

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Milton Home, The		STREET ADDRESS, CITY, STATE, ZIP CODE 206 E Marion St South Bend, IN 46601	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49994</p> <p>Based on interview and record review, the facility failed to develop a person-centered care plan regarding refusal of showers for 1 of 16 residents whose care plans were reviewed. (Resident 16)</p> <p>Finding includes:</p> <p>A record review was completed on 10/10/2024 at 1:45 P.M. for Resident 16. Diagnoses included, but were not limited to: type 2 diabetes mellitus, vascular dementia, and adjustment disorder with depressed mood.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 8/23/2024, indicated Resident 16's cognition was intact.</p> <p>During an interview on 10/11/2024 at 10:06 A.M., CNA 6 indicated showers were charted in the Point of Care (POC) under the showering task. She indicated when a resident refused a shower, it was charted in the POC as refused. She indicated they notified the nurse about the resident's refusal and they also filled out a shower sheet and marked refused.</p> <p>A review of Resident 16's shower sheets was completed on 10/11/2024 at 11:03 A.M. The shower sheets indicated the resident refused showers on 9/16/2024, 9/19/2024, 9/23/2024, 9/26/2024, 10/3/2024, 10/7/2024 and 10/11/2024.</p> <p>The showering task in the POC lacked any documentation to indicate Resident 16 refused any showers within the last 30 days. Instead, not applicable was documented under the resident's POC showering task for the last 30 days.</p> <p>A current Care Plan, initiated on 12/3/2024, indicated Resident 16 had a self-care performance deficit related to a diagnosis of type 2 diabetes, neuropathy, and adjustment disorder. Interventions included, but were not limited to: the resident preferred showers and required extensive assistance by staff with bathing and showering.</p> <p>Resident 16's Care Plan lacked documentation indicating he refused showers.</p> <p>On 10/11/2024 at 11:17 A.M., a policy regarding refusal of showers was requested but one was not provided prior to the survey exit.</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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-35(b)(2)

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49994</p> <p>Based on record review and interview, the facility failed to ensure care plan conferences were completed every quarter for 1 of 4 residents reviewed for care plan conferences. (Resident 16)</p> <p>Finding includes:</p> <p>During an interview on 10/9/2024 at 2:50 P.M., Resident 16 indicated he had never been to a care plan conference since being admitted to the facility on [DATE].</p> <p>On 10/10/2024 at 1:44 P.M., a record review was completed for Resident 16. The record lacked documentation that a care plan conference had been completed for the [AGE] year.</p> <p>During an interview on 10/15/2024 at 9:34 A.M., the Social Services Director indicated Resident 16 attended a care plan conference on 12/19/2023, 6/6/2024 and 8/29/2024. She indicated the resident did not have a care plan conference in February or March of 2024 but should have had one completed.</p> <p>On 10/15/2024 at 10:40 A.M., a policy regarding care plan conferences was requested but one was not provided prior to the survey exit.</p> <p>3.1-35(e)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>44111</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident was provided 1:1 activities per the plan of care for 1 of 1 resident reviewed for activities. (Resident 6)</p> <p>Finding includes:</p> <p>During an observation on 10/10/2024 at 9:56 A.M., Resident 6 was sitting on her sofa folding a small blanket.</p> <p>During an interview on 10/10/2024 at 2:47 P.M., Resident 6 was sitting on the sofa in her room and indicated she liked to color and did not know what kind of activities the facility offered.</p> <p>During an observation on 10/11/2024 at 10:30 A.M., Resident 6 was sitting on the sofa looking through a coloring book.</p> <p>During an observation on 10/11/2024 at 1:00 P.M., Resident 6 was sitting on her sofa folding a shirt.</p> <p>During an observation on 10/15/2024 at 9:31 A.M., Resident 6 was sitting on her sofa with her eyes closed.</p> <p>A record review was completed on 10/11/2024 at 10:03 A.M. Diagnoses included, but were not limited to: Parkinson's Disease with dyskinesia, with fluctuations, dysphagia, oropharyngeal phase and Alzheimer's Disease.