

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 11/26/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>30344</p> <p>Based on observation, interview, and record review, the facility failed to maintain the stove hood in a cleanly manner. This had the potential to affect 12 of 12 residents in the facility.</p> <p>Findings include:</p> <p>A tour of the kitchen was conducted with the Dietary Manager (DM) on 11/22/24 at 12:00 p.m. During the tour, an observation of the stove hood was made. There were several intricate looking cobwebs strung between the gaps in the vent covers on the left side of the hood. The cobwebs were brown in color. There was fuzzy debris built up on the right side of the hood. These areas were directly above the stove.</p> <p>An interview was conducted with Dietary Aide 5 during observation of the stove hood. She indicated a separate company was responsible for cleaning the stove hood, and it had been a couple of months since they came.</p> <p>On 11/22/24 at 12:56 p.m., an interview was conducted with the DM, who provided the, 3/4/24, service report from the company who cleaned the facility's stove hood. The service report indicated the exhaust hood was cleaned on 3/4/24. The DM indicated the Maintenance Director provided her with the, 3/4/24, service report as verification of the last time the stove hood was cleaned. She was unsure how often it was supposed to be cleaned, but the stove hood was pretty bad during the tour.</p> <p>On 11/22/24 at 12:45 p.m., the DM provided verification of a, 10/1/24, semi-annual kitchen hood suppression inspection and the, 10/23/24, wet and dry fire sprinkler system inspection reports. None of them referenced cleaning of the stove hood.</p> <p>An interview was conducted with the DM on 11/22/24 at 1:17 p.m. She indicated there was no facility policy on cleaning the stove hood, but they were due for a cleaning this month.</p> <p>3.1-21(i)(3)</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45291</p> <p>Based on observation, interview, and record review, the facility failed to ensure the use of enhanced barrier precautions (EBP) for 3 of 3 residents reviewed for EBP (Resident 3, Resident 11, and Resident 2), and failed to ensure a feeding tube piston syringe was dated for 1 of 1 resident reviewed for enteral feeding management (Resident 11).</p> <p>1. The clinical record for Resident 3 was reviewed on 11/25/2024 at 11:30 a.m. The medical diagnoses included chronic kidney disease.</p> <p>A Quarterly Minimum Data Set Assessment, dated 11/13/2024, indicated Resident 3 had an indwelling urinary catheter.</p> <p>A physician order, dated 5/16/2024, indicated Resident 3 utilized an indwelling urinary catheter.</p> <p>A urinary care plan, last revised 11/15/2024, indicated Resident 3 utilized an indwelling urinary catheter. The care plan did not indicate the use of EBP.</p> <p>During an interview on 11/22/2024 at 12:29 p.m., Certified Nursing Assistant (CNA) 2 indicated she did not know what EBP was. When she provided care to residents with indwelling medical devices, such as catheters and feeding tubes, she only utilized gloves, but not a gown or other personal protective equipment.</p> <p>During an interview on 11/22/2024 at 12:45 p.m., the Director of Nursing (DON) indicated the facility did not have anyone on EBP and they did not utilize it currently.</p> <p>50436</p> <p>2. The clinical record for Resident 2 was reviewed on 11/26/24 at 10:12 a.m. The diagnoses included, but were not limited to, congestive heart failure, pleural effusions, and acute and chronic respiratory failure with hypoxia.</p> <p>A physician's order, dated 8/2/24, indicated Resident 2 received catheter care every shift and an order, dated 8/5/24, indicated Resident 2 was to have the hospice provider complete pleural drain care two times per week.</p> <p>An observation conducted, on 11/22/24 at 11:10 a.m., indicated no enhanced barrier precaution signage was in Resident 2's room or any personal protective equipment (PPE) was located in or near the resident's room.</p> <p>25054</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. During an observation on 11/22/24 at 11:56 a.m., Resident 11 was sitting in her recliner. The resident had a bottle of formula for a gastrostomy tube (feeding tube) hanging on a pole with a piston (syringe for administering formula, medication, and water into the gastrostomy tube and checking placement of the gastrostomy tube) hanging next to the formula bottle in a bag with no date. Observation of the resident's room and bathroom indicated there was no PPE visible.</p> <p>During an interview on 11/22/24 at 12:55 p.m., the DON verified the piston syringe was not dated. The DON indicated the nurse was responsible to date the piston syringe when it was opened. The DON verified there was no PPE located in Resident 11's room.</p> <p>The clinical record for Resident 11 was reviewed on 11/25/24 at 11:10 a.m. The diagnoses included, but were not limited to, dementia, gastrostomy status, congestive heart failure, hypertension, anxiety and diabetes.</p> <p>The physician recapitulation for Resident 11, dated November 2024, indicated the resident was to have the peg-tube (artificial nutrition through a tube into the stomach) flushed with 60 milliliters (ml) of water, check tube placement and residual prior to administration of formula or flushing of the feeding tube.</p> <p>During an interview on 11/25/24 at 11:40 a.m., Registered Nurse (RN) 1 indicated the facility does not have a policy for enhanced barrier precautions (EBP).</p> <p>The enteral nutrition policy was provided by RN 1 on 11/25/24 at 1:30 p.m. The policy indicated the staff caring for residents with feeding tubes would be trained on potential adverse effects of tube feeding, such as feeding-tube complications.</p> <p>3.1-18(b)(1)</p> <p>3.1-18(b)(2)</p>		