STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155487	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brown County Health and Living Community	55 E Willow St Nashville, IN 47448

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interview and record review, the facility failed to ensure the dialysis center provided a report or communication form after dialysis treatment and the Pre-Dialysis and Post-Dialysis Assessment Observation were completed after Resident 7's dialysis treatment and for 1 of 1 resident reviewed for dialysis. (Resident 7)Findings include:On 8/11/25 at 2:40 p.m., Resident 7 indicated he received dialysis early in the mornings on Monday, Wednesday, and Friday.On 8/13/25 at 10:28 a.m., Resident 7's clinical record was reviewed. The diagnoses included, but were not limited to, end stage renal disease and malnutrition.Resident 7's August 2025 Physician Orders indicated the following:-Complete the Post-Dialysis Assessment Observation after treatment on Monday, Wednesday, and Friday, initiated 11/27/24.-Complete the Pre-Dialysis Assessment Observation before treatment on Monday, Wednesday, and Friday, initiated 11/27/24.-Resident to receive dialysis on Monday, Wednesday, and Friday.A care plan, dated 12/2/24, indicated Resident 7 received dialysis for end stage renal disease. His interventions were to provide dialysis as ordered by the medical doctor (MD) and to observe the dialysis site daily for signs and symptoms of infection and bleeding. The August 2025 Treatment Administration Record (TAR) indicated Resident 7 received dialysis on 8/1/25, 8/4/25, 8/6/25, 8/8/25, 8/11/25, and 8/13/25. The August 2025 Medication Administration Record (MAR) indicated to complete the Pre-Dialysis Assessment Observation before treatment on Monday, Wednesday, and Friday, and to complete the Post-Dialysis Assessment Observation after treatment on Monday, Wednesday, and Friday. The MAR lacked documentation of monitoring the dialysis site daily for signs and symptoms of infection and/or bleeding.The clinical record lacked documentation of a Pre-Dialysis Assessment Observation dated 8/4/25.The clinical record lacked documentation of a Post-Dialysis Assessment Observation dated 8/1/25, 8/4/25, and 8/8/25.Resident 7's Progress notes lacked documentation of dialysis center being notified to request a communication form or monitoring the dialysis site daily for signs and symptoms of infection and/or bleeding. During an interview on 8/14/25 at 10:13 a.m., Licensed Practical Nurse (LPN) 1 indicated Resident 7 went to dialysis on Monday, Wednesday, and Friday. The Pre-Dialysis Assessment Observation would go with the resident to dialysis. The dialysis center did not always send a communication form back with the resident when he returned from dialysis. After Resident 7 returned from dialysis, the facility staff would complete a Post-Dialysis Assessment. During an interview on 8/14/25 at 2:47 p.m., the Director of Nursing (DON) indicated she needed to call the dialysis center to receive the August 2025 dialysis communication or the run report. The run reports were not in the clinical record. The dialysis center did not always send a communication form back with the resident when he returned from dialysis. During an interview on 8/15/25 at 10:15 a.m., the Director of Nursing indicated a Post-Dialysis Assessment should be completed when Resident 7 returned from dialysis. At that time, she provided Resident 7's August 2025 Post-Dialysis Assessment which lacked 8/1/25, 8/4/25, and 8/8/25.On 8/15/25 at 10:15 a.m., the Administrator provided the facility policy, Hemodialysis Policy, dated 6/4/19, and indicated it was the policy currently being used. A review of the policy indicated, .4. Complete a pre- and post- dialysis assessment . The policy lacked documentation of the dialysis center was needing to send a communication report to the facility after dialysis. 3.1-37(a)

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