</p> <p>A current Care Plan, initiated 4/29/2024, indicated Resident 6 liked to color in coloring books and did not like to attend group activities. It indicated she would receive 1:1 activities at least twice a week.</p> <p>Review of the electronic medical record the documentation of activity participation for 1:1; indicated no data found.</p> <p>During an interview on 10/15/2024 at 11:59 A.M., the Activity Director indicated when a resident did not like to attend group activities she did a 1:1 with them. She would ask the resident what they would like to do, such as, read them a book, play a game, put on music. She then documented in the electronic medical record point of care under activities 1:1. The Activity Director indicated she did not document in Resident 6's chart when she had visited with the resident and should have had.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/15/2024 at 1:30 P.M. the DON provided a policy titled, Activities, dated 5/25/2023, and indicated the policy was the one currently used by the facility. The policy indicated .4. Activities may be conducted in different ways: a. One-to-One Programs. b. Person Appropriate - activities relevant to the specific needs, interests, culture, background, etc. for the resident they are developed for. 9. Special considerations will be made for developing meaningful activities for residents with dementia and/or special needs. These include, but are not limited to, considerations for: e. Residents who have withdrawn from previous activity interest/customary routines, and isolates self in room/bed most of the day .</p> <p>3.1-33(a)(8)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48145</p> <p>Based on observation, interview and record review, the facility failed to adequately label an over the counter medication stored in a medication cart for 1 of 1 medication cart reviewed. (First Floor Medication Cart) The facility also failed to monitor and maintain proper temperatures of a refrigerator where medications were stored for 1 of 2 medication refrigerators reviewed. (First Floor Medication Refrigerator)</p> <p>Findings include:</p> <p>1. During an observation of the first floor medication cart on 10/9/2024 at 1:25 P.M. with LPN 8, an opened bottle of Women 50+ Complete Multivitamin with no resident identifying information was in a drawer.</p> <p>An interview with LPN 8 was completed on 10/9/2024 at 1:27 P.M. LPN 8 indicated she did not know whose medication the Women 50+ Complete Multivitamin was, but the medication should be labeled with the resident's name.</p> <p>An interview with the Unit Manager (UM) was completed on 10/9/2024 at 1:30 P.M. The UM indicated all medication should have a label with the resident's name, date of birth, Physician's name, and dosing information.</p> <p>2. During an observation of the first floor medication refrigerator on 10/9/2024 at 1:35 P.M. with the UM, the medication refrigerator had two thermometers, one was 29 degrees Fahrenheit (F) and the other thermometer was 36 degrees F. The refrigerator had one bottle of Rezvoglar, three boxes of the facility's supply of influenza vaccinations, eight Bisacoydl suppositories and one bottle of Tuberculin.</p> <p>The temperature logs did not have a temperature logged for the following dates:</p> <ul style="list-style-type: none"> - 9/21/2024 - 9/22/2024 - 9/26/2024 - 9/27/2024 - 9/30/2024 - 10/5/2024 - 10/6/2024 <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The temperature logs had out of range temperatures logged for the following dates:</p> <ul style="list-style-type: none"> - 9/1/2024 11 degrees F - 9/2/2024 20 degrees F - 9/3/2024 21 degrees F - 9/4/2024 22 degrees F - 9/5/2024 20 degrees F - 9/6/2024 22 degrees F - 9/7/2024 22 degrees F - 9/8/2024 22 degrees F - 9/9/2024 24 degrees F - 9/10/2024 22 degrees F - 9/11/2024 26 degrees F - 9/12/2024 24 degrees F - 9/13/2024 22 degrees F - 9/14/2024 26 degrees F - 9/15/2024 28 degrees F - 9/16/2024 24 degrees F - 9/17/2024 22 degrees F - 9/18/2024 24 degrees F - 9/19/2024 22 degrees F - 9/20/2024 20 degrees F - 9/23/2024 29 degrees F - 9/24/2024 28 degrees F - 9/25/2024 26 degrees F <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 9/28/2024 24 degrees F</p> <p>- 9/29/2024 26 degrees F</p> <p>- 10/1/2024 22 degrees F</p> <p>- 10/2/2024 24 degrees F</p> <p>- 10/3/2024 26 degrees F</p> <p>- 10/4/2024 22 degrees F</p> <p>- 10/7/2024 28 degrees F</p> <p>An interview with the Unit Manager (UM) was completed on 10/9/2024 at 1:37 P.M. The UM indicated the nurse was responsible for checking and logging the medication refrigerator temperatures on the daily log sheets. The UM indicated the temperatures logged on the September and October daily log sheets were within normal range.