

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 08/09/2024
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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>45243</p> <p>Based on observation, interview and record review the facility failed to ensure residents were treated with respect for 1 of 1 residents reviewed. (Resident 30)</p> <p>Findings include:</p> <p>During an observation on 8/7/24 at 9:43 AM, Employee 4 used the term sweetheart to address Resident 30 when asking what hurt. Resident 30 became increasingly agitated when addressed by the label, sweetheart, rather than their name being used.</p> <p>Resident 30's record was reviewed on 8/6/24 at 1:05 PM. Diagnoses included dementia, chronic pain syndrome, history of stroke with residual deficits, and cognitive communication deficits.</p> <p>A review of Resident 30's current quarterly MDS (minimum data set) indicated their BIMS (basic interview for mental status) score was 1 (severely cognitively impaired).</p> <p>A review of Resident 30's current care plan indicated no care plan had been initiated regarding nicknames.</p> <p>In an interview on 8/6/24 at 1:18 PM, Resident 30's spouse indicated she would not like being called pet names, especially sweetheart. Resident 30 had not addressed others in that manner and would respond best to her own name being used in communication.</p> <p>In an interview on 8/8/24 at 12:57 PM Employee 5 indicated they had seen a trend of nicknames being used. They indicated they knew it was not appropriate.</p> <p>A current policy dated 8/8/24 provided by Administrator indicated residents have the right to be treated with respect.</p> <p>3.1-3(a)</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45243</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control practices were maintained during medication administration for 3 of 5 administration attempts observed.</p> <p>Findings include:</p> <p>During an observation on 8/5/2024 at 9:38 AM, Registered Nurse (RN) 2 on the 200 hall medication cart pulled a medication card from the cart, popped medication from the blister pack into their bare hand, then placed the medication into a medication cup that was on the cart.</p> <p>During an observation on 8/5/2024 at 11:24 AM, RN 2 at the 200 hall medication cart, popped medication from the blister pack into their bare hand, then placed the into a medication cup.</p> <p>During a medication pass observation on 08/06/24 08:16 AM, License Practical Nuse (LPN) 3 popped medication from the blister pack into their bare hands, then placed the medication into a medication cup.</p> <p>A record review of the Medication Administration (Medication Pass Procedure) Skills Competency, Nursing skills competency, dated 7/2023 .Procedure steps: Medication are opened without contaminating .</p> <p>3.1-18(a)</p>		