

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  10/17/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that medications were kept secure and stored in a locked cart and that residents' privacy rights were protected in 1 of 1 random observations of a medication cart. ( Unit 400, Resident H) Finding includes : On 10/16/25 at 2:40 p.m., a medication cup that contained 6 pills was observed on a medication cart on the 400 unit. The medication cart was observed unlocked. A computer with the screen showing the picture and clinical record information of Resident H was observed on top of the cart. On 10/16/25 at 2:46 p.m., LPN 2 was observed to return to the medication cart carrying a box of medication. LPN 2 indicated she had left the cart because she thought she heard a resident yelling on another unit and was not sure a CNA was available. LPN 2 indicated medications should not be left on top of a cart unattended, the cart should have been locked before she left. On 10/17/25 at 9:04 a.m., the Administrator provided the current medication storage policy with a revision date of 4/6/24. The policy included but was not limited to: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security .a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls .c. During medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart . On 10/17/25 at 9:04 a.m., the Administrator provided the current policy on medication administration with a revision date of 11/11/24. The policy included but was not limited to: Medications are administered by licensed nurses, or staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection .7. provide privacy .This citation relates to Intake 2632925 and 2645674. 3.1-25(m)</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
---	-------	-----------