

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2025
NAME OF PROVIDER OR SUPPLIER Mulberry Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 502 W Jackson St Mulberry, IN 46058	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>Based on interview and record review, the facility failed to ensure a PASARR (Preadmission Screening and Resident Review) was completed when residents received new mental health diagnoses and were prescribed medications for 2 of 4 residents reviewed for PASARR (Resident 100 and 62).</p> <p>Findings include:</p> <p>1. The clinical record for Resident 100 was reviewed on 6/20/25 at 2:41 p.m. The diagnoses included, but were not limited to, dementia, hypertension, anxiety disorder, and osteoporosis.</p> <p>A physician's order, dated 9/5/24, indicated to give Buspirone HCL (an anti-anxiety medication) three times a day for anxiety disorder.</p> <p>A PASARR level 1 was not repeated to reflect the new mental health medications ordered on 9/5/24, until 4/7/25.</p> <p>During an interview, on 6/20/25 at 3:05 p.m., the Executive Director (ED) indicated they did not complete a new PASARR for the Buspirone when the medication was added.</p> <p>2. The clinical record for Resident 62 was reviewed on 6/20/25 at 9:35 a.m. The diagnoses included, but were not limited to, dementia-unspecified severity, major depressive disorder, anxiety disorder, and peripheral vascular disease.</p> <p>A PASARR level 1 screen outcome, dated 4/15/21, indicated the resident did not have any mental health diagnoses known or suspected and no mental health medications prescribed.</p> <p>The facility diagnosis list included, but were not limited to, dementia dated 4/8/21, anxiety disorder dated 11/14/24, and major depressive disorder dated 2/19/25.</p> <p>A physician's order, with a start date of 4/4/25, indicated to give Buspirone HCL 5 mg three times a day for anxiety disorder.</p> <p>A PASARR level 1 was not repeated to reflect the dementia diagnosis, new mental health diagnoses, or mental health medications, until 4/7/25.</p> <p>During an interview, on 6/24/25 at 10:15 a.m., the Executive Director (ED) indicated the PASARR should have been updated with any status changes, including new diagnoses or new mental health</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>medications.</p> <p>A current facility policy, titled Pre-admission Screening and Resident Review (PASARR) Level 1 Policy, dated June 2025 and provided by the ED on 6/24/25 at 11:57 a.m., indicated .When applicable, a new Level 1 screening is initiated if resident status or care needs indicate a review is necessary .For residents already admitted , the facility assesses the need for updated PASARR screenings in accordance with requirements and significant changes in condition .</p> <p>3.1-16(d)(1)(A)</p> <p>3.1-16(d)(1)(B)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview and record review, the facility failed to keep medication carts free of expired medications and to dispose of a controlled medication with compromised packaging in 2 of 4 medication carts (300 unit and 100 unit) and to properly store drug busters and chemical solutions in 2 of 2 medication storage rooms (300 unit and 200 unit) reviewed for medication storage.</p> <p>Findings include:</p> <p>1. The 300-unit medication cart 1 was reviewed on 6/23/25 at 9:39 a.m. In the second drawer of the medication cart, the following were observed:</p> <p>a. Docusate Sodium (a laxative medication) 100 mg (milligram) oral tablets for Resident 75 were found with an expiration date of 5/31/25.</p> <p>b. Ondansetron (a nausea medication) 4 mg tablets for Resident 75 were found with an expiration date of 5/31/25.</p> <p>During an interview, on 6/23/25 at 9:55 a.m., RN 2 indicated the pharmacy audited the medication carts once a month and pulled expired medications from the cart. The nurses would also audit the carts for loose pills and narcotic book review.</p> <p>2. The 100-unit medication cart 2 was reviewed on 6/24/25 at 8:59 a.m. In the second drawer of the medication cart, the following were observed:</p> <p>a. Acetaminophen (a pain reliever) 325 mg oral tablets for Resident 82 were found with an expiration date of 5/31/25.</p> <p>b. Ondansetron 4 mg oral tablets for Resident 82 were found with an expiration date of 5/31/25 which was last administered on 6/22/25.</p> <p>c. Alprazolam (a controlled medication) 0.25 mg oral tablet for Resident 124 was found with compromised packaging and was taped closed.</p> <p>3. The 300-unit medication storage room, on 6/23/25 at 10:05 a.m., had a drug buster stored in the cabinet under the sink.</p> <p>4. The 200-unit medication storage room, on 6/23/25 at 3:25 p.m., had a drug buster and drain chemicals stored in the cabinet under the sink.</p> <p>During an interview, on 6/23/25 at 3:27 p.m., LPN 4 indicated she was not aware items could not be stored under the sink.</p> <p>During an interview, on 6/24/25 at 9:37 a.m., RN 3 indicated medications with compromised packaging should be disposed of and medication cards should not be taped closed.</p> <p>During an interview, on 6/24/25 at 10:34 a.m., the Director of Nursing (DON) indicated nothing</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>should be stored in the cabinets under the sinks in the medication storage rooms. Compromised medication cards should never be taped closed and if medication packaging was compromised, the medication would be disposed of.</p> <p>A current facility policy, titled Medications/Drug Disposal, dated January 2025 and received from the Executive Director (ED) on 6/24/25 at 12:15 p.m., indicated .To properly dispose of all unused portions of a resident's prescriptions, including controlled Drugs, expired medications .Responsibility: Licensed nurse, Pharmacy .Equipment: Drug Disposal Liquid Destroyer .Remove medicine from the med box .Return medications that remain sealed to the pharmacy for credit .Dispose of medication in drug destroyer</p> <p>A current facility policy, titled Medication Storage and Labeling, dated January 2025 and received from the ED on 6/24/25 at 12:15 p.m., indicated .Storage .In accordance with State and Federal laws .The facility will maintain safe storage .All medication storage and handling practices will comply with federal and state requirements, including CMS regulations and Indiana Department of Health guidelines .Disposal methods for controlled medications involve a secure and safe method to prevent diversion and/or accidental exposure</p> <p>3.1-25(m)</p> <p>3.1-25(o)</p>		