STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDMOOR OF EVANSVILLE LLC	6521 GREENDALE DR, EVANSVILLE, , 47711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes 472001, 471899, and 471170. Intake 472001: State deficiencies related to the allegation(s) are cited at R0297. Intake 471899: State deficiencies related to the allegation(s) are cited at R0297. Intake 471170: State deficiencies related to the allegation(s) are cited at R0144. Survey dates: September 22 & 24, 2026 Facility number: 010681 Census Bed Type: Residential: 82 Total: 82 Census Payor Type:	R 0000		

	Medicaid: 65 Other: 17 Total: 82 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on September 29, 2026.			
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation, interview, and record review, the facility failed to maintain a clean and homelike environment in resident and visitor spaces for residents of 1 of 1 Resident Council meeting and 1 of 1 environmental tour. Air conditioning units, overhead air vents, and overhead fan blades contained a buildup of dust, walls and pillars near the front entrance of the facility were scuffed, scratched, and missing paint, and the floor transition strip or molding near the front entrance of the building was broken and sticking up and was	R 0144	Sanitation Standards and Safety R144 This Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members. Rather, it is submitted for compliance purposes. This facility alleges substantial compliance with this plan of correction as of October 15,2026 and requests paper compliance for this survey. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Commons area noted in citation will be cleaned and maintained. Floor strip noted in citation has been corrected as facility just installed new flooring in that section of the building. Resident B ac unit cleaned by maintenance. How will the facility identify other residents having the potential to be affected by the same deficient	10/15/2026

	covered by black duct tape. (Resident B) Finding includes: During a review of 08/2026 Resident council minutes on 9/22/26 at 10:15 A.M., minutes included, "...Housekeeping: Several Residents reported inconsistent cleaning; some rooms are seldom cleaned..." An observation on 9/22/26 at 9:30 A.M., included a floor strip or molding near the front entrance that was in disrepair and covered with black duct tape, the wall near the resident mailboxes was scuffed, scratched and missing paint, multiple pillars or columns in the dining room near the front entrance were scratched, chipped, and missing paint near the base and corners. An observation on 9/22/26 at 10:00 A.M., included a common area sun room used by residents that contained two over-head fans. The fan blades all contained a build up of dust/debris. On observation on 9/22/26 at 11:10 A.M., included a shared restroom in the front hall. The restroom paper towel dispenser contained a build up of dust, an attic access panel on the ceiling contained what appeared to be dark colored, dirty fingerprints,		practice and what corrective action will be taken. Maintenance department and administration review all resident rooms and common areas to ensure cleanliness. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur Educated housekeeping staff on sanitation standards to ensure facility cleanliness. Relias training course assigned to housekeepers as another form of education. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and · Maintenance director or designee will monitor cleaning weekly for 90 days, bi-weekly for 60 days, monthly for 30 days, and PRN thereafter. By what date the systemic changes will be completed. 10/15/2026	

	and an over-head vent or air return had a build up of dust and debris. During an interview and observation on 9/24/26 at 10:15 A.M., Resident B indicated her air conditioning unit was not routinely cleaned. The air vents from the unit contained a build up of dark dust and debris. During an interview on 9/24/26 at 11:20 A.M. the Maintenance Director indicated the facility recently hired additional maintenance staff and they are trying to catch up. Staff should fill out a work order when requesting maintenance work but often staff will only make verbal requests which made it difficult to keep track of what needed attention. Housekeeping should clean resident rooms weekly as well as the shared hallway restrooms. No facility policy related to the routine maintenance and homelike environment was provided. This citation relates to intake 471170.			
R 0297	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(1)	R 0297	Pharmaceutical Services R297 This Plan of Correction is neither an agreement with nor an admission of wrongdoing by this	10/15/2026

	(c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana. Based on interview and record review, the facility failed to ensure resident's received routine medications per the physician's order for residents from 1 of 1 Resident Council meeting and 1 of 3 residents reviewed for physician services. Routine medications were not documented as administered or were unavailable due to waiting on pharmacy delivery. (Resident C) Finding includes: During a review of the 08/2026 Resident council minutes on 9/22/26 at 10:15 A.M., minutes included, "...Multiple residents described medication refill and delivery problems. there have been delays of days without prescribed medications..."		facility or its staff members. Rather, it is submitted for compliance purposes. This facility alleges substantial compliance with this plan of correction as of October 15,2026 and requests paper compliance for this survey. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Director of Nursing meet with Facility pharmacist to ensure residents are receiving medication from Williams Brothers pharmacy as ordered by physician in a timely manner. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Director of Nursing and facility pharmacist meet to ensure all residents are receiving their medication as ordered. Director of Nursing or designee will monitor medication carts going forward to ensure residents have medication as ordered. Fax sent to facility pharmacy containing resident who were currently missing medications and pharmacist is personally packing medications to be delivered. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur Educated nursing on appropriate	

	During a record review on 9/22/26 at 12:00 P.M., Resident C's diagnoses included but were not limited to insomnia, chronic obstructive pulmonary disease (COPD), and hypertension. Resident C's physician orders included, but were not limited to zolpidem tartrate oral tablet 10 milligrams (mg) one time a day for insomnia (started 5/7/26), and pregabalin oral capsule 100 mg three times a day (started 8/29/26). Resident C's September 2026 Medication Administration Record (MAR) included but was not limited to the following missed doses: Zolpidem tartrate 10 mg one time a day was not administered on 9/10/26 and 9/11/26. Pregabalin 100 mg three times a day was not administered on 9/8/26 at 8:30 A.M. and 12:00 P.M., 9/9/26 at 12:00 P.M., 9/10/26 at 8:30 A.M., 12:00 P.M., and 5:00 P.M., and 9/14/26 at 5:00 P.M. Resident C's nurses notes included but was not limited to the following documentation: 9/1/26 at 8:05 P.M. - waiting on general pharmacy to deliver zolpidem tartrate 10 mg at this		ordering of medication. Pharmacists from facility pharmacy ensures DON during meeting that issues with transition have been ironed out and we should not keep having delays. Director of Nursing will continue to monitor medication ordering going forward to ensure proper delivery. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and · Director of Nursing or designee will monitor medication carts weekly for 90 days, bi-weekly for 60 days, monthly for 30 days, and PRN thereafter. By what date the systemic changes will be completed. 10/15/2026	

time.

9/10/26 at 12:20 P.M. - Pregabalin 100 mg oral capsule three times a day needs new prescription.

9/10/26 at 7:04 P.M. - Zolpidem 10 mg awaiting on pharmacy to deliver at this time.

9/11/26 at 8:27 P.M. - Zolpidem 10 mg - on order

During an interview on 9/24/26 at 10:45 A.M., Resident C indicated she runs out of medications almost every month. Nursing staff was supposed to reorder the medications and they usually blame it on each other for forgetting to reorder.

During an interview on 9/24/26 at 11:10 A.M., the Director of Nursing (DON) indicated their pharmacy had recently closed their local location and has been taking longer to deliver medications. Nursing staff should reorder medications prior to the resident running out of medications.

On 9/24/26 at 11:00 A.M., the DON supplied a facility policy titled, [Pharmacy Name] Policy and Procedure, dated 5/21/18. The policy included, "Regular and reliable pharmaceutical service is available to provide residents with prescription and

	nonprescription medications... 4. The pharmacy agrees to perform the following pharmaceutical services, including but not limited to: ...f. Providing routine and timely pharmacy services and emergency pharmacy services during normal business hours and back-up pharmacy services during non-business hours..." This citation relates to intakes 472001 and 471899.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREJessie Moore	TITLEExecutive director	(X6) DATE10/22/2026