

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155803	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/10/2024
NAME OF PROVIDER OR SUPPLIER  Hamilton Pointe Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  3800 Eli Place Newburgh, IN 47630	

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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</b></p> <p>Based on interview and record review, the facility failed to ensure a newly admitted resident had immediate orders for pressure wounds for 1 of 3 residents reviewed for pressure wounds. (Resident B)</p> <p>Finding included:</p> <p>On 12/9/24 at 9:44 a.m., Resident B indicated he was admitted to the facility in June of 2024, and had pressure wounds on admission to his buttock.</p> <p>On 12/9/24 at 10:10 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, anemia, unspecified, unspecified protein-calorie malnutrition, paraplegia, complete, pressure ulcer of right buttock stage IV (4), type 2 diabetes mellitus with unspecified complications, colostomy status, other acute osteomyelitis, right femur, other acute osteomyelitis right ankle and foot, peripheral vascular disease, pressure ulcer left hip, unstageable, pressure ulcer of right buttock, unstageable. Resident B was admitted to the facility on [DATE].</p> <p>An admission MDS (Minimum Data Set) assessment dated [DATE], indicated Resident B's cognition was intact, admitted with one stage VI pressure ulcer, one unstageable pressure ulcer, two unstageable- deep tissue suspected.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>I require enhanced barrier precautions related to osteomyelitis, pressure wound, IV (intravenous) antibiotics, date initiated 6/27/24. Interventions included but were not limited to: You will provide my treatments as ordered; date initiated 6/27/24.</p> <p>I need assistance with my ADL's (Activities of Daily Living) related to paraplegia with wounds, date initiated 6/26/24.</p> <p>I have deep tissue injury on my right buttock related to extended pressure secondary to altered mobility, date initiated 7/1/24. Interventions included but were not limited to: I will receive treatment as ordered, date initiated 7/1/24.</p> <p>I have a stage IV pressure ulcer related to immobility d/t paraplegia; date initiated 6/28/24. Interventions included but were not limited to, I will receive my treatment as ordered, date initiated 6/28/24.</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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<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>I have an unstageable pressure injury to my left 1st toe related to necrotic tissue covering the wound bed, skin failure, date initiated 7/1/24. Interventions included but were not limited to, I will receive my treatment as ordered, date initiated 7/1/24.</p> <p>I have a deep tissue injury to my right 5th toe related to extended pressure secondary to altered mobility, date initiated 7/1/24. Interventions included but were not limited to: I will receive my treatment as ordered, date initiated 7/1/24.</p> <p>June 2024 physician orders with an active date of 6/25/24, were reviewed and included but were not limited to:</p> <p>Daptomycin intravenous solution reconstituted use 400 milligrams intravenously one time a day for infection/wound for 36 administrations, order date 6/25/24.</p> <p>No orders were recorded in the record for wound treatments on admission on 6/25, until 6/28/24.</p> <p>June 2024 physician orders with an active date of 6/30/24, were reviewed and included but were not limited to:</p> <p>wound vac to stage IV sacral wound, maintain vac and change dressing as ordered every 24 hours as needed for change as needed, order date 6/28/24.</p> <p>wound vac to stage IV sacral wound, maintain vac and change dressing as ordered every day shift every 3 day(s), order date 6/28/24.</p> <p>An initial pressure ulcer report with an effective date of 6/25/24, was reviewed and included, but was not limited to:</p> <p>Site- right buttock</p> <p>Type- pressure</p> <p>Stage IV</p> <p>Site - right toe</p> <p>Type - pressure</p> <p>Stage- suspected deep tissue injury</p> <p>Site- left toe</p> <p>Type- pressure</p> <p>Stage- unstageable</p> <p>Comments .res has wound vac, Foley catheter and ostomy for bowels pressure reducing mattress in place 1/4 SR x 2 for T&amp;R/mobility aide.</p> <p>(continued on next page)</p>		

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<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>No measurements were recorded on the report dated 6/25/24.</p> <p>On 12/10/24 at 9:26 a.m., RN 2 indicated Resident B came to the facility with pressure wounds, wound treatments should have been placed on admit, even if temporary until the facility wound nurse could do assessment, treatments were clarified and initiated on 7/1/24 for all wounds.</p> <p>On 12/10/24 at 1:55 p.m., RN 3 indicated if pressure wounds are found on the initial admit skin assessment and no orders were sent, triage should be faxed or called for orders.</p> <p>On 12/10/24 at 12:25 p.m., the DON provided the current admission orders policy with a implemented date of 11/28/23. The policy included but was not limited to: A physician must personally approve, in writing, a recommendation that an individual be admitted to a facility. A physician, physician assistant, nurse practitioner or clinical nurse specialist must provide written and/or verbal orders for the residents immediate care and needs .The orders should allow facility staff to provide essential care to the resident consistent with the resident's mental and physical status on admission .</p> <p>This citation relates to Complaint IN00448583.</p> <p>3.1-30(a)</p>