

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155527	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/27/2025
NAME OF PROVIDER OR SUPPLIER Pineknoll Rehabilitation Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 160 N Middle School Rd Winchester, IN 47394	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on record review and interview, the facility failed to document the transfer process and communication to the receiving health care facility for 1 of 4 residents reviewed for hospitalizations. (Resident 41)</p> <p>Findings include:</p> <p>Resident 41's clinical record was reviewed on 5/23/25 at 11:45 a.m. Diagnoses included pneumonia, unspecified organism, chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, and acute on chronic combined systolic and diastolic congestive heart failure.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 3/16/25, indicated the resident was cognitively intact and required maximal assistance with toileting hygiene, showering, lower body dressing and applying footwear. He needed moderate assistance with upper body dressing and mobility.</p> <p>A progress note, dated 4/7/25 at 4:45 p.m., indicated that Resident 41 was agitated, restless, had an oxygen saturation of 97% while wearing oxygen, and had a respiratory rate of 32. The resident had wheezing and a productive cough. The physician (MD) was notified of the resident's status. The MD instructed the facility to administer as needed albuterol. The resident's family remained at bedside.</p> <p>A progress note, dated 4/7/25 at 5:01 p.m., indicated Resident 41's family requested for the resident to be transferred to the Emergency Room. The emergency transport system was contacted, and the family remained at bedside.</p> <p>Resident 41's clinical record lacked indication the receiving health care facility had been notified of the resident being transferred to their care, the resident's condition at the time of the transfer, and a transfer form.</p> <p>During an interview on 5/27/25 at 11:18 a.m., the DON indicated proper documentation was to be completed at the time of the transfer. Documentation included physician, family, emergency transport, and the receiving facility notifications. The SBAR communication form (Situation, Background, Appearance, Review and Notify) and an Interact transfer form were to be completed. A packet, which consisted of the resident's history and physical, code status, recent vital signs, progress notes, and the completed SBAR and Interact forms, was to be given to EMS at time of transport.</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
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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/27/25 at 1:57 p.m., RN 4 indicated the SBAR and the Interact transfer form were to be completed at the time of a resident's transfer from the facility. The facility was to notify the receiving facility of the resident transfer and status.</p> <p>During an interview on 5/27/25 at 2:12 p.m., the DON indicated that Resident 41's medical record lacked proper facility transfer documentation. The Interact transfer form had not been completed and the record did not indicate the hospital was notified and given a status report.</p> <p>A facility policy, revised on 11/2016, titled CHANGE IN RESIDENT CONDITION/EMERGENCY TRANSFER TO ACUTE CARE HOSPITAL, provided by the DON on 5/27/25 at 2:20 p.m., indicated the following: POLICY: In the event a resident's condition changes warranting medical attention, the licensed nurse shall complete the SBAR Communication Form and contact the physician if the physician cannot come to the facility to examine the resident, the nurse shall request an order to transport resident to the emergency room for evaluation, if indicated .PROCEDURE: 4. Complete Nursing Home to Hospital Transfer Form</p> <p>3.1-12(3)</p> <p>3.1-12(5)</p> <p>3.1-12(6)(A)</p>

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>Based on interview and record review, the facility failed to ensure a nurse, who was employed to work in the facility in the nursing department, had a valid Indiana nursing license (LPN 3). This deficient practice had the potential to impact 56 of 56 residents who resided in the facility.</p> <p>Finding include:</p> <p>Employee records were reviewed on 5/22/25. Licensed Practical Nurse (LPN) 3 was listed on the Employee Records form, which was completed by the facility. The form indicated the employee's job title as LPN. The form indicated the nurse had been employed by the facility since 6/20/24.</p> <p>The facility's provided a binder containing nursing licenses verification, for facility employees. The information located in the binder for LPN 3 indicated the following: The employee had a Multi-State LPN license, which was issued by Ohio Professional Licensure agency.</p> <p>The facility nursing schedule for 5/18/25 to 5/31/25, which was provided by the DON on 5/21/25 at 8:46 a.m., indicated LPN 3 was scheduled to work: Sunday 5/18/25- 10 a.m. to 10 p.m., evenings 5/21/25, 5/22/25, 5/23/25, 5/26/25, 5/29/25, and 5/30/25, and Sunday 5/31/25 - 10 a.m. to 10 p.m.</p> <p>During an interview on 5/23/25 at 9:46 a.m., the Administrator indicated LPN 3 should have applied for an Indiana nurse's licenses within 60 days of moving to the state. LPN 3 moved to Indiana in August 2024.</p> <p>A document titled Nurse Licensure Compact, which was provided by the Administrator on 5/23/24 at 9:46 a. m., was identified as the guidance the facility used regarding licensure and compact agreements. The document indicated: A multistate licensee who changes primary state of residence (PSOR) to another party state shall apply for a multistate license in the new party state within 60 days.</p> <p>3.1-13(b)</p>