

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155600	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/08/2024
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NAME OF PROVIDER OR SUPPLIER MULBERRY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 502 W JACKSON ST MULBERRY, IN 46058
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 1, 2, 3, 6, and 8, 2024.</p> <p>Facility number: 000470 Provider number: 155600 AIM number: 100289210</p> <p>Census Bed Type: SNF/NF: 116 SNF: 13 Total: 129</p> <p>Census Payor Type: Medicare: 6 Medicaid: 90 Other: 33 Total: 129</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on May 15, 2024.</p>	F 0000	Mulberry Health respectfully request paper compliance in lieu of an onsite follow up survey.	
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Heidi	Wallar	05/24/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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	<p>environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident was dressed in her own clothing and to ensure staff was not standing while feeding a resident for 1 of 2 residents reviewed for dignity. (Resident 50)</p> <p>Finding includes:</p> <p>During an observation, on 5/1/24 at 12:52 p.m.,</p>	F 0550	<p>Corrective action for the resident identified in the survey was taken immediately and clothing changed to appropriate attire. CNA 6 self-corrected feeding style and sat down to feed resident number 50.</p> <p>All residents who are assist with feeding and dressing have the</p>	06/17/2024

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	<p>CNA 6 was standing on the left side of Resident 50's wheelchair feeding the resident.</p> <p>During an observation, on 5/1/24 at 12:59 p.m., CNA 6 took a chair from another table and sat down to continue feeding the resident.</p> <p>During an observation, on 5/3/24 at 9:30 a.m., the resident was sitting at a table in the dining room facing the door. There was a resident sitting across the table from the resident and five other residents were in the dining room. The resident was wearing a long-sleeved shirt with the top of the shirt pulled down exposing a large portion of the resident's chest. The shoulder seams were touching her elbows. CNA 5 pulled the front of the shirt up to cover her chest. CNA 5 checked the tag on the back of the shirt and indicated the shirt belonged to the resident's roommate.</p> <p>The clinical record for Resident 50 was reviewed on 5/3/24 at 10:15 p.m. The diagnoses included, but were not limited to, depression, macular degeneration, legal blindness, chronic kidney disease, and anxiety disorder.</p> <p>A care plan, dated 3/31/23, indicated the resident had an activity of daily living (ADL) self-care deficit. The interventions included, but were not limited to, assist the resident with ADL's as needed, assist the resident with showers when needed, set up meals for the resident's convenience, and encourage, cue, or assist the resident with eating meals, snacks, and drinking fluids.</p> <p>During an interview, on 5/1/24 at 4:03 p.m., the resident's daughter indicated she saw the resident wearing a size 3 extra-large shirt. The shirt was huge, and the resident only wore a size large. The</p>		<p>potential to be affected.</p> <p>All nursing staff will be in-serviced for resident's rights to a dignified existence.</p> <p>Nursing management will audit all residents who are assisted with feeding and dressing. A CQI audit tool will be completed weekly for the first 30days and monthly for the next 90days to ensure compliance. Director of Nursing will report to the facility's Quality Assurance committee on the results of the audits, and any actions necessary to ensure 100% accuracy.</p>	

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	<p>staff would place other residents' clothing in her closet, and they did not pay attention when dressing the resident. She had taken her concerns to the management before.</p> <p>During an interview, on 5/01/24 at 1:35 p.m., CNA 6 indicated she should not stand, and she should make sure she was sitting down when feeding the residents.</p> <p>During an interview, on 5/3/24 at 9:32 a.m., CNA 5 indicated she was unaware of why the resident was wearing her roommate's shirt.</p> <p>During an interview, on 5/3/24 at 9:34 a.m., QMA 7 indicated she was working in the resident's hall. The resident was dressed when she started her shift. The resident was on a night shift "get up" and was already dressed prior to QMA 7 starting her shift.</p> <p>During an interview, on 5/6/24 at 4:57 p.m., the Administrator indicated hospice had the resident dressed when the resident was observed wearing the oversized shirt and she knew the resident should be dressed in her own clothes.</p> <p>During an interview, on 5/8/24 at 12:14 p.m., the Assistant Director of Nursing (ADON) indicated when assisting the residents with eating, the staff were expected to sit down and assist the resident and not feed the resident standing.</p> <p>A current policy, titled "Resident Rights," dated as revised on 11/28/16 and received from the Administrator on entrance, indicated "...The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this</p>			

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F 0644 SS=D Bldg. 00	<p>section...The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: The resident has a right to be treated with respect and dignity, including: The right to retain and use personal possessions, including furnishing, and clothing...."</p> <p>3.1-3(t)</p> <p>483.20(e)(1)(2) Coordination of PASARR and Assessments §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:</p> <p>§483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.</p> <p>§483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. Based on interview and record review, the facility failed to complete an accurate level I Preadmission Screening and Resident Review (PASARR) for 1 of 3 residents reviewed for PASARR. (Resident 105)</p> <p>Finding includes:</p>	F 0644	<p>Corrective action for the resident identified in the survey was taken immediately. This resident's level I was reviewed, updated and a new Level I was completed on 5/6/2024 which did not trigger Level II. All resident who are admitted to long term care facility have the</p>	06/17/2024

