

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Mason Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Provident Drive Warsaw, IN 46580	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>Based on record review and interview, the facility failed to ensure appropriate feeding tube care was provided regarding water flushes before and after medication administration and insertion site care for 1 of 3 residents reviewed for tube feeding. (Resident F)</p> <p>Finding includes:</p> <p>A complaint to the Indiana Department of Health (IDOH) was received on 6/11/2025 at 9:48 A.M. The complaint included, but was not limited to: .cleaning had not been performed around the feeding tube and only a gauze pad had been placed</p> <p>A closed record review for Resident F was completed on 6/16/2025 at 10:48 A.M. Diagnoses included, but were not limited to: cerebral infarction (stroke), dysphagia (difficulty swallowing), severe protein-calorie malnutrition and adult failure to thrive.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 4/7/2025, indicated Resident F was cognitively intact and received artificial nutrition and hydration via a feeding tube.</p> <p>A Care Plan, initiated on 4/24/2025, indicated Resident F had a gastronomy tube (a tube surgically inserted through the abdominal wall directly into the stomach) related to dysphagia and cerebral vascular infarction. Interventions included, but were not limited to: gastronomy site care was to have been followed and Resident F was to have received water flushes as ordered.</p> <p>A review of Physician Orders, for April 2025, indicated Resident F had no orders for water flushes for medication administration through the feeding tube and had no orders for the feeding tube insertion site care. There was no documentation regarding any medication water flushes before and/or after medication administration and no insertion site dressing changes for Reisdent F.</p> <p>During an interview, on 6/17/2025 at 10:27 A.M., RN 2 indicated residents should have orders for flushes for medication administration and insertion site care of the feeding tube.</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
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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy was provided by the Executive Director, on 6/17/2025 at 11:36 A.M. The policy titled, Flushing a Feeding Tube, indicated, .It is the policy of this facility to ensure that staff providing care and services to the resident via a feeding tube are aware of, competent in and utilize facility protocols regarding feeding nutrition and care. Feeding tube care and services will be provided in accordance with resident needs and professional standards of practice .Policy Explanation and Compliance Guidelines: 10 .flush the tube utilizing 60 mL [milliliters] catheter tip syringe using the prescribed amount of water every four [4] hours, before and after feedings and medications or as directed by the physician</p> <p>A policy was provided by the Executive Director, on 6/17/2025 at 11:36 A.M. The policy titled, Gastronomy Site Care, indicated, .It is the policy of this facility to perform gastronomy site care daily, prn [as needed], or per physician order and per current standards of practice .Policy Explanation and Compliance Guidelines: 1. Verify there is a physician order for gastronomy site care</p> <p>This citation relates to Complaint IN00461321.</p> <p>3.1-44(a)(2)</p>		