

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 12/16/2025
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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure accurate clinical records were in place for 1 of 3 residents reviewed for wounds. A wound to the left extremity was documented as right extremity (Resident C) Finding includes: On 12/12/25 at 9:14 a.m., Resident C's clinical record was reviewed. Diagnoses included but were not limited to, displaced bimalleolar fracture of left lower leg, disruption of external operation (surgical) wound, not elsewhere classified, subsequent encounter, generalized edema, type 2 diabetes without complications, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, lymphedema, not elsewhere classified, morbid(severe) obesity, chronic diastolic (congestive) heart failure. Resident C admitted on [DATE] and discharged to the hospital on [DATE]. Care plans were reviewed and included but were not limited to: I have a left plantar surgical wound with complications as I have diabetes. It is making progress but slowly. Date initiated 6/28/25, revision on 9/4/25. December 2025 physician orders were reviewed and included the following: Paint surgical wound to bottom of left foot with betadine and cover with dry dressing. secure with Kerlix every day shift for wound healing, order date 11/20/25. Skin & Wound evaluation notes were reviewed and the following dates indicated the wound location was to the right plantar foot middle instead of the left: 6/28/256/30/257/7/257/14/257/20/258/4/258/11/258/18/258/25/259/1/259/8/259/22/259/29/2510/8/2510/13/2510/20/2510/27/25 Weekly nursing skin observations were reviewed indicated the surgical wound was to the right foot instead of left: 7/11/257/18/258/1/258/15/259/12/2510/8/2511/12/2511/26/25 The following weekly skin observations were marked no for a surgical wound: 8/8/25 9/21/259/29/2511/5/2511/19/25 Progress were reviewed and included but were not limited to the following: 12/1/25 at 7:37 a.m., Skin Issues : Skin Issue: #001: Skin issue has been evaluated. Location: Right plantar foot. Laterally/Orientation: Middle. Issue type: Surgical wound . Skin issue progress notes on 11/10/25, 11/17/25, 11/24/25, indicated the same location. On 12/12/25 at 2:50 p.m., the facility wound nurse indicated Resident C's surgical wound was to the left foot, on the initial wound note he must have mistakenly charted right foot instead of left, the documentation carried over each time from the initial assessment. He indicated when he is on vacation, weekends, or absent from the facility the nurses do the treatments. On 12/16/25 at 10:30 a.m., the DON indicated the nurse doing the weekly skin observation should be documenting what they see. On 12/16/25 (time not recorded) LPN 2 indicated there is a form that is filled out for weekly skin observations, documentation is for what is seen, Resident C had a wound to the left foot, she will sometimes document to refer to the wound notes. On 12/16/25 at 3:00 p.m., the DON provided the current policy for documentation in medical records with a implemented date of 1/30/24. The policy included but was not limited to: Each resident's record shall contain an accurate representation of the actual experience of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation . This citation relates to Intake 2690404. 3.1-50(a)(2)

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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