

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 02/27/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35733</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner in accordance with professional standards for food service safety for 2 of 2 observations of the kitchen, 1 of 1 observations of meal service. Gloves were not changed, bare hands touched plates, fingers were licked, floors soiled. (Kitchen)</p> <p>Findings include:</p> <p>1. On 2/25/25 at 9:30 a.m., the kitchen floor was observed to have debris along the walls, behind and under tables, equipment, racks, and in the dry panty. The same was observed on 2/27/25 at 10:10 a.m.</p> <p>2. On 2/25/25 at 9:25 a.m., Dietary Aide 2 was observed with gloved hands to be standing at a table preparing 6 plates of salad. Dietary Aide 2 left the food prep table, walked to the walk in refrigerator carrying a food container, went in and back out, obtained a cutting board and walked to the food prep table and laid it down. Dietary Aide 2 picked up a food container containing tomatoes, covered it with plastic wrap, walked to the food scale, weighed the tomatoes, touching the screen of the scale with gloved hands. He then walked to the refrigerator with the tomatoes, went in and back out.</p> <p>Dietary Aide 2 was observed to walk back to the food prep table, grab a bag of lettuce, fold the top of the bag over and lay it on the table, grab pieces of cut up ham and put them on top of the lettuce and tomatoes on 6 plates.</p> <p>Dietary Aide 2 took the container of ham to the food scale, weighed it, picked it up, walked in the refrigerator and back out, walked back to the food prep table.</p> <p>Dietary Aide 2 used a knife to cut open a bag of shredded cheese, reached into the bag with a gloved hand, obtained cheese to put on 6 plates of salad.</p> <p>Dietary Aide 2 wrapped the bag of cheese in plastic wrap, took it to the food scale to weigh, touching the screen with gloved hands. Dietary Aide 2 laid the bag of cheese on the table, took off his gloves and washed his hands.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. On 2/25/25 at 10:49 a.m., Dietary Aide 3 was observed carrying a stack of plates to a food prep table touching the middle of the top plate with bare fingers. Dietary Aide 3 was observed to put a cinnamon roll onto the top plate, wrap it in plastic wrap, put on a tray on a food rack that was later used for meal service.</p> <p>4. On 2/25/25 at 11:03 a.m., Dietary Aide 5 was observed to be organizing the meal tickets, periodically licking his fingers to separate the tickets. The meal tickets were laid on a shelf on top of the steam table, later were sent with the plates of food given to residents.</p> <p>5. On 2/25/25 at 11:17 a.m., Dietary Aide 4 was observed plating lunch, touching some of the plates with his bare fingers where the food was placed.</p> <p>6. On 2/27/25 at 10:13 a.m., Dietary Aide 6 indicated that when doing food prep, gloves should be worn if touching food, any time you walk away and touch other items, gloves should be taken off, hands washed, new gloves put on.</p> <p>On 2/27/25 at 10:16 a.m., the Dietary Manager indicated floors are cleaned twice a day, the staff follow a cleaning schedule for under racks, behind equipment.</p> <p>On 2/27/25 at 11:33 a.m., the Director of Nursing (DON), provided the current policy on food handling with a revised date of 2/20. The policy included but was not limited to: .All employees of the dining and nutrition services department will wash hands and change gloves (if worn), following any contact with non-sterile surfaces or items. Examples of non-sterile surfaces might include as hair, skin, uniform or hot pad, trash can, door knob, steam table knobs, cooler handles and raw meat .When performing a food preparation function that cannot be done without hand contact, gloves may be worn. Employees will wash hands and put on food-safe gloves prior to direct contact with food, following the Glove Usage policy. Gloves hands are considered a food contact surface that can get contaminated or soiled. If used, single use gloves shall be used for only one task, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation .