

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Parker Health Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 359 Randolph St Parker City, IN 47368	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interview, the facility failed to ensure enhanced barrier precautions (EBP) were followed during transfers and perineal care for 1 of 3 residents reviewed for transfers (Resident B). Finding includes: During an observation, on 1/29/26 at 11:11 a.m., Resident B was lying in a low bed with mats on either side of the bed. Her eyes were closed. An orange magnet indicating EBP was on the doorframe of the door entering the resident's room. Resident B's clinical record was reviewed on 1/29/26 at 11:12 a.m. Diagnoses included age related physical debility, Alzheimer's disease, delusional disorders, and dementia with other behavioral disturbance. Current orders included enhanced barrier precautions (EBP) due to a history of multidrug resistant organisms (MDRO), initiated 2/18/25. An annual Minimum Data Set (MDS) assessment, dated 12/19/25, indicated the resident sometimes understood others and was sometimes understood. Her ability to make decisions regarding tasks of daily life was severely impaired. She exhibited physical behavioral symptoms (such as hitting, kicking, pushing, scratching, grabbing) directed toward others and rejected care four to six days of the assessment period. Her behavioral symptoms were unchanged from the previous assessment. She was dependent on staff assistance for toileting hygiene, lower body dressing, and transfers. She was always incontinent of bowel and bladder. A current care plan, initiated 5/5/23 and revised 1/24/24, indicated the resident had a history of a MDRO Proteus mirabilis and extended-spectrum beta-lactamase (ESBL) (enzymes produced by bacteria making them resistant to many antibiotics) in her urine. Interventions included monitor for symptoms of urinary tract infection (UTI) and notify physician if any symptoms noted (5/5/23) and staff and visitors will follow EBP (6/11/25). During an observation, on 1/29/26 at 3:07 p.m., CNA 3 and CNA 4 applied gloves and entered the resident's room. They utilized the mechanical lift to transfer the resident into her bed. They removed their gloves, performed hand hygiene, and applied new gloves. They removed the resident's pants and brief and provided perineal incontinence care. As they rolled the resident from right to left while performing perineal care, the resident's right arm and hand touched the front of each of the CNA's uniforms. They did not wear barrier gowns throughout the transfer or incontinence perineal care procedures. During an interview, on 1/29/26 at 3:19 p.m., CNA 3 indicated she should have worn a gown during the resident's transfer and incontinence care since she required EBP. During an interview, on 1/29/26 at 3:19 p.m., CNA 4 indicated she should have worn a gown during the resident's transfer and incontinence care since the resident required EBP. During an interview, on 1/29/26 at 3:55 p.m., the DON indicated both CNAs should have worn gowns during Resident B's transfer and incontinence care since the resident required EBP. A current facility policy, last reviewed/revised 1/26/26, titled Enhanced Barrier Precautions, provided by the Administrator on 1/29/26 at 4:21 p.m., indicated the following: Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Definitions: 'Enhanced barrier precaution' (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 155489	If continuation sheet Page 1 of 2

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>gloves use during high contact resident care activities.4. High-contact resident care activities include: a. Dressing.c. Transferring.f. Changing briefs. This citation relates to Intake 2710013. 3.1-18(a)</p>		