

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  02/28/2025
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>50647</p> <p>Based on record review and interview, the facility failed to ensure the Discharge MDS (Minimum Data Set) assessment was completed within allotted timeframe for 1 of 4 residents reviewed for resident assessment. (Resident 48)</p> <p>Finding includes:</p> <p>On 2/27/25 at 2:07 p.m., Resident 48's clinical record was reviewed. The diagnoses included, but were not limited to, Alzheimer's disease, anxiety, and major depressive disorder.</p> <p>The MDS assessments indicated there was no Discharge MDS assessment completed. The last MDS assessment completed was the Quarterly MDS Assessment, on 9/10/24.</p> <p>A progress note, dated 10/1/24, indicated the resident was discharged to another facility.</p> <p>A review of the Resident Assessment Instrument (RAI), Version 3.0 User's Manual, 10/2023, on 2/28/25 at 10:00 a.m., indicated the Discharge MDS assessment must be completed within 14 calendar days after the discharge date and must be submitted within 14 days after the MDS completion date.</p> <p>During an interview with the MDS nurse on 2/28/25 at 10:40 a.m., she indicated the Discharge MDS assessment was not completed upon discharge of the resident and should have been completed within 14 calendar days of the discharge date. She indicated the facility did not have a resident assessment policy and they used the RAI tool criteria for timeframe of completion.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>50647</p> <p>Based on record review and interview, the facility failed to ensure an accurate assessment of active diagnoses for 2 of 4 residents reviewed for resident assessment. (Resident 20, Resident 57)</p> <p>Findings include:</p> <p>1. On 2/26/25 at 1:25 p.m., Resident 20's clinical record was reviewed. The diagnoses included, but were not limited to, Parkinson's disease (a chronic brain disorder that causes movement problems), dementia, and benign prostatic hyperplasia (a non-cancerous enlargement of the prostate gland).</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 2/10/25, was not marked for a diagnosis of UTI (urinary tract infection) in the last 30 days.</p> <p>The resident's laboratory results, dated 1/23/25, indicated the resident had Aerococcus urinae (Gram-positive bacterium associated with urinary tract infections) present on a urine culture.</p> <p>The resident's MAR (Medication Administration Record), indicated the resident received Ceftriaxone Sodium (a medication used to treat bacterial infections), 1 gram intramuscularly one time only for UTI on 1/24/25.</p> <p>A review of the Resident Assessment Instrument (RAI), Version 3.0 User's Manual, 10/2023, on 2/26/25 at 2:00 p.m., indicated for Item I2300 Urinary tract infection (UTI), the UTI has a look-back period of 30 days for active disease instead of 7 days.</p> <p>During an interview with the MDS nurse on 2/28/25 at 2:00 p.m., she indicated the resident was diagnosed with a UTI on 1/23/25. The MDS nurse indicated the Quarterly MDS assessment, dated 2/10/25, was marked no for a diagnosis of UTI and it should have been marked yes. The MDS nurse indicated the facility did not have a MDS policy and they utilized the RAI tool to complete MDS assessments.</p> <p>2. On 2/27/25 at 10:02 a.m., Resident 57's clinical record was reviewed. The diagnoses included, but were not limited to, bipolar disorder (a mental illness that involves extreme shifts in mood) and schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly).</p> <p>Admission MDS assessment, dated 12/20/24, indicated bipolar disorder was not marked as an active diagnosis.</p> <p>The resident's MAR indicated, the resident had an active order on 12/16/24 for Depakote Delayed Release Tablet (medication to treat seizures and bipolar disorder) 250 mg (milligrams), for bipolar disorder.</p> <p>A review of the RAI, Version 3.0 User's Manual, 10/2023, on 2/27/25 at 11:00 a.m., indicated for section I5900, Bipolar Disease, Diagnosis status: Active or Inactive is a 7-day look-back period.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the MDS nurse on 2/28/25 at 2:00 p.m., she indicated the resident had an active diagnosis of bipolar disease on 12/16/24. The MDS nurse indicated the Admission MDS assessment, dated 12/20/24, was marked no for diagnosis of bipolar disease and it should have been marked yes. The MDS nurse indicated the facility did not have a MDS policy and they utilized the RAI tool to complete MDS assessments.</p> <p>3.1-31(d)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>38312</p> <p>Based on interview and record review, the facility failed to develop a care plan for a resident's preference for 2 of 2 residents reviewed for choices. (Resident 24, Resident 49)</p> <p>Findings include:</p> <p>1. During an interview on 2/24/25 at 11:52 a.m., Resident 24 indicated her shower days were on Tuesday and Friday.</p> <p>On 2/27/25 at 10:52 a.m., Resident 24's clinical record was reviewed. The diagnoses included, but were not limited to, low back pain and muscle weakness.</p> <p>The Resident ADL (Activities of Daily Living) Preferences, dated 12/30/24, indicated Resident 24 preferred showers on Tuesday and Friday. The form lacked documentation of preference updated on the care plan.</p> <p>The Admission MDS (Minimum Data Set) assessment, dated 1/3/25, indicated it was very important for Resident 24 to choose between a tub bath, bed bath, and sponge bath.</p> <p>During an interview on 2/27/25 at 11:28 a.m., the MDS nurse indicated Resident 24 should have had a preference care plan after the Admission MDS assessment.</p> <p>During an interview on 2/27/25 1:30 p.m., the Director of Nursing (DON) indicated Resident 24's clinical record lacked documentation of a care plan for preferences.</p> <p>2. During an interview on 2/24/25 at 11:57 a.m., Resident 49 indicated her shower days were on Tuesday and Friday.</p> <p>On 2/27/25 at 11:25 a.m., Resident 49's clinical record was reviewed. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD) and muscle weakness.</p> <p>The Resident ADL Preferences, dated 1/2/25, indicated Resident 49 had no preference on what shower days, but preferred them on evening shift. The form lacked documentation of preference updated on the care plan.</p> <p>The Admission MDS assessment, dated 1/7/25, indicated it was not very important for Resident 49 to choose between a tub bath, bed bath, and sponge bath.</p> <p>During an interview on 2/27/25 at 11:28 a.m., the MDS nurse indicated Resident 49 should have had a preference care plan after the Admission MDS assessment.</p> <p>During an interview on 2/27/25 1:30 p.m., the Director of Nursing (DON) indicated Resident 49's clinical record lacked documentation of a care plan for preferences.</p> <p>(continued on next page)</p>		

