STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155354	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Newburgh Health and Rehab	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, record review and interview, the facility failed to ensure a resident had been provided with a safe, clean environment by not providing clean bed linens for 1 of 1 resident. Damp, soiled, and stained bed pad and linen were observed during a random observation of a resident's bed. (Resident V) Findings include:Anonymous interview on 6/15/26 at 1:25 P.M., indicated staff left dirty and wet bed pads on Resident V's bed. Observation on 6/17/26 at 9:35 A.M., Resident V's made up bed was observed with the sheets pulled up over a damp bed pad that smelled of urine and when the sheets were pulled back a yellow stained bottom sheet was observed. On 6/17/26 at 10:30 A.M., Resident V's clinical record was reviewed. Resident V diagnosis included, but was not limited to, overactive bladder. The current annual MDS (Minimum Data Set) indicated Resident V was cognitively intact. The current care plan for incontinence bladder interventions were reviewed on June 15, 2026, those included; clean peri-area with each incontinence episode dated 5/14/25.Check as scheduled/PRN (pro re nata/ as needed) for incontinence. Wash, rinse and dry perineum. Change clothing PRN after incontinent episodes dated 5/14/25. Interview on 6/17/26 at 10:20 A.M., Certified Nurse Aide (CNA) 7 indicated bed linen will get changed on the shower days, but if the linen is soiled it will be removed immediately and as needed. On 6/17/26 at 10:57 A.M., the Administrator provided a current policy Safe and Homelike Environment revised 1/26. The policy indicated .The facility will provided and maintain bed and bath linens that are clean and in good condition. This citation relates to Intake 3041445. 410 IAC (Indiana Administrative Code) 16.2-3.1-19(f)(5)

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	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on interview and record review, the facility failed to ensure residents dependent on staff for ADLs (Activities of Daily Living) were showered for 3 of 3 residents reviewed for ADL care. (Resident S, Resident T, and Resident U)Findings include:1. On 6/15/26 at 9:54 A.M., Resident S's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.The most current Quarterly Minimum Data Set (MDS) Assessment, dated 5/14/26, indicated Resident S was cognitively intact and was dependent on staff (staff does all the work) for showering.Current care plans included, but were not limited to:Resident S requires assistance with self-care and mobility tasks related to left side hemiplegia, hemorrhagic stroke, dated 11/5/25The Point of Care (POC) (a charting system for Certified Nurse Aides) Task Response for Showering and shower records were reviewed. Resident S did not receive a shower or complete bed bath on the following days since 5/29/26:6/5/262. On 6/15/26 at 10:06 A.M., Resident T's clinical record was reviewed. Diagnoses included, but were not limited to, Alzheimer's disease.The most current Significant Change Minimum Data Set (MDS) Assessment, dated 3/13/26, indicated Resident T was not assessed for cognitive impairment and required substantial to maximal assistance of staff (staff does more than half the work) for showering.Current care plans included, but were not limited to:Resident T requires assistance with self-care and mobility tasks following fall with left hip fracture, dated 12/25/25The Point of Care (POC) (a charting system for Certified Nurse Aides) Task Response for Showering and shower records were reviewed. Resident T did not receive a shower or complete bed bath on the following days since 5/29/26:6/5/266/9/266/12/263. On 6/15/26 at 10:23 A.M., Resident U's clinical record was reviewed. Diagnoses included, but were not limited to, right knee contracture and intellectual disability.The most current admission Minimum Data Set (MDS) Assessment, dated 3/19/26, indicated Resident U was cognitively intact and was dependent on staff (staff does all the work) for showering.Current care plans included, but were not limited to:Resident U requires assistance with self-care and mobility tasks related to cellulitis, dated 4/13/26 The Point of Care (POC) (a charting system for Certified Nurse Aides) Task Response for Showering and shower records were reviewed. Resident U did not receive a shower or complete bed bath on the following days since 5/29/26:6/5/26On 6/15/26 at 11:07 A.M., the Plan of Corrections Auditing binder was reviewed. Documentation indicated Resident S, Resident T, and Resident U received showers on Tuesdays and Fridays. A Shower Monitor document