

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155611	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2025
NAME OF PROVIDER OR SUPPLIER  Hoosier Health & Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  621 S Sugar St Brownstown, IN 47220	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>38769</p> <p>Based on observation and interview, the facility failed to post nurse staffing daily for 2 of 2 observations.</p> <p>Findings include:</p> <p>During an observation, on 04/24/25 at 11:12 A.M., a bulletin board by the Unit Manager's office on the 300 Hall had a daily nurse staff posting dated for 10/31/24. The bulletin board also held an Activity calendar for April.</p> <p>During an observation, on 04/24/25 at 1:12 P.M., a bulletin board by the Unit Manager's office on the 300 Hall had a daily nurse staff posting dated for 10/31/24. The bulletin board also held an Activity calendar for April.</p> <p>During an observation and interview, on 04/24/25 at 1:17 P.M., the Director of Nursing (DON) went to the bulletin board on the 300 Hall and indicated the nurse staff posting was posted there and should be changed daily by herself, the Assistant Director of Nursing, or the scheduler.</p> <p>During an interview, on 04/24/25 at 1:58 P.M., the DON indicated there was not a facility policy on nurse staff posting, they would just follow the regulation.</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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