

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Harrison Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Beechmont Dr Corydon, IN 47112	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34231</p> <p>Based on observation and interview, the facility failed to clean air conditioning filters and ensure resident rooms provided a homelike environment for 6 out of 7 rooms observed for environment. (Rooms 107, 109, 111, 215, 306, 309, and 311)</p> <p>Findings include:</p> <p>1. During an observation on 10/17/24, at 10:48 a.m., in room [ROOM NUMBER], the wallpaper to the left of the air conditioning was observed to be buckled and peeled back from the wall.</p> <p>During an observation on 10/17/24 at 10:58 a.m., in room [ROOM NUMBER], the wall across and at bottom of the second bed was observed with a area that had been cut out and replaced. The area measured 18 inches in length and 3 ft in width. There area directly above and to the left side of where the new wall was placed, was discolored and observed to be pea green/gray in color.</p> <p>On 10/17/24 at 11:15 a.m., the Maintenance Director indicated the wall had mold on it from a water leak from the air conditioner which had only leaked a couple of days. He cut the molded area out last Friday (10/11/24) and placed the new wall either the same day or the following Monday (10/14/24). He wanted the area to dry out before he covered it up.</p> <p>During an observation on 10/17/24 at 1:42 p.m., a dark black substance was observed on the wall, behind the wallpaper, next to the air conditioning unit in room [ROOM NUMBER].</p> <p>On 10/17/24 at 4:17 p.m., the Maintenance Director was observed to remove the wallpaper from the wall next to the air conditioning unit. The wall was approximately 5 ft wide and 8 feet tall. The bottom of the entire wall was observed with a dark black substance, with the highest area observed to be 2 1/2 feet from the bottom and directly beside the air conditioning unit. Sporadic areas of the dark substance covered the wall up to 5 1/2 feet. The maintenance director indicated he would clean the wall with bleach as it would kill the mold.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/17/24, between 11:00 a.m. and 4:20 p.m., Staff Member 5 indicated the air conditioning unit in room [ROOM NUMBER] had leaked so badly that it seeped under the wall into room [ROOM NUMBER]. It had leaked for months, and they had to put blankets down on the floor and a bath pan under the unit to catch the water to prevent falls. The leakage had been reported to multiple staff and the former ED (Executive Director). The unit had not leaked in a while since it was repaired.</p> <p>2. During an observation on 10/17/24, between 11:20 a.m. and 11:33 a.m., the following air conditioning filters were observed:</p> <ul style="list-style-type: none"> - room [ROOM NUMBER], the air filter was observed with a light gray dusting throughout the filter. - room [ROOM NUMBER], there was no air filter in the unit. The inner grill was observed with small clumps of dust throughout. - room [ROOM NUMBER], the air filter was observed with a thick layer of dust. - room [ROOM NUMBER], the air filter was covered with a light layer of dust particles. - room [ROOM NUMBER], the air filter was observed with a thick layer of dust. - room [ROOM NUMBER], the air filter was covered with a thick layer of dust. <p>On 10/17/24 at 11:15 a.m., the Maintenance Director indicated he cleaned the air conditioning filters on one hallway a month. The 100 Hall was last cleaned in July 2024.</p> <p>During an interview on 10/18/24 at 9:16 a.m., the Director of Nursing indicated the air conditioning filters were to be cleaned monthly, facility wide.</p> <p>On 10/18/24 at 9:12 a.m., the facility interim ED provided a copy of the document titled Inspect air filters, clean as needed. It included, but was not limited to, Recurrence .Monthly .Category .HVAC (PTAC [packaged terminal air conditioner])</p> <p>On 10/18/24 at 11:07 a.m., the interim ED provided an undated copy of the document titled Policy for Inspecting and Cleaning/Changing PTAC Filters in Resident Rooms. It included, but was not limited to, Purpose .The purpose of this policy is to ensure the health and comfort of residents .To promote a safe and comfortable living environment, PTAC filters in resident rooms will be inspected, cleaned, or changed monthly</p> <p>On 10/18/24 at 10:50 a.m., the Director of Nursing provided a current, undated copy of the document titled Resident Rights. It included, but was not limited to, Dignity .at state worthy of honor or respect .includes but not limited to .providing safe .housing</p> <p>This Citation relates to Complaints IN00443927 and IN00444964</p> <p>3.1-19(a)(4)</p> <p>3.1-19(f)(5)</p>