

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Sycamore Care Strategies		STREET ADDRESS, CITY, STATE, ZIP CODE 12802 East US Hwy 50 Loogootee, IN 47553	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a safe, sanitary, and homelike environment in 1 of 3 resident bathrooms and 1 of 1 shared shower rooms. A shared restroom had a musty odor, discolored tile, damaged areas on the walls, dust buildup on an overhead heater, debris buildup behind a commode, and an exposed area with a sticky trap, dead insects, and droppings. A shared resident restroom contained two uncovered urine sample hats, two packages of briefs, and a pack of wipes on the floor next to the commode. (West Hall shower room, room [ROOM NUMBER], room [ROOM NUMBER]) Findings include: 1. During an observation on 12/3/25 at 3:10 P.M., the [NAME] Hall shared shower room contained a musty odor, overhead ceiling vents were surrounded by small dark circular areas that appeared to be mold, the wall between the door and commode and the wall across from the door had areas of missing paint, a shut off valve cover had been knocked away from the base of a wall and exposed a sticky trap with several small dead insects and small oval shaped dark colored droppings, an overhead mounted heater contained a buildup of dust, and shower tiles were discolored and contained what appeared to be a buildup of mold or mildew. During an observation on 12/5/25 at 12:50 P.M., the [NAME] Hall shared shower room contained a musty odor, overhead ceiling vents were surrounded by small dark circular areas that appeared to be mold, the wall between the door and commode and the wall across from the door had areas of missing paint, an overhead mounted heater contained a buildup of dust, shower tiles were discolored and contained what appeared to be a buildup of mold or mildew, and a buildup of debris was observed behind the commode. During a confidential interview, facility staff indicated the [NAME] Hall shared shower restroom was not clean and contained mold. During an interview on 12/5/25 at 1:05 P.M., the Housekeeping Manager indicated the [NAME] Hall shared shower room was cleaned daily and that the shower tile discoloration had been deep cleaned and steam cleaned without success. The Housekeeping Manager indicated the maintenance staff was responsible for maintaining the overhead vents. 2. During an observation on 12/5/25 at 1:00 P.M., in the shared restroom between rooms [ROOM NUMBERS], two urine collection hats were stored uncovered between the handrail and wall on each side of the commode. Two packages of briefs and one package of wipes were on the floor next to the commode. During an interview on 12/5/25 at 1:10 P.M., the Infection Preventionist indicated that the urine sample collecting hats should be stored in the facility storage closet until ready for use and not stored in a resident's restroom. Resident care items should not be stored on the bathroom floor. On 12/5/25 at 1:50 P.M., the Director of Nursing (DON) indicated the facility did not have a policy related to the resident environment in the shared shower room and resident bathrooms. The DON supplied an undated [NAME] Hall Daily Schedule that included, .3.go to the shower room and clean and sanitize really good!!!! (sic) Gather trash, sweep, and mop. Don't leave anything lying around. Straighten up, leave it neat and clean. Make sure there is no poo or goo on the walls .This citation relates to intake 2640114. 3.1-19(a)(4)3.1-19(f)</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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