. Physician notification will be audited weekly x 4 weeks two times per month for 4 weeks and monthly for 3 months during morning meeting. In-service with performance improvement plans have been issued to nursing staff in violation of proper documentation and administration policy.Order Listing	02/28/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jamie Srnec	DON	02/14/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VALPARAISO SENIOR VILLAGE	74 E JOURNEY WAY VALPARAISO, IN 46383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	A Service Plan, dated 1/27/24, indicated the resident had a history of depression and received mental health services. A Physician's Order, dated 1/27/24-11/8/24, indicated the resident was to take levothyroxine sodium (treats hypothyroidism) 150 mcg (micrograms) daily for hypothyroidism. A Physician's Order, dated 9/22/24-11/5/24, indicated the resident was to take duloxetine (antidepressant) 40 mg (milligrams) every morning. The January 2025 Physician's Order Summary indicated orders for the following: - levothyroxine sodium 125 mcg every morning for hypothyroidism, started on 11/8/24 - duloxetine 40 mg once daily, started on 11/13/24 - clonidine (to treat high blood pressure) 0.2 mg three times a day. Call the NP for SBP (systolic blood pressure - top number of a blood pressure reading) greater than 160 or less than 100. A lab test for a TSH (Thyroid-stimulating hormone) was collected from Resident B on 10/1/24 and reported on 10/3/24. The resident's TSH level was 0.146. The reference range was 0.450-4.500. The result indicated the TSH was low. An NP Progress Note, dated 10/3/24 at 9:10 a.m., indicated the resident had hypothyroidism. The TSH lab test was to be monitored and was pending. The resident's BP was being monitored by facility staff. Continue with medications, with possible future changes based on need of control. The resident had recurrent major depression and to continue the duloxetine.		Reports to be reviewed daily x 2 weeks and weekly x 4 weeks and reviewed at monthly Quality Assurance meetings x 6 months	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VALPARAISO SENIOR VILLAGE	74 E JOURNEY WAY VALPARAISO, IN 46383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	The January 2025 Medication Administration Record indicated the resident's BP was not checked or was outside of parameters on the following dates and times. 9:00 a.m.: 1/1; BP 165/70; 1/5 BP 176/93; 1/11 BP 166/73; 1/12 BP 163/73; 1/16 BP 171/80; 1/18 BP 172/79; 1/19 BP 178/86; 1/21 BP 163/74; 1/23 blank; 1/24 BP 170/82; 1/25 BP 167/79; 1/27 162/84; 1/28/25 BP 162/77 2:00 p.m.: NA (non applicable) on 1/1, 1/2, and 1/4-1/11, 1/12 BP 163/73; 1/13, blank on 1/14 and 1/16, NA on 1/17-1/20, 1/21 BP 163/74, NA 1/22, blank 1/23, NA 1/24-1/29/25 8:00 p.m.: 1/1 BP 166/72; 1/4 BP 171/90, NA on 1/5; 1/10 BP 219/89; 1/17 BP 182/91; 1/18 BP 174/94; 1/19 BP 167/72; 1/20 BP 163/82; 1/29/25 BP 168/81 There were no other progress notes or documentation to indicate the facility had notified the NP of the resident's low TSH result on 10/3/24. The resident did not have a medication adjustment to her levothyroxine sodium until it was ordered on 11/8/24. There was no documentation to indicate why the resident's duloxetine had been stopped abruptly on 11/5/24 and not started again until 11/13/24. There was no documentation to indicate the resident's BP was checked on the above dates that were documented NA or if the NP had been notified when it was out of parameters. During an interview on 1/30/25 at 2:28 p.m., the Director Of Nursing indicated she could not provide any documentation the NP had been notified of the lab test until 11/8/24, why the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VALPARAISO SENIOR VILLAGE	74 E JOURNEY WAY VALPARAISO, IN 46383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	resident's antidepressant had been stopped for over a week, or if the NP was notified about the BP results or why staff were marking NA on some days. A facility policy titled, "Laboratory Services" and received as current from the facility on 1/30/25, indicated, "...Diagnostic services are provided that are ordered by the physician, identified in the patient's plan of care and are necessary for the management of the patient's symptoms..." No other policies were provided for the above concerns. This citation related to Complaint IN00447319.			