

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2026
NAME OF PROVIDER OR SUPPLIER Mount Vernon Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Country Club Rd Mount Vernon, IN 47620	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on interview and record review, the facility failed to send a copy of the notice of transfer or discharge to a representative of the State LTC (Long Term Care) Ombudsman in a timely manner for 4 of 4 residents reviewed for admission/transfer/discharge. (Resident B, Resident C, Resident D, Resident E) Finding includes: On 2/13/26 at 9:57 a.m., the Social Services Director provided copies of the email communications she sent to the Ombudsman related to the facility discharging residents from the secured memory care unit. An email dated 10/6/25 at 9:58 a.m., from the Social Services Director, indicated the facility was in the process of transitioning the secured memory care unit to an unsecured, long-term care unit. The residents residing on the unit were being reviewed to determine appropriate placement. The Ombudsman would be copied on any involuntary discharge notices. An email dated 10/8/25 at 3:27 p.m., from the Ombudsman indicated to mail a resident list, their discharge plans, and she would be watching for the transfer/discharge notices to come by email. An email dated 11/21/25 at 4:10 p.m., from the Social Services Director to the Ombudsman indicated to see the attached. There were 4 attachments for the notice of transfer for Residents B, C, D, and E. Notice of transfer or discharge for Residents B, C, D, and E was reviewed and included, but were not limited to: Resident B: date notice issued 10/2/25 to another nursing facility Resident C: date notice issued 9/22/25 to another nursing facility Resident D: date notice issued 9/22/25 to another nursing facility Resident E: date notice issued 9/22/25 to another nursing facility Resident B was discharged from the facility on 10/10/25. Resident C discharged from the facility on 9/30/25. Resident D discharged from the facility on 10/3/25. Resident E was discharged from the facility on 9/26/25. On 2/13/26 at 10:30 a.m., the Social Services Director indicated she sent the notices for transfer or discharge of Residents B, C, D, and E to the Ombudsman by email on 11/21/25; there had been a delay in sending them. On 2/13/26 at 11:22 a.m., the Social Services Director provided the current policy for inappropriate discharge prevention policy with a revised date of 5/25. The policy included but was not limited to: This will include issuing the Notice of Transfer of Discharge Request for Hearing form 49669 and 49831, that is consistent with the Indiana State Department of Health form and the Appeal Rights form at least 30 days prior to the transfer. (unless the discharge is due to endangering the health and safety of others). The resident and responsible party will also be given a copy of the Bed Hold Policy. The facility will assist the resident in completing the forms necessary. The facility will also need to send a copy to the Local and State Ombudsman. This citation relates to Intake 2692989. 3.1-12(a)(6)(A)(iv)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155342
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