

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2026
NAME OF PROVIDER OR SUPPLIER Middletown Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 131 S 10th St Middletown, IN 47356	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review, the facility failed to ensure a resident's rights were honored related to being spoken to in a rude manner and being called a derogatory term in the presence of other staff members in a manner that was loud enough to be heard by others for 1 of 3 residents reviewed for Resident Rights. (Resident C) Findings include: In an interview with Certified Nurse Assistant (CNA) 4 on 2-2-26 at 3:25 p.m., she recalled a conversation with Licensed Practical Nurse (LPN) 3 on an unspecified date around supper time. LPN 3 had told her that Resident C had requested LPN 3 to pour her a cup of water from the pitcher in the resident's room. CNA 4 indicated LPN 3 told her she responded to Resident C that she had two hands and she could do it herself. She added Resident C was no longer as strong as she used to be. It struck me at the time that what she said was really rude; not sure I would call it abuse, but definitely rude. CNA 4 indicated on/around the same date as this verbal interaction, she witnessed LPN 3 refer to Resident C as fat. This occurred during the shift change report, at approximately 5:00 a.m. There was not really anybody but staff around, but she said it in a voice that was more of a regular tone, maybe even louder than usual, but if anybody else was around, they definitely would have heard her. I did tell [names of Executive Director and Director of Nursing] the next morning because all the higher ups [management staff] were gone. I felt it was more rude, not necessarily abusive. In an interview with the Executive Director (ED) on 2-2-26 at 11:45 a.m., he indicated on the morning of 1-6-26, a CNA reported to him a possible abuse situation with another resident. During the investigation of the allegation and interviews with other residents, family and staff, the ED was informed by a staff member she had overheard LPN 3 call Resident C, a fat a-s. He indicated the facility was unsure of the exact dates of the occurrence, but guessed it had occurred during the previous weekend, sometime between the evening of 1-2-26 and the morning of 1-6-26, as these were the dates in which LPN 3 had most recently worked on the night shift. In a telephone interview with LPN 3 on 2-2-26 at 1:46 p.m., she indicated Resident C, does not like me, for whatever reason. Supposedly, she said I called her a fat a-s. Now, she has called me a fat a-s on more than one occasion. Once, I was in her room with [name of CNA 5 and [name of Resident C] started in calling me a fat ass .Later, as we were walking down the hall, we were talking about it quietly, about her calling me that . The clinical record of Resident C was reviewed on 2-2-26 at 4:00 p.m. The resident's diagnoses included, but were not limited to paranoid personality disorder (a mental health condition), depression, and anxiety. Her most recent Minimum Data Set assessment, dated 10-25-25, indicated the resident's cognition was intact. A review of Resident C's care plans indicated she has a behavioral concern related to paranoid personality disorder, as demonstrated by .make false accusations against staff AEB [as evidenced by] believing staff is turning others against her, feels staff purposely ignores her, and believes staff is trying to hurt rather than help her. Interventions include, but are not limited to, .Explain all procedures to the resident before starting and allow the resident 2-3 minutes to adjust to changes .Resident will be</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 155486	Facility ID: 155486 If continuation sheet Page 1 of 2

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	attended to and have needs met with two staff in the room at all times. On 2-3-26 at 12:36 p.m., the Executive Director provided a copy of a policy with a review date of 12-31-25, and entitled, Resident Rights. This policy indicated, Employees shall treat all residents with kindness, respect, and dignity .Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity .Orientation (annually) and in-service (annually) training programs are conducted to assist our empl in understanding residents' rights. This citation relates to Intake 2709181. 3.1-3(a)(1)3.1-3(a)(2)(A)3.1-3(a)(2)(B)3.1-3(a)(2)(C)3.1-3(a)(2)(D)		