beginning 5/29/26 indicated showers were not audited on the following days:5/30/265/31/266/3/266/4/266/5/266/6/266/7/266/8/266/9/266/10/266/11/266/12/266/13/266/14/26Anonyn interview on 6/15/26 at 1:25 P.M. indicated something was happening internally in the facility and residents were not receiving the bare minimal of care. Residents were not being bathed twice a week and appeared dirty.Interview on 6/16/26 at 9:43 A.M., the Administrator indicated staff were supposed to document showers on shower records and then transfer them into the POC Task Response in the residents' electronic health record (EHR). She indicated there was staff changeover at the end of May/beginning of June and things got missed.On 6/16/26 at 1:24 P.M., the Administrator provided a current Resident Showers policy, revised 6/2026, that indicated It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice . Residents will be provided showers as per request or as per facility schedule protocols.This citation relates to intake 3032800 and intake 3041445.410 Indiana Administrative Code (IAC) 16.2-3.1-38(b)(2)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on interview and record review, the facility failed to ensure sufficient dietary support staff were employed and had relevant training to carry out safe functions of food and nutrition services for 1 of 1 kitchens reviewed. Nursing staff and facility leadership staff without training in dietary services completed meal service preparation, meal service, and sanitization at the end of the meal for 19 days in May. (Kitchen)Finding includes:Anonymous interview on 6/15/26 at 1:25 P.M. indicated nursing staff were cooking the food for the residents. The meals were not edible, cold, and never served on time.On 6/16/26 at 8:43 A.M., the Dietary Schedule for 5/24/26 through 6/16/26 was reviewed. An evening cook was not scheduled for 5/24/26 or 5/25/26.Interview on 6/16/26 at 9:31 A.M., the Kitchen Manager indicated her first day at the facility was 5/24/26. Prior to that, nursing staff cooked the residents' food due to a lack of dietary staff.At that time, food temperature logs for 5/1/26 through 6/15/26 were reviewed. Final cooked temperatures and holding temperatures were not recorded for the following days:5/2/26 (breakfast, lunch, and dinner)5/4/16 (dinner - holding temperature)5/8/26 (breakfast, lunch, and dinner)5/9/26 (breakfast, lunch, and dinner)5/10/26 (breakfast, lunch, and dinner)5/11/26 (breakfast, lunch, and dinner)5/13/26 (breakfast, lunch, and dinner)5/15/26 (dinner)5/19/26 (dinner)5/20/26 (lunch)5/21/26 (breakfast, lunch, and dinner)5/22/26 (lunch and dinner)5/23/26 (breakfast, lunch, and dinner)5/24/26 (breakfast, lunch, and dinner)5/25/26 (dinner)5/26/26 (breakfast, lunch, and dinner)5/27/26 (breakfast, lunch, and dinner)5/28/26 (breakfast and lunch)5/29/26 (breakfast and lunch)5/30/26 (dinner)5/31/26 (breakfast, lunch, and dinner)Interview on 6/16/26 at 9:36 A.M., the Administrator indicated that all facility staff picked up shifts in the kitchen for about two weeks. The Dietitian created an emergency menu that was implemented and that nursing staff cooked. She was not sure if nursing staff who worked in the kitchen knew proper food handling protocols and policies, and she was not sure there was always someone who had a food service certificate working in the kitchen.Interview on 6/16/26 at 1:41 P.M., Licensed Practical Nurse (LPN) 5 indicated that she washed dishes in the kitchen on several occasions over the last few weeks but received no training related to general kitchen duties, safe food handling, or sanitization rules prior to performing kitchen duties.Interview on 6/16/26 at 1:43 P.M., Certified Nurse Aide (CNA) 8 indicated that she washed dishes in the kitchen on several occasions over the last few weeks. She indicated Medical Records 11, Qualified Medication Aide (QMA) 9 and QMA 10 cooked. There was no general kitchen service, safe food handling, or sanitization rules training provided prior to performing kitchen duties.Interview on 6/16/26 at 2:44 P.M., the Administrator indicated all but two dietary staff were fired on 5/6/26. To cover the lack of dietary staff, department heads worked in the kitchen on 5/7/26, and nursing staff covered kitchen duties beginning on 5/8/26. Nursing staff continued to cover dietary-related services until a full dietary staff was hired on or around 5/26/26.At that time, a Dietary Coverage schedule from 5/8/26 through 5/25/26 was reviewed. The following meals were prepared, served, and sanitized by employees without dietary training, qualifications, and food service certification:On 5/8/26 (census 53): Breakfast Service - Staff Development Coordinator (SDC), Assistant