STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155600	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mulberry Health & Rehabilitation Center	502 W Jackson St Mulberry, IN 46058

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 44598 Based on observation, record review and interview, the facility failed to ensure a resident was dressed in her own clothing and to ensure staff was not standing while feeding a resident for 1 of 2 residents reviewed for dignity. (Resident 50) Finding includes: During an observation, on 5/1/24 at 12:52 p.m., CNA 6 was standing on the left side of Resident 50's wheelchair feeding the resident. During an observation, on 5/1/24 at 12:59 p.m., CNA 6 took a chair from another table and sat down to continue feeding the resident. During an observation, on 5/3/24 at 9:30 a.m., the resident was sitting at a table in the dining room facing the door. There was a resident sitting across the table from the resident and five other residents were in the dining room. The resident was wearing a long-sleeved shirt with the top of the shirt pulled down exposing a large portion of the resident's chest. The shoulder seams were touching her elbows. CNA 5 pulled the front of the shirt up to cover her chest. CNA 5 checked the tag on the back of the shirt and indicated the shirt belonged to the resident's roommate. The clinical record for Resident 50 was reviewed on 5/3/24 at 10:15 p.m. The diagnoses included, but were not limited to, depression, macular degeneration, legal blindness, chronic kidney disease, and anxiety disorder. A care plan, dated 3/31/23, indicated the resident had an activity of daily living (ADL) self-care deficit. The interventions included, but were not limited to, assist the resident with ADL's as needed, assist the resident with showers when needed, set up meals for the resident's convenience, and encourage, cue, or assist the resident with eating meals, snacks, and drinking fluids. During an interview, on 5/1/24 at 4:03 p.m., the resident's daughter indicated she saw the resident wearing a size 3 extra-large shirt. The shirt was huge, and the resident only wore a size large. The staff would place other residents' clothing in her closet, and they did not pay attention when dressing the resident. She had taken her concerns to the management before. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview, on 5/01/24 at 1:35 p.m., CNA 6 indicated she should not stand, and she should make sure she was sitting down when feeding the residents. During an interview, on 5/3/24 at 9:32 a.m., CNA 5 indicated she was unaware of why the resident was wearing her roommate's shirt. During an interview, on 5/3/24 at 9:34 a.m., QMA 7 indicated she was working in the resident's hall. The resident was dressed when she started her shift. The resident was on a night shift get up and was already dressed prior to QMA 7 starting her shift. During an interview, on 5/6/24 at 4:57 p.m., the Administrator indicated hospice had the resident dressed when the resident was observed wearing the oversized shirt and she knew the resident should be dressed in her own clothes. During an interview, on 5/8/24 at 12:14 p.m., the Assistant Director of Nursing (ADON) indicated when assisting the residents with eating, the staff were expected to sit down and assist the resident and not feed the resident standing. A current policy, titled Resident Rights, dated as revised on 11/28/16 and received from the Administrator on entrance, indicated .The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section .The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: The resident has a right to be treated with respect and dignity, including: The right to retain and use personal possessions, including furnishing, and clothing 3.1-3(t)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 48525 Based on interview and record review, the facility failed to complete an accurate level 1 Preadmission Screening and Resident Review (PASARR) for 1 of 3 residents reviewed for PASARR. (Resident 105) Finding includes: The clinical record for Resident 105 was reviewed on 5/2/24 at 4:30 p.m. The diagnoses included, but were not limited to, major depressive disorder, dissociative identity disorder, and anxiety disorder. A physician's order, with a start date of 1/25/24, indicated the resident received alprazolam (an antianxiety medication) 0.5 milligrams twice a day. A notice of PASARR level 1 screen outcome indicated the resident did not have any mental health diagnoses known or suspected. The PASARR did not include the residents major depressive disorder diagnosis, dissociative identity disorder diagnosis, or the resident's alprazolam medication. During an interview, on 5/6/24 at 3:10 p.m., the Social Services Director indicated the diagnoses and medication should have been listed on the PASARR. The person who submitted the PASARR may not have had all the information. During an interview, on 5/9/24 at 9:10 a.m., the Administrator indicated the facility did not have a specific PASARR policy. The facility used the Resident Assessment Instrument (RAI) manual. A CMS (Centers for Medicare and Medicaid Services) document, titled Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.18.11 October 2023, indicated .All individuals who are admitted to a Medicaid certified nursing facility, regardless of the individual's payment source, must have a Level I PASRR completed to screen for possible mental illness (MI), intellectual disability (ID), developmental disability (DD), or related conditions 3.1-16(d)(1)(A) 3.1-16(d)(1)(B)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 46961 Based on observation, interview and record review, the facility failed to ensure over the counter medications were labeled and beverages were not stored in the medication refrigerator for 3 of 3 medication carts and 1 of 1 medication room observed for medication storage. (cart 1 and 2 on the 100 hall, cart 1 on the 200 hall, and the medication room on 200 hall) Findings include: 1. During an observation, on 5/2/24 at 9:55 a.m., with LPN 2, the medication cart 2 on the 100 hall was observed to have the following: a. one bottle of chest congestion relief (guaifenesin) for Resident 69, with no pharmacy label. b. one bottle of aspirin 81 mg which contained 500 tablets had Resident 69's first initial and last name in black marker on the top of the bottle, with no pharmacy label. c. one bottle of melatonin 5 mg which contained 240 tablets with Resident 69's name written on the top, with no pharmacy label. d. one bottle of B12 1000 mcg had black ink and indicated morning, there was no resident name or pharmacy label. The clinical record for Resident 69 was reviewed on 5/2/24 at 11:26 a.m. There was no physician's order for the guaifenesin. 2. During an observation, on 5/2/24 at 9:58 a.m., with LPN 2, the medication cart 1 on the 100 hall was observed to have the following: a. one bottle of acetaminophen 650 mg had a white label with Resident 46's name written on it, the physician and 1 tablet daily, with no pharmacy label. b. one bottle of eye health complex 90 capsules had Resident 46's name on the top of the bottle and 1 capsule BID (twice daily), with no pharmacy label. 3. During an observation, on 5/2/24 at 10:00 a.m., with LPN 2 and 3, the medication cart 1 on the 200 hall was observed to have the following: a. one bottle of acetaminophen 500 mg containing 500 caplets with Resident 100's name, the physician, room number, and 2 tablets PO (by mouth) TID (three times a day) with no pharmacy label. b. one bottle of acetaminophen 650 mg containing 225 tablets with Resident 29's name, the physician's name, room number written in black marker with no pharmacy label. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. During an observation, on 5/2/24 at 10:30 a.m., the medication refrigerator in the medication room on 200 hall contained food and beverage items. During an interview, on 5/2/24 at 10:30 a.m., LPN 4 indicated beverages and food should not be in the medication refrigerator. During an interview, on 5/8/24 at 2:19 p.m., the Pharmacist indicated the over-the-counter medications needed a resident name, date, the doctor's name, and instructions the same as prescribed medications. A current facility policy, titled Medication Storage and Labeling, dated January 2024 and received from the Executive Director on 5/6/24 at 9:15 a.m., indicated .medications/biologicals are maintained within secured locations, clean and sanitary conditions: and maintain proper temperatures .medications/biologicals are labeled in accordance with currently accepted professional principles . 3.1-25(j) 3.1-25(k)(1) 3.1-25(k)(2) 3.1-25(k)(3) 3.1-25(k)(4) 3.1-25(k)(5) 3.1-25(k)(6) 3.1-25(k)(7)