

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/28/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident received scheduled showers for 1 of 2 residents reviewed for ADL (activities of daily living) care. (Resident D) Findings include: A confidential email, dated 6/11/26, indicated Resident D had not received adequate care at the facility and had only received two (2) showers in 2 weeks. The clinical record for Resident D was reviewed on 7/27/26 at 11:48 a.m. The diagnoses included, but were not limited to, orthopedic aftercare, Charcot's joint (a progressive and destructive condition of the bone structure) of right ankle and foot, and acquired absence of the left leg below the knee. A Brief Interview for Mental Status (BIMS) score, dated 5/22/26, indicated Resident D was cognitively intact. A care plan, dated 5/28/26, indicated Resident D was at risk for ADL self-care deficits related to right mid-foot osteotomy (surgical bone repair) and external fixation (a surgical treatment used to stabilize bones using pins and wires inserted through the skin into the bone, and connected to an external frame outside the body). Interventions included, but were not limited to, bathing and showers were preferred on Monday's and Thursday ?s day shift and could fluctuate throughout the day and Resident D was dependent on staff. Resident D's care plan did not include a documented history of refused care for ADL needs, including showers. Resident D had eight (8) bathing opportunities from his admission on [DATE] to his discharge on [DATE]. In May 2026, according to Resident D's Monday and Thursday shower schedule, Resident D should have received a shower on 5/25 and 5/28. The CNA task for bathing did not have documentation on 5/25, a refusal was documented on 5/27, and resident unavailable was documented on 5/28. There was no shower sheets provided for the month of May. In June 2026, according to Resident D's Monday and Thursday shower schedule, Resident D should have received a shower on 6/1, 6/4, 6/8, 6/11, 6/15 and 6/18. The CNA task for bathing did not have documentation for 6/1 or 6/4, a refusal was documented for 6/8, a bed bath was documented on 6/11, a shower was documented on 6/15, and a refusal was documented on 6/18. Facility shower sheets were provided for 6/1 and 6/4 but did not include the Resident D's signature. Shower sheets were not provided for the documented refusals on 6/8 and 6/18. A progress note, dated 6/4/26, indicated Resident D's friend called the facility after Resident D reported to his friend, he had not had a shower since being admitted to the facility. A progress note, dated 6/7/26, indicated Resident D's friend came to the facility wanting to know when Resident D's last shower was. The nurse told Resident D's friend the resident was not allowed to have a shower due to the pins in his legs rusting and he had been offered bed baths with rags and water. Resident D's friend asked if family and friends could help give the resident a bed bath. The staff member indicated the friend would need to ask the DON or Executive Director (ED). There was no documentation to indicate Resident D was unable to take a shower due to the external fixator in the progress notes, physician's notes, podiatrist (foot specialist) notes, wound care notes, resident assessments, or the resident's care plan. A progress note indicated on 6/13/26, (continued on next page)		

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident D had complained about not receiving a shower. Resident D was told he had been out of the facility for the entirety of the day and into the night on the day of his scheduled shower, showers must be done on the schedule he chose when admitted , and if he wanted to change his shower schedule he would need to speak with management on Monday (6/15/26).During an interview, on 7/28/26 at 10:15 a.m., the DON (Director of Nursing) indicated Resident D often refused showers.During an interview, on 7/28/26 at 11:13 a.m., LPN (Licensed Practical Nurse) 4 indicated when a resident refused a shower, the CNA (certified nursing assistant), the nurse and the resident would sign the shower sheet to prove several attempts were made and all attempts were refused.A facility shower sheet indicated .Each resident must be offered care a total of three times. If the resident is still refusing after these attempts, 2 staff members (CNA/QMA/Nurse) MUST witness the third refusal.The resident is also required to sign, unless deemed cognitively or medically unable.A current facility policy, titled Activities of Daily Living Support, dated 9/11/23 and received from the DON on 7/28/26, indicated .Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to complete activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with.Hygiene (bathing, dressing, grooming, and oral care).A current facility policy, titled Resident Rights Policy, dated 11/1/21 and received from the DON on 7/28/26, indicated .Residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality.This citation relates to Intake 3041286.410 IAC (Indiana Administrative Code) 3.1-38(a)(2)(A)410 IAC (Indiana Administrative Code) 3.1-38(a)(3)(A)410 IAC (Indiana Administrative Code) 3.1-38(a)(3)(B)410 IAC (Indiana Administrative Code) 3.1-38(b)(2)410 IAC (Indiana Administrative Code) 3.1-38(b)(3)410 IAC (Indiana Administrative Code) 3.1-38(f)		