STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155524	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Health Center at Glenburn Home	618 W Glenburn Road Linton, IN 47441

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 38312 Based on interview and record review, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessment for 1 of 1 residents reviewed for Resident Assessment. (Resident 40) Finding includes: During an interview on 9/26/24 at 10:51 a.m., Resident 40 indicated she had limitation of her upper and lower extremities and staff assisted her with range of motion (ROM) exercise. On 9/30/24 at 3:15 p.m., Resident 40's clinical record was reviewed. The diagnoses included, but were not limited to, cerebral infarction (stroke), right side hemiparesis (partial paralysis on one side of the body), and contracture (shortening of muscles that causes joints to stiffen). The Annual MDS assessment, dated 9/6/24, indicated Resident 40 was cognitively intact, had impairment on one side of her upper and lower extremity, had no days that PROM was preformed for at least 15 minutes a day, and had no days that AAROM was performed for at least 15 minutes a day. The Passive Range of Motion (PROM) Report, dated 9/1/24-10/1/24, indicated the following: - On 9/3/24 at 2:59 p.m., Resident 40 had 15 minutes of PROM. - On 9/4/24 at 2:59 p.m., Resident 40 had 15 minutes of PROM. -On 9/5/24 at 2:59 p.m., Resident 40 had 15 minutes of PROM. The Active Assisted Range of Motion (AAROM) Report, dated 9/1/24-10/1/24, indicated the following: - On 9/3/24 at 2:59 p.m., Resident 40 had 15 minutes of AAROM. -On 9/4/24 at 2:59 p.m., Resident 40 had 15 minutes of AAROM. -On 9/5/24 at 2:59 p.m., Resident 40 had 15 minutes of AAROM. The Restorative Nursing Progress Notes, dated 9/6/24, indicated Resident 40 received AAROM and PROM restorative program three times a week. (continued on next page)

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/1/24 at 9:35 a.m., the MDS Coordinator indicated the MDS assessment should of been coded for the three days Resident 40 received PROM and AAROM. On 10/1/24 at 3:42 p.m., the Assistant Director of Nursing (ADON) indicated they did not have a MDS assessment coding policy. They followed the Resident Assessment Instrument (RAI) manual for coding the MDS assessment. 3.1-31(d)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 50647 Based on observation, record review, and interview, the facility failed to provide respiratory care for 1 of 3 residents reviewed for oxygen therapy. Oxygen tubing and humidification water bottles were not labeled with a date. (Resident 26) Finding includes: On 9/26/24 at 10:15 a.m., Resident 26 was observed lying in bed with oxygen (O2) being administered via nasal cannula (NC) at 4 liters (L). There was no date observed on the NC tubing or humidification water bottle. On 9/26/24 at 1:52 p.m., Resident 26 was observed lying in bed with O2 being administered via NC at 4 L. There was no date observed on the NC tubing or humidification water bottle. On 9/27/24 at 10:30 a.m., Resident 26 was observed standing at bedside with oxygen being administered at 4 L via NC, no date observed on the NC tubing or humidification water bottle. On 9/30/24 at 9:15 a.m., Resident 26 was observed lying in bed with oxygen in use. There was no date observed on the NC or humidification water bottle. On 10/1/24 at 9:49 a.m., Resident 26 was observed lying in bed with oxygen in place at 4 L via NC. There was no date observed on the NC or humidification water bottle. On 9/27/24 12:51 p.m., Resident 26's clinical record was reviewed. The diagnoses included, but not limited to, Chronic Obstructive Pulmonary Disease (COPD), Type 2 diabetes mellitus, and dementia. The quarterly Minimum Data Set (MDS) assessment, dated 7/5/24, indicated Resident 26 received oxygen therapy. The care plan, revised on 10/30/23, indicated Resident 26 had oxygen therapy related to respiratory illness. The care plan indicated to change O2 nebulizer, tubing, and humidifier weekly. A physician's order, dated 4/15/24, indicated titrate oxygen to keep saturations greater than 92% on 2-5L per NC every shift. A physician's order, dated 9/6/24, indicated O2 tubing and humidified water change every week, night shift every Friday for oxygen usage. During an interview on 10/1/24 at 10:20 a.m., the Director of Nursing (DON) indicated Resident 26 had current order for oxygen therapy. The DON indicated that they changed the tubing and humidification bottle each week. The DON indicated the date should be written on the tubing and bottle. The DON indicated there was no date noted on nasal cannula tubing and humidification water bottle. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/1/24 at 2:30 p.m., the Assistant Director of Nursing (ADON) provided the facility policy, Oxygen Administration, dated 1/8/24, she indicated it was a policy currently being used. A review of the policy indicated, .5. Staff shall perform hand hygiene and don gloves when administering oxygen .Other infection control measures include: .b. change oxygen tubing and mask/cannula weekly .c. change humidification bottle every 72 hours or per facility policy, or as recommended by manufacturer . 3.1-47(a)(6)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36912 Based on observation, interview, and record review, the facility failed to ensure sit to stand lift foot platforms were clean for 4 of 4 sit to stand lifts observed. Findings include: 1. On the following dates and times, a non-mechanized sit to stand lift was observed in the hallway outside of room [ROOM NUMBER] with the foot platform containing food crumbs and debris: - On 9/27/24 at 10:10 a.m. - On 9/30/24 at 1:20 p.m. - On 10/1/24 at 11:45 a.m. 2. On the following dates and times, a non-mechanized sit to stand lift was observed in the hallway outside of room [ROOM NUMBER] with the foot platform containing food crumbs and debris: - On 9/27/24 at 10:20 a.m. - On 9/30/24 at 1:30 p.m. - On 10/1/24 at 11:55 a.m. 3. On the following dates and times, a mechanized sit to stand lift was observed in the hallway outside of room [ROOM NUMBER] with the foot platform containing food crumbs and debris: - On 9/27/24 at 10:25 a.m. - On 9/30/24 at 1:35 p.m. - On 10/1/24 at 11:58 a.m. 4. On the following dates and times, a non-mechanized sit to stand lift was observed in the hallway next to the Unit 500 soiled utility room with the foot platform containing food crumbs and debris: - On 9/27/24 at 10:30 a.m. - On 9/30/24 at 1:40 p.m. - On 10/1/24 at 12:02 .p.m During an interview on 10/1/24 at 3:00 p.m., the Administrator indicated the foot platforms of the sit to stand lifts were in need of cleaning before resident use. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/1/24 at 3:40 p.m., the Assistant Director of Nursing provided the Resident Rights, revised date 3/5/24, and indicated this was the Resident Rights policy used by the facility. A review of the policy indicated, .the resident has the right to a safe, clean, comfortable and homelike environment . 3.1-19(f)