</p> <p>On 2/27/25 at 11:33 a.m., the DON provided the current cleaning policy on kitchen cleaning with a revision date of 6/2020. The policy included, but was not limited to: .Cleaning tasks shall be designated to be the responsibility of specific positions in the department, i.e.; AM cook, AM Dining Aide, PM Cook, PM Dishwasher, etc, as opposed to being assigned in individual employee names .The Director of Dining and Nutrition Services will routinely check that cleaning is being done to meet the regulation standards. The Registered Dietitian completes quarterly sanitation inspection .</p> <p>This citation relates to Complaint IN00453228 and IN00453974.</p> <p>3.1-21(i)(3)</p> <p>3.1-21(i)(2)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were maintained and Personal Protective Equipment (PPE) was worn entering isolation rooms for 3 of 7 halls observed. (300 Hall, 500 Hall, 900 Hall).</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 2/27/25 at 8:20 a.m., Activity Staff 2 was observed to enter room [ROOM NUMBER] to pass out activity calendars, standing and speaking with the residents before leaving the room. room [ROOM NUMBER] had a sign posted on the door that indicated droplet precautions, wear gloves and gown upon entering room, wear a surgical mask (N-95 mask if available) upon entering the room, goggle or face shield to be worn if performing aerosol respiratory treatments, hand hygiene before and after patient or environment contact, with soap and water or alcohol-based hand sanitizer. PPE was available at the entrance. Activity Staff 2 did not don PPE upon entering the room. Activity Staff 2 was observed to enter non isolation rooms [ROOM NUMBERS] to pass calendars after leaving room [ROOM NUMBER]. On 2/27/25 at 8:23 a.m., CNA 6 was observed to deliver a breakfast tray to room [ROOM NUMBER]. CNA 6 did not don PPE before entering the room. A droplet precaution sign was hanging on the door. On 2/27/25 at 8:52 a.m., CNA 2 was observed to DON gloves, N95 mask and gown before entering room [ROOM NUMBER]. CNA 2 did not tie the gown at the neck. A droplet precaution sign was hanging on the door. <p>On 2/27/25 at 8:52 a.m., CNA 2 indicated before entering a droplet precaution room a gown, mask and gloves should be donned, the gown should be tied at the waist and neck.</p> <ol style="list-style-type: none"> On 2/27/25 at 10:28 a.m., CNA 3 and RN 2 were observed to enter room [ROOM NUMBER], no PPE was donned before entering the room. room [ROOM NUMBER] had PPE hanging on the outside of the door and a droplet precaution sign hanging on the PPE box. On 2/27/25 at 10:40 a.m., CNA 3 and RN 2 indicated they did not DON PPE before entering room [ROOM NUMBER]. CNA 3 indicated she was walking down the hallway and noticed a resident in room [ROOM NUMBER] sitting on the side of the bed and went to get RN 2 to assist her so the Resident didn't fall. <p>On 2/27/25 at 11:19 a.m., the Director of Nursing (DON) indicated the facility staff were following the droplet precaution signs posted on the Influenza A isolation rooms for PPE required to enter the rooms.</p> <p>During the survey the facility had rooms on isolation for Influenza A and Respiratory Syncytical Virus (RSV). Norovirus had recently affected some residents and staff in the facility.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/27/25 at 11:13 a.m., the DON provided the current Infection Prevention and Control Program policy with a implemented date of 2/16/24. The policy included, but was not limited to: This facility has established and maintains an infection control prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines .All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE .</p> <p>On 2/27/27 at 11:13 a.m., the DON provided the current transmission based (Isolation) Precautions policy with a revised date of 6/4/24. The policy included but was not limited to: .droplet precautions refer to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions .Droplet precautions .Healthcare personnel will wear a facemask for close contact with an infectious resident. Based upon the pathogen or clinical syndrome, if there is risk of exposure of mucous membranes or substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield) should be worn .</p> <p>On 2/27/25 at 11:13 a.m., the DON provided the current policy on Personal protective Equipment with a review date of 6/4/24. The policy included but was not limited to: .All staff who have contact with residents and/or their environment must wear personal protective equipment as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious materials is likely .</p> <p>This citation relates to Complaint IN00453974 and IN00453228.</p> <p>3.1-18(b)</p> <p>3.1-18(j)</p>		