</p> <p>An interview with the Director of Nursing (DON) was completed on 10/9/2024 at 1:47 P.M. The DON indicated safe temperatures for the medication refrigerator were between 36 and 46 degrees F.</p> <p>On 10/9/2024 at 1:47 P.M. the DON provided a policy, dated 5/15/2023 and titled, Medication Storage and Medication Labeling and indicated it was the policy currently used by the facility. The policy indicated, .1. General Guidelines: . f. Medications are stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications are assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents. 6. Refrigerated Products: . b. Temperatures are maintained within 36-46 degrees F. Charts are kept on each refrigerator and temperature levels are recorded daily by the charge nurse or other designee . Medication Labeling . 2. The medication label includes, at a minimum: a. medication name, b. prescribed dose, c. strength, expiration date, resident's name, route of administration and appropriate instructions and precautions</p> <p>3.1-25 (j)</p> <p>3.1-25 (m)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48145</p> <p>Based on observation, interview and record review, the facility failed to prepare food under sanitary conditions related to a dirty range and oven in 1 of 1 kitchen reviewed. This had the potential to affect 24 of the 24 residents who received their meals from the kitchen.</p> <p>Findings include:</p> <p>1. During the initial kitchen tour on 10/10/2024 at 11:00 A.M. with the Dietary Director (DD), the gas range had four burners with a black substance on all of the grates. The single door oven had a build up of grease and a black substance on the inside.</p> <p>2. During the final kitchen tour on 10/15/2024 at 9:30 A.M., the range had four burners with a black substance on all the grates and below the grates. The single door oven had a build up of grease and a black substance on the inside.</p> <p>During an interview on 10/15/2024 at 9:31 A.M., the DD indicated the range and the oven were dirty and should be cleaned. The facility used a daily cleaning schedule to complete the kitchen cleaning tasks.</p> <p>On 10/15/2024 at 11:00 A.M., the DD provided a cleaning schedule titled, [Facility Name] Daily Cleaning Schedule and indicated it was the cleaning schedule currently used by the facility. The daily cleaning schedule included the task, Cleaning the range top/ovens/flat top.</p> <p>On 10/15/2024 at 11:00 A.M., the DD provided an undated policy titled, Food Safety and Sanitation, and identified it as the policy currently used by the facility. The policy indicated, .Sanitation .Follow a regular written cleaning schedule and document cleaning</p> <p>3.1-21(i)(3)</p>		

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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>48145</p> <p>Based on observation, interview and record review, the facility failed to distribute medication in a sanitary manner during 2 of 4 medication administration observations. (RN 2 & RN 3)</p> <p>Findings include:</p> <p>1. During an observation on 10/10/2024 at 9:45 A.M., RN 2 dropped one tablet of Vitamin D onto the medication cart. RN 4 applied hand sanitizer and gloves and then picked up the tablet of Vitamin D and put it into the medication cup with other medications. The resident was given the medication cup and took all the medications.</p> <p>During an interview on 10/10/2024 at 9:47, RN 2 indicated the medication should have been discarded and replaced with a new tablet.</p> <p>2. During an observation on 10/11/2024 at 8:49 A.M., RN 3 dropped one tablet of Lisinopril onto the medication cart and used a spoon to pick up the tablet and put it into the medication cup. The resident was given the medication cup and took all the medications.</p> <p>During an interview on 10/11/2024 at 8:53 A.M., RN 3 indicated she did not know if the tablet of Lisinopril should have been discarded after it fell on to the medication cart, but she would ask someone and follow-up later. RN 3 did not follow-up before the exit of the survey.</p> <p>During an interview on 10/11/2024 at 9:45 A.M., the Director of Nursing (DON) indicated the facility did not have a policy specific to what to do when a medication was dropped.</p> <p>3.1-18(b)</p>		