

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155673	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Markle Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 170 N Tracy St Markle, IN 46770	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on record review and interview, the facility failed to ensure physician orders were followed, related to the timely administration of prescribed medications to resident. For 1 of 3 residents reviewed. (Resident K) Findings include: Resident K's record review began on 11/19/25 at 10:15 AM, diagnosis included, Hypothyroidism, unspecified. A review of the physician's orders indicated to give Thyroid tablet 60 mg, oral, once a day on Tuesday; at 5:00 AM. Start date of 10/13/25. Thyroid tablet; 90 mg, oral, once a day on Sunday, Monday, Wednesday, Thursday, Friday and Saturday at 5:00 AM. A review of the medication administration record (MAR) indicated Thyroid 60 mg was given on 10/13/25 at 10:00 AM. The reasons/comments section was noted administered late, with a further comment of given. The entry was created by Registered Nurse (RN) 4, and no specific reason was documented for the delay in administration. A review of the progress notes dated 10/13/25 indicated there was no documentation to indicate why the medication was administered late. In an interview, on 11/19/25 at 9:20, Resident K's husband indicated, on 10/13/25 all the medications were given at 10:00 AM and they were late. He indicated he told the facility, but they told him the medication could be given 1 hour before or 1 hour after the time that the medication was scheduled. The 6AM medication was given at 10:00 AM, the thyroid medication should be given early in the morning. In an interview, on November 19, 2025, at 11:45 AM, the Director of Nursing (DON), indicated Resident K came from home where her husband had been caring for her, giving her medications at specific times, and he wanted that practice continued at the facility. Resident K's husband was informed of the hour before and hour after window during which medication could be administered from the scheduled time. Staff educated RN 4 on ensuring medications are given on time, and it remains unclear why RN 4 did not make a note explaining the reason for a late administration. Resident K's MAR was reviewed at 9:14 AM on 11/20/25 with the DON. It was noted that a filter button, specifically for what's due, can be used to display a list of residents with pending medication or treatment administrations. The resident profiles utilize a color-coding system to indicate status: Pink signified an administration was late and had not yet been completed or acknowledged. Within the profile, nurses could document the reason for the delay (e.g., resident refusal) and add specific comments. Light blue indicated an administration was due but not yet late. [NAME] denoted all required administrations for the resident had been completed. A current facility policy, Medication Administration Times, dated 11/15/24, was provided by the Administrator on 11/19/25 at 1:11 PM. The policy indicated . Facility should that authorized personnel, as determined by Applicable Law, administer medications according to times of administration as determined by the facility's pharmacy committee and/or Physician/Prescriber . Facility should commence medication administration within sixty (60) minutes before the designated times of administration and should be completed no later than sixty (60) minutes after the designated times of administration 3.1-37		

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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