

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155152	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Monticello Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1120 N Main St Monticello, IN 47960	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents received the necessary treatment and services related to the monitoring and assessment of skin discolorations for 1 of 7 residents reviewed for non-pressure related skin conditions. (Resident B)</p> <p>Finding includes:</p> <p>On 5/13/25 at 11:12 a.m., Resident B was observed sitting in a wheelchair in the dining area. The wheelchair had padding on the arms. A large dark purple discoloration was observed to the resident's left elbow.</p> <p>On 5/14/25 at 10:26 a.m., Resident B was observed being wheeled out of her room in her wheelchair by her son. The dark purple discoloration was still observed to her left elbow.</p> <p>Record review for Resident B was completed on 5/14/25 at 10:42 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, hypertension, dementia, diabetes mellitus, and respiratory failure.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 2/14/25, indicated the resident was cognitively impaired. The resident required a substantial maximal assistance for bathing, dressing, and transfers. The resident had a life expectancy of less than 6 months and was on hospice services.</p> <p>A Care Plan, dated 9/3/24 and revised 3/11/25, indicated the resident was at risk for skin breakdown or further skin breakdown due to impaired mobility with increased weakness. An intervention included to assess and document skin condition weekly and as needed and to notify the physician of abnormal findings. Another intervention included to have padded arm rests to the wheelchair.</p> <p>A Weekly Skin Assessment, dated 5/13/25, indicated the resident had no skin integrity alterations and bruising was not indicated.</p> <p>The record lacked any documentation to indicate the resident's discoloration had been assessed or was being monitored.</p> <p>During an interview on 5/14/25 at 10:50 a.m., LPN 1 indicated she was unaware of the resident's discoloration to her left elbow.</p> <p>During an interview on 5/16/25 at 3:00 p.m., the Director of Nursing (DON) indicated there was no prior documentation the resident's discoloration had been assessed or was being monitored.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy, titled Skin Management Program, received as current, indicated .6. Any skin alterations noted by direct care givers during daily care and/or shower days must be reported to the licensed nurse for further assessment, to include but not limited to bruises, open areas, redness, skin tears, blisters, and rashes. The licensed nurse is responsible for assessing all skin alterations by the direct caregivers on the shift reported .</p> <p>This citation relates to Complaint IN00459697.</p> <p>3.1-37(a)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on record review and interview, the facility failed to fully implement care-planned dietary interventions for a resident at risk for weight loss related to incomplete meal consumption logs and a lack of supplement/substitute documentation for 1 of 18 records reviewed. (Resident C)</p> <p>Finding includes:</p> <p>Resident C's record was reviewed on 5/15/25 at 12:52 p.m. Diagnoses included, but were not limited to, dementia, chronic obstructive pulmonary disease (COPD), and type 2 diabetes mellitus.</p> <p>The Significant Change in Status Minimum Data Set (MDS) assessment, dated 4/15/25, indicated the resident was severely cognitively impaired. The resident required setup help for eating.</p> <p>A Care Plan, dated 11/29/24, indicated the resident required assistance and/or monitoring for AM/PM care, nutrition, hydration, and elimination. Interventions included, but were not limited to, record breakfast, lunch, dinner, and fluid intake percentage.</p> <p>A Care Plan, dated 12/3/24, indicated the resident was at nutritional risk related to COPD, diabetes mellitus, dementia, and chronic kidney disease. Interventions included, but were not limited to, honor preferences, monitor weight, offer substitution if resident consumes less than 50% of a meal, and provide diet as ordered.</p> <p>A Registered Dietician Nutritional Review, dated 4/22/25 at 4:02 p.m., indicated the resident had an average meal consumption of 55% for three meals a day. The resident was able to communicate meal choices and feed himself. The resident weighed 145 pounds (lbs) on 4/22/25, 146 lbs on 4/14/25, and 148 lbs on 4/8/25. The resident's usual/desirable body weight range was 150-155 lbs. The Plan of Care/Interventions indicated the resident's weight had increased and he preferred to eat in his room but was encouraged to attend meals in the dining room. The Plan of Care was to be continued and to honor the resident's preferences.</p> <p>The Intake: Breakfast, Lunch, Dinner, and Supplements Point of Care from 4/19/25 to 5/19/25 indicated the resident consumed between 1-50% of the following meals:</p> <ul style="list-style-type: none"> - breakfast: 4/19, 4/23, 4/24, 4/25, 4/29, 4/30, 5/9, 5/11, and 5/12/25 - lunch: 4/19, 4/20, 4/23, 4/24, 4/25, 4/26, 4/28, 4/29, 4/30, 5/2, 5/9, and 5/14/25 - dinner: 4/19, 4/22, 4/23, 4/24, 4/26, 4/27, 4/29, 4/30, 5/1, 5/2, 5/4, 5/5, 5/7, 5/9, and 5/14/25 <p>There was no documentation of a supplement or substitute offered on the above dates.</p> <p>There was no documentation of any intake for dinner on 4/25/25, breakfast on 4/28/25, dinner on 5/6/25, and lunch on 5/10/25.</p> <p>During an interview on 5/19/25 at 3:30 p.m., the Director of Nursing (DON) indicated the staff were to document substitutes given with the Supplement Point of Care documentation under the Intake section. Substitutes were always available and offered, however it was not documented. The resident had been gaining weight.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy titled, Delivery and Documentation of Meal Service and Between Meal Nourishments, indicated .Documentation The nursing Department will document foods/fluids consumed at each meal using percentage eaten and fluids consumed in ml's. The dining room assistant or licensed nurse offers a substitute in the event the resident's nutritional intake is 50% or less at any meal and document acceptance or refusal .</p> <p>This citation relates to Complaint IN00459697.</p> <p>3.1-50(a)(2)</p>		