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	<p>The clinical record for Resident 105 was reviewed on 5/2/24 at 4:30 p.m. The diagnoses included, but were not limited to, major depressive disorder, dissociative identity disorder, and anxiety disorder.</p> <p>A physician's order, with a start date of 1/25/24, indicated the resident received alprazolam (an antianxiety medication) 0.5 milligrams twice a day.</p> <p>A notice of PASARR level 1 screen outcome indicated the resident did not have any mental health diagnoses known or suspected.</p> <p>The PASARR did not include the residents major depressive disorder diagnosis, dissociative identity disorder diagnosis, or the resident's alprazolam medication.</p> <p>During an interview, on 5/6/24 at 3:10 p.m., the Social Services Director indicated the diagnoses and medication should have been listed on the PASARR. The person who submitted the PASARR may not have had all the information.</p> <p>During an interview, on 5/9/24 at 9:10 a.m., the Administrator indicated the facility did not have a specific PASARR policy. The facility used the Resident Assessment Instrument (RAI) manual.</p> <p>A CMS (Centers for Medicare and Medicaid Services) document, titled "Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.18.11 October 2023," indicated "...All individuals who are admitted to a Medicaid certified nursing facility, regardless of the individual's payment source, must have a Level I PASRR completed to screen for possible mental illness (MI), intellectual disability (ID), developmental disability (DD), or related</p>		<p>ability to be affected related to Level I PASARR requirement to be completed prior to admission. Social Service Director will review and audit all current residents and newly admitted residents. A CQI audit tool will be completed weekly for the first 30days and monthly for the next 90days to ensure compliance. Social Service Director will report to the facility's Quality Assurance committee on the results of the audits, and any actions necessary to ensure 100% accuracy.</p>	

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F 0761 SS=D Bldg. 00	<p>conditions...."</p> <p>3.1-16(d)(1)(A) 3.1-16(d)(1)(B)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure over the counter medications were labeled and beverages were not stored in the medication refrigerator for 3 of 3 medication carts and 1 of 1 medication room observed for medication storage. (cart 1 and 2 on</p>	F 0761	Corrective action for the residents identified in the survey was to dispose of medication for not proper labeling. All over the counter medications were immediately labeled with resident	06/17/2024

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	<p>the 100 hall, cart 1 on the 200 hall, and the medication room on 200 hall)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During an observation, on 5/2/24 at 9:55 a.m., with LPN 2, the medication cart 2 on the 100 hall was observed to have the following: <ol style="list-style-type: none"> a. one bottle of chest congestion relief (guaifenesin) for Resident 69, with no pharmacy label. b. one bottle of aspirin 81 mg which contained 500 tablets had Resident 69's first initial and last name in black marker on the top of the bottle, with no pharmacy label. c. one bottle of melatonin 5 mg which contained 240 tablets with Resident 69's name written on the top, with no pharmacy label. d. one bottle of B12 1000 mcg had black ink and indicated morning, there was no resident name or pharmacy label. <p>The clinical record for Resident 69 was reviewed on 5/2/24 at 11:26 a.m. There was no physician's order for the guaifenesin.</p> 2. During an observation, on 5/2/24 at 9:58 a.m., with LPN 2, the medication cart 1 on the 100 hall was observed to have the following: <ol style="list-style-type: none"> a. one bottle of acetaminophen 650 mg had a white label with Resident 46's name written on it, the physician and 1 tablet daily, with no pharmacy label. b. one bottle of eye health complex 90 capsules had Resident 46's name on the top of the bottle and 1 capsule BID (twice daily), with no pharmacy label. 3. During an observation, on 5/2/24 at 10:00 a.m., with LPN 2 and 3, the medication cart 1 on the 200 		<p>name, date, the doctor's name, and instructions the same as prescribed medications. All beverages were immediately removed from medication refrigerator and disposed of. All resident who receives over the counter medications have the potential to be affected. All refrigerated medication has been audited for food and beverage. Licensed nursing staff will be in-serviced for medication labeling and proper medication storage. Nursing management will audit medication labeling and storage. A CQI audit tool will be completed weekly for the first 30days and monthly for the next 90days to ensure compliance. Director of Nursing will report to the facility's Quality Assurance committee on results of the audits, and any actions necessary to ensure 100% accuracy.</p>	

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	<p>hall was observed to have the following:</p> <p>a. one bottle of acetaminophen 500 mg containing 500 caplets with Resident 100's name, the physician, room number, and 2 tablets PO (by mouth) TID (three times a day) with no pharmacy label.</p> <p>b. one bottle of acetaminophen 650 mg containing 225 tablets with Resident 29's name, the physician's name, room number written in black marker with no pharmacy label.</p> <p>4. During an observation, on 5/2/24 at 10:30 a.m., the medication refrigerator in the medication room on 200 hall contained food and beverage items.</p> <p>During an interview, on 5/2/24 at 10:30 a.m., LPN 4 indicated beverages and food should not be in the medication refrigerator.</p> <p>During an interview, on 5/8/24 at 2:19 p.m., the Pharmacist indicated the over-the-counter medications needed a resident name, date, the doctor's name, and instructions the same as prescribed medications.</p> <p>A current facility policy, titled "Medication Storage and Labeling," dated January 2024 and received from the Executive Director on 5/6/24 at 9:15 a.m., indicated "...medications/biologicals are maintained within secured locations, clean and sanitary conditions: and maintain proper temperatures...medications/biologicals are labeled in accordance with currently accepted professional principles..."</p> <p>3.1-25(j) 3.1-25(k)(1) 3.1-25(k)(2) 3.1-25(k)(3) 3.1-25(k)(4)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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