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F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 2/28/25 at 3:15 p.m., the DON provided the facility's policy, Comprehensive Care Plans and Revisions, dated 9/11/24, and indicated it was the policy currently being used by the facility. A review of the policy indicated, . (i). Developed within 7 days after completion of the comprehensive assessment .  3.1-35(a)		

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<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>35318</p> <p>Based on observation, interview, and record review, the facility failed to ensure the carpets were not worn and free of stains for 63 of 63 residents residing in the facility and failed to ensure a homelike environment for 2 of 16 residents reviewed for environment. (Hallway A, Hallway B, Hallway C, Hallway D, Resident 33 and Resident 16)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 2/24/25 at 11:00 a.m., during an initial tour, the carpet on Hallway A, Hallway B, Hallway C, and Hallway D were observed to be worn and to have multiple stains throughout.</li> <li>On 2/26/25 at 10:02 a.m., a sign was observed to be on the wall in Resident 33's room which indicated to put dentures in denture cup before picking up meal tray or stray Kleenex.</li> </ol> <p>On 2/28/25 at 12:15 p.m., the above sign was observed to still be on the wall in Resident 33's room.</p> <ol style="list-style-type: none"> <li>On 2/26/25 at 10:12 a.m., a sign was observed to be on the wall in Resident 16's room which indicated his turning schedule from 8 a.m. until 6 p.m.</li> </ol> <p>On 2/28/25 at 2:24 p.m., the above sign was observed to still be on the wall in Resident 16's room.</p> <p>During an interview on 2/28/25 at 12:30 p.m., the Director of Nursing (DON) indicated the hallway carpets were in need of being replaced and the signs in Resident 33 and Resident 16's rooms would need to come down because they listed private information meant for staff convenience only.</p> <p>On 2/28/25 at 1:50 p.m., the DON provided the facility's policy, Housekeeping with a reviewed date of 6/12/2024, and indicated it was the policy currently being used by the facility. A review of the policy indicated, . The resident has a right to a safe, clean, comfortable and homelike environment .</p> <p>3.1-19(f)</p>		