

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 09/05/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure Enhanced Barrier Precautions (EBP) were used for a resident with a wound, orders were in place for care of an ostomy, for 1 of 2 residents observed for incontinence care, and 1 of 1 residents reviewed for ostomy care. (Resident C, Resident D) Findings include: During an observation on 9/4/25 at 11:10 P.M., Qualified Medication Aide (QMA) 1 and QMA 2 provided incontinence care on Resident C. QMA 1 and QMA 2 began care and failed to don EBP supplies. During care, QMA 2 left the room and brought back the Wound Nurse to provide care to Resident C's wound on her buttocks. The Wound Nurse failed to don EBP supplies. On 9/4/25 at 9:25 A.M., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, unstageable pressure ulcer. The most recent admission Minimum Data Set (MDS) assessment, dated 8/20/25 indicated Resident C had moderate cognitive impairment and was dependent on staff for toileting. Current Physician's Orders included, but were not limited to, Enhanced Barrier Precautions until the wound was healed, revised 8/15/25. Resident C's clinical record lacked a care plan related to EBP. During an interview on 9/4/25 at 11:49 A.M., the Assistant Director of Nursing (ADON) indicated she would expect staff to wear EBP when incontinence care and wound care were provided on Resident C.2. On 9/4/25 at 10:32 am Resident D's clinical record was reviewed. Diagnoses included but were not limited to, gastroesophageal reflux disease without esophagitis, colostomy status. A Minimum Data Set (MDS) assessment dated [DATE], indicated cognition was intact, bowel always incontinent, ostomy (including urostomy, ileostomy, and colostomy) was marked yes. Care plans were reviewed and included, but were not limited to: I have a colostomy as of 8/19/24 d/t (due to) bowel obstruction, initiated 9/23/25. Interventions included but were not limited to: my colostomy care will be completed as needed, initiated 9/3/25, revision on 8/16/25. September 2025 physician orders were reviewed and no order was in place for the care of the colostomy. The TAR (Treatment Administration Record) and EMAR (Electronic Medication Administration Record) for August and September was reviewed and no order was in place for the care of the colostomy. On 9/4/25 at 1:16 p.m., RN 2 indicated normally orders are in place for the care of a colostomy, nursing documents when changing the ostomy bag and providing care. On 9/4/25 at 1:18 P.M., the ADON provided a current Enhanced Barrier Precautions policy, revised 2/5/25 that indicated, .An order for enhanced barrier precautions will be obtained for residents with chronic wounds such as pressure ulcers. On 9/4/25 at 1:37 p.m., the ADON (Assistant Director Of Nursing) provided the current policy on pouch changes, colostomy, urostomy, and ileostomy with a revised date of 12/3/24. The policy included but was not limited to: .1. Ostomy care will be provided by the licensed nurses under the orders of the attending physician. The order should include the type of ostomy, frequency of pouch change, and type of equipment .This citation relates to Intake 2597338.3.1-35(g)(1)</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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