

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2025
NAME OF PROVIDER OR SUPPLIER Clinton House Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 809 W Freeman St Frankfort, IN 46041	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) was scheduled for at least 8 consecutive hours 7 days a week for 2 of 21 days reviewed for staffing. (7/20/25 and 8/3/25) Findings include: The as worked staffing schedules were reviewed on 8/11/25 at 1:35 p.m. A RN was not scheduled to work on Sunday, 7/20/25. A RN was not scheduled to work on Sunday, 8/3/25. The facility assessment, dated 3/17/25, indicated the facility had 2 residents who required IV (Intravenous) medications on average. Staff with specialized training such as RNs were to be assigned to areas with residents with higher acuity needs. During an interview, on 8/15/25 at 10:19 a.m., the Director of Nursing indicated there was no RN present in the facility on 7/20/25 and 8/3/25. The facility followed the CMS guidelines for staffing, and an RN should have been present on those dates for at least 8 consecutive hours. The facility did not provide a staffing policy prior to exit. 3.1-17(b)(3)</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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on interview and record review, the facility failed to ensure the daily nurse staffing data was posted at the beginning of each shift on 1 of 6 survey observation dates. (8/10/25) Findings include: During an observation, on 8/10/25 at 12:21 p.m., the posted nurse staffing data sheet was dated for 8/8/25. During an interview, on 8/11/25 at 12:55 p.m., the Director of Nursing (DON) indicated the scheduler created the daily nurse staffing data forms and posted it each morning. On the weekends, she created it ahead of time, and the manager on duty was supposed to post it each morning. The Saturday and Sunday sheets were placed in the posting frame behind Friday's sheet to be pulled forward over the weekend. If there were call-ins or changes, it would not reflect those on the weekend or night shifts after she went home. The staffing should be posted each morning, even during the weekend. If the posted sheet was dated 8/8/25, then the nurse staffing data sheet for 8/9/25 must not have been pulled forward on Saturday and Sunday's sheet was not pulled forward at the beginning of the shift. The facility did not provide a policy on nurse staffing data posting prior to exit. 3.1-17(a)</p>		