

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155676	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2025
NAME OF PROVIDER OR SUPPLIER Milner Community Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 370 E Main St Rossville, IN 46065	

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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>Based on record review and interview, the facility failed to ensure Minimum Data Set (MDS) assessments were completed timely for 6 of 6 residents reviewed for MDS assessments. (Residents 15, 23, 32, 36, 39 and 43) Findings include: 1. The clinical record for Resident 15 was reviewed on 7/24/25 at 11:00 a.m. The last completed MDS assessment was dated 3/17/25. The MDS assessment, dated 6/20/25, indicated it was incomplete and still in progress. 2. The clinical record for Resident 23 was reviewed on 7/24/25 at 11:00 a.m. The last completed MDS assessment was dated 3/19/25. The MDS assessment, dated 6/18/25, indicated it was incomplete and still in progress. 3. The clinical record for Resident 32 was reviewed on 7/24/25 at 11:00 a.m. The last completed MDS assessment was dated 3/21/25. The MDS assessment, dated 6/20/25, indicated it was incomplete and still in progress. 4. The clinical record for Resident 36 was reviewed on 7/24/25 at 11:00 a.m. The last completed MDS assessment was dated 3/12/25. The MDS assessment, dated 6/12/25, indicated it was incomplete and still in progress. 5. The clinical record for Resident 39 was reviewed on 7/24/25 at 11:00 a.m. The last completed MDS assessment was dated 3/13/25. The MDS assessment, dated 6/13/25, indicated it was incomplete and still in progress. 6. The clinical record for Resident 43 was reviewed on 7/24/25 at 11:00 a.m. The last completed MDS assessment was dated 3/20/25. The MDS assessment, dated 6/19/25, indicated it was incomplete and still in progress. During an interview, on 7/24/25 at 9:41 a.m., the Director of Nursing (DON) indicated the current MDS coordinator was hired approximately a week ago. The previous MDS coordinator resigned and had been absent from the facility for some time. She indicated she knew several MDS assessments were late. During an interview, on 7/24/25 at 2:49 p.m., the DON indicated the facility did not have a policy for MDS and the facility followed the state rules. 3.1-31(d)</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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