STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A011	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Especially Kidz Health & Rehab	2325 S Miller St Shelbyville, IN 46176

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review, the facility failed to timely clarify vital signs parameters of a physician's order for 1 of 5 residents reviewed quality of care (Resident 50).Findings include: The clinical record for Resident 50 was reviewed on 5/20/26 at 10:51 a.m. The resident's diagnoses included, but were not limited to, ventricular tachycardia (lower chambers of the heart beats too fast to pump blood effectively) and hypertension (pressure in the blood vessels is too high).On 2/18/26, the physician prescribed midodrine 5 milligram (mg) (treatment for high blood pressure) every 8 hours, to be held for blood pressure greater than 120.A care plan, last reviewed 5/13/26, indicated the resident had a diagnosis of hypertension and was at risk for associated complications. The goal was for the resident to have no signs or symptoms of hypertension. The care plan included an intervention to administer medications as ordered by the physician.The April and May 2026 MAR indicated Resident 50 had received midodrine 5 mg when his systolic blood pressure was above 120 on the following days: 4/10/26 at 8:30 a.m., when blood pressure reading was 123/69, 4/15/26 at 12:30 a.m., when blood pressure reading was 125/57, 4/29/26 at 12:30 a.m., when blood pressure reading was 146/76, and 5/1/26 at 12:30 a.m., when blood pressure reading was 122/70.The April and May 2026 Medication Administration Record (MAR) indicated Resident 50's midodrine 5 mg had been held by the nursing staff on the following days and times due to systolic (top number of blood pressure reading) blood pressure being above 120: 4/8 at 12:30 a.m., 4/28 at 12:30 a.m., 5/11 at 11:00 p.m., and 5/12/26 at 11:00 p.m.During an interview on 5/20/2026 at 10:13 a.m., the Director of Nursing indicated the nursing staff should have clarified Resident 50's midodrine order with the physician.On 5/20/26 at 1:21 p.m., the Director of Nursing provided the Medication Administration Policy, last reviewed 9/2025, that read .Guidelines for Medication Administration .4. Read orders carefully to be sure that they are understood. Clarify any questions with the charge nurse or the physician/provider. Carefully repeat and clarify verbal orders, if received . 410 IAC (Indiana Administrative Code) 16.3.1-37

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A011	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility failed to ensure infection control was maintained by not donning a gown during a wound dressing change when a resident was on enhanced barrier precautions (Resident103) and touching a residents medication tablets with bare hands (Resident 45) for 2 of 5 residents for infection control. Findings include:1.The clinical record for Resident 103 was reviewed on 5/18/26 at 11:45 a.m. The diagnoses included but were not limited to: hypertension (elevated blood pressure). An observation was made of Resident 103's entrance to his room. There was an Enhanced Barrier Precautions (EBP) sign taped on the window of room. The EBP sign indicated Personal Protective Equipment (PPE) required for high contact areas was gown and gloves. The examples included but were not limited to: wound care. An observation on 5/19/26 at 3:20 p.m., of a wound dressing change was made for Resident 103's wound that was located on the back of his head with the Assisted Director of Nursing (ADON) and License Practical Nurse (LPN) 3 on 5/19/26 at 3:23 p.m. The ADON was observed with PPE on that included gown and gloves. LPN 3 was observed with PPE on that included gloves only, LPN 3 did not have on a gown. LPN 3 had removed old dressing, cleaned the wound and applied a new dressing on the back of the resident's head. An interview was conducted with LPN 3 on 5/19/26 at 3:30 p.m., LPN 3indicated she had forgotten to don on a gown during Resident 103's wound dressing change. LPN 3 indicated she was required to wear a gown during the wound care. 2. The clinical record for Resident 45 was reviewed on 5/19/26 at 10:00 a.m., the diagnoses included but were not limited to: cerebral palsy (abnormal brain development which causes lack of muscle tone and poor movement). A medication administration was observed with LPN 2 for Resident 45 on 5/20/26 at 9:59 a.m., LPN 2 prepared Resident 45's medications to administer at the medication cart. During that time, LPN 2 was observed touching medication cart, medications cards, computer mouse and popping the pill medications in a plastic medication cup. After, LPN 2 utilized her bare hands and removed 2 pill medications from the medication cup. She indicated the two medications were unable to be crushed. She then crushed the remaining pill medications and returned the crushed pill medications in the medication cup. After, she returned the other two pill medications and a spoonful of applesauce to the medication cup. Then, LPN 2 was observed entering the resident's room and administered the medications that were in the medication cup. A interview was conducted with the Director of Nursing on 5/20/26 at 10:10 a.m. She indicated the nursing staff should not touch pill medications with their bare hands. An Enhanced Barrier Precautions (EBP) policy was provided by the Nurse Consultant on 5/20/26 at 3:10 p.m. It indicated .Purpose: Enhanced Barrier Precautions (EBP) expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated. These precautions entail the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multi-drug resistant organisms (MDROs) to staff hands and clothing to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months), and result in the silent spread of MDROs. A medication administration policy was provided by the Nurse Consultant on 5/20/26 at 3:10 p.m. It indicated, Purpose: To safely administer medications as per physicians' orders.Infection Control.3. Never touch medications with hands.410 IAC (Indiana Administrative Code)3.1-18(b)(1)(l)