Director of Nursing (ADON), and Qualified Medication Aide (QMA) 9Lunch Service - QMA 9, Medical Records 15, and Business Office Manager (BOM)Dinner Service - Admissions, BOM, and QMA 9On 5/9/26 (census 53):Breakfast Service - Administrative Assistant 18, QMA 9, Certified Nurse Aide (CNA) 8, and QMA 16Lunch Service - Minimum Data Set (MDS) Coordinator, Administrator, and a Non-EmployeeDinner Service - Social Service Director (SSD) and Director of Nursing (DON)On 5/10/26 (census 53):Breakfast Service - QMA 10, Administrator, and QMA 9Lunch Service - Administrator and a Non-EmployeeDinner Service - Administrator, QMA 10, and DONOn 5/11/26 (census 53):Breakfast Service - Medical Records 11 and QMA 9Lunch Service - Medical Records 11 and QMA 9Dinner Service - QMA 16, CNA 9, and Licensed Practical Nurse (LPN) 5On 5/12/26 (census 53):Breakfast Service - Medical Records 11 (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	and QMA 9Lunch Service - Medical Records 11 and QMA 9Dinner Service - Medical Records 11, QMA 9, QMA 16, and CNA 8On 5/13/26 (census 53):Breakfast Service - Medical Records 11 and QMA 16Lunch Service - Medical Records 11Dinner Service - QMA 16, MDS Coordinator, LPN 5, CNA 8On 5/14/26 (census 54):Breakfast Service - Medical Records 11 and ADONLunch Service - Medical Records 11 and ADONDinner Service - Medical Records 11, CNA 8, and QMA 16On 5/15/26 (census 54):Dinner Service - Housekeeper 17, CNA 8, QMA 10, and QMA16 On 5/16/26 (census 53):Breakfast Service - QMA 16 and QMA 9Lunch Service - QMA 16 and QMA 9Dinner Service - QMA 9, Housekeeper 17, and CNA 8On 5/17/26 (census 53):Breakfast Service - QMA 16 and QMA 9Lunch Service - QMA 9Dinner Service - QMA 10, QMA 9, CNA 8, and Housekeeper 17On 5/20/26 (census 54):Breakfast Service - QMA 9Lunch Service - QMA 9Dinner Service - Medical Records 11On 5/22/26 (census 54):Dinner Service - no staff listedOn 5/23/26 (census 55):Breakfast Service - QMA 9Lunch Service - QMA 9Dinner Service - QMA 9On 5/24/26 (census 53):Breakfast Service - QMA 9Lunch Service - QMA 9Dinner Service - QMA 9On 5/25/26 (census 55):Breakfast Service - Medical Records 11Lunch Service - QMA 9Interview on 6/17/26 at 10:44 A.M., the Administrator indicated staff were not trained prior to working in the kitchen.On 6/16/26 at 3:23 P.M., the Administrator provided a current Food & Beverage Temperature Control policy, dated 2026, that indicated To ensure residents receive safe food served at acceptable temperatures. Food and beverage temperatures should be taken and logged upon being cooked and again prior to meal service.On 6/16/26 at 3:46 P.M., the Administrator provided a current undated Orientation to the Dietary Department employee requirements. Requirements included, but were not limited to:Review of sanitization rules in the kitchenExplanation of correct procedure for setting up traysReview of food preparation principlesTherapeutic dietsReading and following recipesUse of proper dipper and portion sizesProper storage of refrigerator and freezer items (thawing)Checking temperatures of refrigerator and freezerFirst in First out ruleProper Use of.Dish MachineProper Use of.Steam tableProper Use of.Plate warmerFloor cleaning proceduresDish room proceduresKitchen shut down procedures (i.e.: emergencies)On 6/17/26 at 6:43 A.M., the Administrator provided a current undated CNA Skills Check List, a current undated QMA Skills Check List, and a current undated Orientation Check List for Registered and Licensed Nurses. The list did not include any of the skills listed in the Orientation to Dietary Department requirements.This citation relates to intake 3041445. 410 Indiana Administrative Code (IAC) 16.2-3.1-20(h)410 IAC 16.2-3.1-21(i)(2)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to ensure that food was served at palatable temperatures for 1 of 1 trays tested for temperature. (East Hall Unit)Findings include:On 6/15/26 at 12:50 P.M., a test tray was obtained from the East Hall Unit. The hot food tasted cold. Temperatures were:BBQ sandwich- 131.4 degrees Fahrenheit (F)Green beans-109.8 degrees FCubed potatoes-110 degrees FSoup-120 degrees FChocolate pudding 68.9 degrees FCup of hot water-103.8 degrees F During an interview on 6/15/26 at 1:10 P.M. with the Dietary Manager indicated that hot foods should be 135 degrees F or greater and cold foods should be 41 degrees F or lower.On 6/16/26 at 10:15 A.M., the Administrator provided a current, non-dated policy Food and Beverage Temperature Control. The policy indicated .hot foods are to be served at 135 degrees F or higher and cold food/beverages should be served at 41 degrees F or lower.This citation relates to Intake 3041445410 Indiana Administrative Code (IAC) 16.2-3.1-21(a)(2)