

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Parker Health Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 359 Randolph St Parker City, IN 47368	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>09676</p> <p>Based on interview and record review, the facility failed to provide the resident group the opportunity to select a resident representative to serve as the Resident Council President for 10 of 10 residents interviewed in a group setting.</p> <p>Findings include:</p> <p>During a resident group interview on July 31, 2024 at 10:00 a.m. the following concerns regarding Resident Council were indicated:</p> <p>The facility had informed the members of Resident Council they would no longer have a resident council president. The residents did not initiate this practice. The Activity Director informed the council that this was how it was going to be going forward. The residents indicated the Activity Director had told them that other facilities did not have a president of Resident Council, so they would not either. This had occurred approximately three months ago. Ten of ten residents present during the interview indicated they were never given the right to vote on this decision. Ten of ten residents present during the interview indicated they would like a resident representative to serve as the Resident Council President. The group had previously chosen the Resident Council President by election and there had not been a term limit for the position. The group felt they did not have voice within the facility.</p> <p>Review of monthly Resident Council Minutes from January 2024 through July 2024 indicated the following:</p> <p>March 2024 listed the name of a Resident Council President.</p> <p>The monthly minutes lacked the name of a Resident Council President in April, May, June, and July 2024.</p> <p>The monthly minutes for 2024 lacked mention of a group decision to no longer having a resident council president.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Parker Health Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 359 Randolph St Parker City, IN 47368	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/1/24 at 11:33 a.m., the Activity Director indicated the resident council had slowly dwindled down to 3 or 4 members. The members were discouraged about the low participation. The Activity Director talked to her consultant about her concerns and her consultant said many facilities did not have a resident council president, so she then informed the resident council they would not have a resident council president. This idea was not offered to the resident council for consideration. The resident council did not vote on the matter. She implemented this practice following the recommendations of the consultant.</p> <p>A 10/1/2016, document titled Resident Council By-Laws, provided by the Activity Director on 8/1/24 at 1:55 p. m., indicated the following: .Officers: The President shall preside at all meetings of the Resident Council</p> <p>3.1-3(k)</p>		