STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155738	A. Building B. Wing	01/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milton Home, The	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on observation, record review and interview, the facility failed to provide ongoing Pre and Post Dialysis Evaluations for 1 of 1 residents reviewed for Dialysis management. (Resident 1) Findings include: Resident 1's record was reviewed on 01/05/2026 10:16 AM. Diagnoses on Resident 1's profile included, but were not limited to, end stage renal disease on dialysis, implants and grafts, lower left leg amputation, gastrostomy status, and type II diabetes mellitus. Physician's orders, dated 09/11/2025, included, but were not limited to: a. Check permacath (A permanent catheter, often called a permacath, is a long-term, tunneled tube used for dialysis or urinary drainage, placed under the skin into a large vein or directly into the bladder) site daily upon return from dialysis: Check right chest every evening shift includes caps in place and tight, dressing dry and intact.b. 09/08/2025-No blood pressure or lab draw from either arm with dialysis site, blood pressure to be taken per thigh every shift.c. 12/11/2025- Dialysis: Check access site for bruit and thrill, record/report abnormalities. A care plan, dated 11/11/2025, indicated the resident required hemodialysis related to end stage renal disease. Interventions included but were not limited to: check for thrill and bruit 2 times per shift on day resident returns from dialysis, then daily. Resident to receive dialysis Tuesday, Thursday, Saturday, vital signs checked every shift for 24 hours post-dialysis, or per physician's order. Dialysis Communication Record is sent to the dialysis center with each appointment and return of form is ensured after appointment is completed, encourage resident to go for the scheduled dialysis appointments.There were no post dialysis communication record forms completed and available for review for the month of December 2025.On 12/20/2025 at 1:19 P.M., the Minimum Data Set Coordinator, provided a Hemodialysis policy, dated 1/20/2020, and indicated the policy was the one currently being used by the facility. The policy indicated Purpose: The facility will ensure that each resident receives care and services for the provision of hemodialysis consistent with professional standards of practice. This will include: the ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility. Compliance Guidelines: 14. The nurse will ensure that the dialysis access site is checked before and after dialysis treatments and every shift for patency by auscultating for a bruit and palpating for a thrill. If absent the nurse will immediately notify the attending position dialysis facility and or nephrologist. 15. The resident will not receive blood pressures or laboratory sticks on the arm where the dialysis access device is located. During an interview, on 01/05/2026 at 11:39 A.M., the Float Director of Nursing- Corporate Regional Nurse Consultant -Director of Nursing, indicated Resident 1's blood pressures should have been taken in their thigh, as the order indicated, and the resident should have had a post dialysis assessment on the following dates: 12/2, 12/4, 12/6, 12/9, 12/11, 12/13, 12/16, 12/18, 12/20, 12/22, 12/24, 12/27, 12/31, 2025. 3.1-37(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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview and record review, the facility failed to ensure resident medications were secured for 1 of 1 resident room reviewed for unsecured medications. Finding included:During an interview, on 12/30/2025 at 11:32 A.M., Resident 21 indicated she had been administered some Tylenol and some Tramadol several days ago, during the evening shift, by a Qualified Medical Assistant (QMA). Resident 21 indicated the QMA had not witnessed her swallowing these pills, so the resident had put them away in case I needed to show someone. Resident 21 was observed to remove 2 round, white pills within a plastic medicine cup from her closet. One pill had an imprint of AN 627 and the other pill had PH 020 imprinted on it.During an interview on 12/30/2025 at 11:38 A.M. the Regional Corporate Nurse Consultant indicated the pills should not have been unsecured in a resident's room.The clinical record of Resident 21 was reviewed on 12/31/2025 at 11:13 A.M. The resident's diagnoses included, but were not limited to: metabolic encephalopathy, acute and chronic respiratory failure, hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage, hypertension, muscle wasting and atrophy, personal history of pulmonary embolism, obesity, cardiomegaly, depression and anxiety.An admission Minimum Data Set (MDS) assessment, dated 11/19/2025, indicated Resident 21 was cognitively intact and had been receiving as needed pain medication.Current physicians' orders included, but were not limited to:-Acetaminophen Tablet 325 mg (milligrams); give 2 tablets every 4 hours as needed for pain, not to exceed 3 grams per day.-Tramadol Hydrochloride Oral Tablet 50 mg; give 1 tablet by mouth every 6 hours as needed for pain or discomfort.Resident 21's December 2025 Medication Administration Record (MAR) indicated the resident had received Tramadol Hydrochloride on the following dates: 12/2, 12/3, 12/4, 12/8, 12/17, and 12/24.The December 2025 MAR indicated Resident 21 had received Acetaminophen on the following dates:12/4, 12/18 and 12/22.On 1/5/2025 at 11:35 A.M., the Regional Corporate Nurse Consultant provided a policy titled, Storage of Medications, dated 4/2019 and indicated the policy was the one currently used by the facility. The policy indicated .facility stores all drugs and biologicals in a safe, secure, and orderly manner.the nursing staff is responsible for maintaining medication storage.3.1 - 25(j)3.1 - 25(m)3.1 - 25(n)