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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155324 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/18/2025 |
| NAME OF PROVIDER OR SUPPLIER Mitchell Manor | | STREET ADDRESS, CITY, STATE, ZIP CODE 24 Teke Burton Dr Mitchell, IN 47446 | |
| 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure a resident was supervised while riding on the facility transportation van during a scheduled doctor's appointment for 1 of 3 residents reviewed for accidents. (Resident B) Findings include: Resident B's clinical record was reviewed on 8/18/25 at 10:48 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease and depression. A nursing progress note, dated 7/28/25 at 8:32 p.m., indicated the resident's family and physician were notified of an alleged incident. No new orders received. No signs or symptoms of acute distress noted at this time. The clinical record lacked documentation of the alleged incident. A Fall/Accident Interview Statement, dated 7/29/25, indicated on 7/28/25, a staff member took Resident B to a doctor's appointment in the facility transportation van. The staff member bought his wife lunch, took it to her at the hospital, and admitted ly left Resident B in the vehicle with the window rolled down. The staff member indicated he should not have left the resident unattended in the vehicle. During an interview on 8/18/25 at 10:35 a.m., the Administrator indicated the transportation driver drove Resident B to an appointment and on the way back decided to stop at a restaurant drive through and get lunch for himself, his wife, and the resident. He then stopped at the nearby hospital and exited the vehicle to take his wife lunch. The transportation van had air-conditioning, however, Resident B indicated he rolled down the window and turned the van off. After approximately 15 minutes, Resident B left the vehicle and went into the hospital to try and locate the drive. A security guard from the hospital met her, provided a wheelchair, and sat with her until the transportation driver returned. When the transportation driver returned, he asked Resident B not to say anything because he had bought her lunch. The Administrator indicated Resident B did not report the incident for over a week. During an interview on 8/18/25 at 11:20 a.m., the DON indicated she was not sure of the exact date the above incident occurred because Resident B did not report it for over a week. The resident had an appointment on 7/24/25 at 9:15 a.m. and she believed it happened on that date during lunchtime. The Weather Underground website at www.wunderground.com, indicated during the week of 7/24/25 through 7/28/25, the average high temperature was 90 degrees. Resident B was out of the facility and unavailable for interview during the survey period. On 8/18/25 at 10:49 a.m., the Administrator provided the policy titled, Transportation Coordination and Services with a revised date of 5/15/25, and indicated it was the policy currently being used by the facility. A review of the policy indicated, . Procedure: 3. The facility will ensure that safety and infection prevention procedures are followed in accordance to state and federal guidance .This citation relates to Complaint 2574607.3.1-45(a)(2)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 155324 |
| | | If continuation sheet Page 1 of 1 |