

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155354	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Newburgh Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 10466 Pollack Ave Newburgh, IN 47630	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48147</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and sanitary environment during 3 random observations. The hallway floors were sticky and soiled. (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], Main Dining Hall)</p> <p>Findings include:</p> <p>1. During an initial walkthrough of the facility on 12/18/24 at 10:55 A.M., the hallway floor outside room [ROOM NUMBER] was noted to have a large red sticky substance with smaller drip marks next to it. The hallway floor in between rooms [ROOM NUMBERS] was noted to have a large black substance.</p> <p>During a reinspection of the hallway floors on 12/18/24 at 2:11 P.M., the hallway floor outside room [ROOM NUMBER] was noted to have a large red sticky substance with smaller drip marks next to it. The hallway floor in between rooms [ROOM NUMBERS] was noted to have a large black substance.</p> <p>2. On 12/19/24 at 8:26 A.M., the hallway floor outside room [ROOM NUMBER] was noted to have a large red sticky substance with smaller drip marks next to it. The hallway floor in between rooms [ROOM NUMBERS] was noted to have a large black substance.</p> <p>The hallway floor outside of room [ROOM NUMBER] was noted to have a large black substance.</p> <p>There were muddy footprints in the hallway outside of the main dining area.</p> <p>During an anonymous interview, it was indicated that staff did not mop the hallways every day.</p> <p>On 12/19/24 at 8:26 A.M., Housekeeper 5 indicated there was one person dedicated to taking care of the floors. That person was supposed to mop and buff the floor every day that they were scheduled to work.</p> <p>On 12/19/24 at 8:35 A.M., the housekeeping daily schedule was reviewed. Floorcare was scheduled daily Monday through Friday.</p> <p>On 12/19/24 at 10:12 A.M., the Administrator provided a Floor Care Procedures policy, dated 3/10/21, that indicated The floors should be cared for in a manner to keep residents safe . spills should be cleaned up in a timely manner . Dust mop and mop hallways .</p> <p>(continued on next page)</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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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This citation relates to Complaint IN00449014. 3.1-19(f)