STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155660	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pulaski Health Care Center	624 E 13th St Winamac, IN 46996

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 45666 Based on record review and interview, the facility failed to ensure a comprehensive care plan was developed and in place for anticoagulant and antiplatelet medication use for 1 of 18 resident care plans reviewed. (Resident 7) Finding includes: The record for Resident 7 was reviewed on 7/24/24 at 10:54 a.m. Diagnoses included, but were not limited to, hypertension, congestive heart failure, and venous insufficiency. The Admission Minimum Data Set (MDS) assessment, dated 5/13/24, indicated the resident had received an anticoagulant medication in the past seven days. The resident had not received any antiplatelet medications in the past seven days. A Physician's Order, dated 5/7/24, indicated to give aspirin (an antiplatelet medication) 81 milligram tablet daily. A Physician's Order, dated 5/7/24, indicated to give apixaban (an anticoagulant medication) 5 milligrams twice daily. The Medication Administration Record (MAR), dated 7/2024, indicated the resident had received the aspirin and apixaban as ordered. During an interview on 7/25/24 at 4:15 p.m., the Director of Nursing indicated there should have been a care plan in place for anticoagulant and antiplatelet medications, including monitoring for side effects of the medications. 3.1-35(a)

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
	155660	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pulaski Health Care Center	624 E 13th St Winamac, IN 46996

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 32582 Based on observation, record review, and interview, the facility failed to ensure residents received the necessary treatment to prevent contractures (a fixed shortening or hardening of muscles or tendons) or decreased range of motion, related to passive range of motion not completed as recommended and a splinting device not in place as ordered for 2 of 2 residents reviewed for range of motion (ROM). (Residents 14 and 12) Findings include: 1. On 7/22/24 at 1:59 p.m., Resident 14 was observed in her bed. She indicated she was paralyzed from the waist down. She was afraid of her legs becoming contracted because she was not getting any type of range of motion (ROM) exercises. The resident's record was reviewed on 7/23/24 at 2:42 p.m. Diagnoses included, but were not limited to, acute transverse myelitis disease of the central nervous system, Diabetes Mellitus and chronic pain. The Quarterly Minimum Data Set assessment, dated 6/22/24, indicated the resident was cognitively intact and dependent on staff for toileting and transfers, and required substantial/ maximum assist for bed mobility. The resident received Physical Therapy (PT) services from 3/14/24-5/29/24. The PT Discharge Summary indicated skilled interventions provided were addressing core strength and seated balance, bed mobility, trunk ROM and LE (lower extremities) ROM and training of caregivers with LE ROM program. Discharge recommendations were 24-hour care and home exercise program with upper extremities and lower extremities ROM with assist of CNAs. During an interview on 7/24/24 at 2:20 p.m., QMA 1 indicated some residents received ROM, but Resident 14 did not, she was only on the turning and repositioning program. During an interview on 7/26/24 at 9:00 a.m., PT Aide 1 indicated recommendations for Resident 14 made at discharge were to do ROM to the lower extremities and splinting was not recommended at that time. Recommendations were either made verbally or by communication sheets to nursing staff. During an interview on 7/26/24 at 9:10 a.m., the Director of Nursing indicated ROM should be documented in the Point of Care tasks in the computer and there was nothing documented for Resident 14. During an interview on 7/25/24 at 1:30 p.m., the Administrator indicated the resident would be re-evaluated by PT. 45666 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155660	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pulaski Health Care Center	624 E 13th St Winamac, IN 46996

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. During an interview on 7/22/24 at 1:15 p.m., Resident 12 indicated he usually had a carrot (splinting device for contractures) in his left hand, however he was unable to find it so he was not holding the carrot at the time. His left hand was noted to be contracted. On 7/23/24 at 11:27 a.m., Resident 12 was observed in a wheelchair at a table in the dining room. His left hand was contracted and there was no carrot or washcloth observed in his hand. On 7/24/24 at 10:57 a.m., Resident 12 was observed in a wheelchair self-propelling in the hallway. His left hand was contracted and there was no carrot or washcloth observed in his hand. On 7/26/24 at 10:17 a.m., Resident 12 was observed in a wheelchair self-propelling in the hallway. His left hand was contracted and there was no carrot or washcloth observed in his hand. He indicated at the time, if a washcloth was used instead of the carrot, the washcloth would occasionally fall out of his hand. Resident 12's record was reviewed on 7/24/24 at 2:40 p.m. Diagnoses included, but were not limited to, hemiplegia (weakness or paralysis of one side of the body) of the left nondominant side and contracture of the left hand, wrist, and elbow. The Annual MDS assessment, dated 7/2/24, indicated the resident was cognitively intact for daily decision making and had impairment and limited range of motion to one side on both the upper and lower extremities. A Physician's Order, dated 10/12/23, indicated the resident wore a carrot, palm protector, or rolled washcloth to the left hand every shift. A Care Plan, dated 7/11/23, indicated the resident had a contracture to the left hand, arm, and foot. Interventions included, but were not limited to, apply carrot to the left hand or rolled wash cloth removing for meals, range of motion, or washing, and allow to refuse and vent feelings. During an interview on 7/24/24 at 2:52 p.m., CNA 1 indicated the resident had a contracture to the left hand and wore some type of splinting device to that hand at all times. During an interview on 7/26/24 at 10:10 a.m., the Director of Nursing indicated sometimes the resident did remove the splinting devices on his own, however that was not care planned at the time and would be added to his care plan. 3.1-42(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155660	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pulaski Health Care Center	624 E 13th St Winamac, IN 46996

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 45666 Based on record review and interview, the facility failed to ensure adequate monitoring was in place for a resident receiving scheduled opioid medication (pain medication) for 1 of 5 residents reviewed for unnecessary medications. (Resident 24) Finding includes: Resident 24's record was reviewed on 7/23/24 at 12:21 p.m. Diagnoses included, but were not limited to, fracture of the left femur, dementia, and osteoarthritis. The Significant Change in Status Minimum Data Set (MDS) assessment, dated 6/10/24, indicated the resident was severely cognitively impaired for daily decision making. The resident received scheduled pain medication in the last 5 days and received an opioid medication. A Physician's Order, dated 5/30/24, indicated to give hydrocodone-acetaminophen (an opioid pain medication) 5-325 milligram tablet twice a day. The June 2024 Medication Administration Record indicated the resident received the hydrocodone-acetaminophen tablet as ordered. A Care Plan, dated 5/1/24, indicated the resident was at risk for pain related to osteoarthritis, decreased mobility, and recent left hip fracture with surgical repair. Interventions included, but were not limited to analgesics as ordered and attempt non-pharmacological interventions as needed. There were no orders or a care plan related to opioid side effect monitoring. During an interview on 7/26/24 at 10:10 a.m., the Director of Nursing indicated there should be a care plan or order for side effect monitoring for an opioid medication. She was unable to provide any further information. A Policy titled, Pain - Clinical Protocol, indicated .Monitoring .4. The staff and physician will monitor for adverse effects of pain medications such as gastrointestinal bleeding from nonsteroidal anti-inflammatory drugs (NSAIDs), and anorexia, confusion, lethargy, severe constipation related to opioids. a. The physician will adjust or discontinue medications accordingly, based on effectiveness and side effects . 3.1-48(a)(3)