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	08/28/2025

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. Based on interview and record review, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessment for 1 of 4 residents reviewed for significant weight loss. (Resident 10)Findings include:On 8/27/25 at 2:49 p.m., Resident 10's clinical record was reviewed. The diagnoses included, but were not limited to, Parkinson's disease (a progressive neurological disorder affecting movement), congestive heart failure (a condition where the heart muscle is weakened and cannot pump blood effectively), and type 2 diabetes (a chronic condition where your body becomes resistant to insulin).A review of the quarterly MDS assessment, dated 8/18/25, section K0300: Weight Loss was marked No for a significant weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days. A review of a Quarterly Nutrition Note, dated 8/18/25, indicated the Resident 10's most recent weight on 8/18/25 was 120.6 pounds (lbs) and the resident's weight 180 days prior, on 2/18/25, was 134 lbs. The percentage of weight loss in 180 days was 10%.During an interview with the MDS Coordinator and the Dietician on 8/28/25 at 2:22 p.m., they indicated the resident did have a significant weight loss of 10% or more in the last 6 months. The Dietician indicated this was not a provider prescribed weight loss regimen and the Quarterly MDS Assessment should have been marked yes for weight loss.During an interview with the MDS Coordinator on 8/28/25 at 2:35 p.m., she indicated the facility used the Resident Assessment Instrument (RAI) manual for coding the MDS Assessment and they also had a MDS policy.A review of the RAI manual on 8/28/25 at 3:00 p.m., indicated for section K0300: Weight Loss, .Code 2, yes, not on physician-prescribed weight-loss regimen: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was not planned and prescribed by a physician .On 8/28/25 at 3:00 p.m., the Assistant Director of Nursing (ADON) provided a copy of the facility policy MDS Policy and Procedure, dated 7/15/25, she indicated this was a policy currently being used by the facility. The policy indicated .Follow the RAI manual instructions when completing MDS Assessments.3.1-31(d)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement infection control practices for 1 of 1 residents reviewed for urinary catheters. The urinary catheter drainage bag was touching the floor. (Resident 72)Findings include: On 8/26/25 at 3:06 p.m., Resident 72 was observed to be resting in a low bed. The urinary catheter drainage bag was observed to be hanging on the side of the low bed and was touching the floor. On 8/27/25 at 9:13 a.m., Resident 72 was observed to be resting in a low bed. The urinary catheter drainage bag was observed to be hanging on the side of the low bed and was touching the floor. On 8/28/25 at 9:43 a.m., Resident 72 was observed to be resting in a low bed with a mattress beside the bed. The urinary catheter drainage bag was observed to be lying on the mattress beside the bed. On 8/28/25 at 10:09 a.m., Resident 72's clinical record was reviewed. The diagnoses included, but were not limited to, chronic kidney disease, diabetes mellitus, and neuromuscular dysfunction of the bladder (lack of bladder control due to brain, spinal cord, or nerve problem). Resident 72's physician orders indicated the following:-Change 16 FR (French) (size of catheter) catheter with a 30 cc (cubic centimeter) balloon monthly due to urinary retention. (start date 3/15/24) -Catheter care every shift. (start date 3/9/24) -Maintain patency of catheter and catheter tubing free from kinking. Ensure catheter is cleansed with soap and water daily. (start date 3/9/24). Resident 72's care plan, undated, indicated he had a catheter for neuromuscular dysfunction of the bladder. The care plan lacked documentation of the placement of the catheter while in bed. During an interview on 8/28/25 at 1:35 p.m., Certified Nursing Assistant (CNA) 1 indicated they hung the drainage bag from the bed. The drainage bag was not to touch the floor. On 8/28/25 at 3:00 p.m., the Director of Nursing (DON) provided the facility's policy, Catheter Care, dated 4/3/25, and indicated it was the policy currently being used by the facility. The policy lacked documentation of the placement of the drainage bag while in bed. 3.1-18(b)(1)