

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155803	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hamilton Pointe Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 3800 Eli Place Newburgh, IN 47630	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure resident's had orders from the attending practitioner for oxygen therapy use and maintenance of equipment for 2 of 3 residents reviewed for oxygen therapy. (Resident B, Resident E)Finding includes: On 1/12/26 at 10:00 a.m., Resident B's clinical record was reviewed. Diagnoses included but were not limited to chronic pulmonary disease, unspecified, pulmonary hypertension, unspecified, acute diastolic (congestive) heart failure, and dependence on supplemental oxygen. An admission Minimum Data Set (MDS) assessment dated [DATE] was coded for oxygen therapy. Resident B was admitted on [DATE] and discharged to the hospital on [DATE]. Care plans were reviewed and included, but were not limited to: I have chronic obstructive pulmonary disease (COPD). Interventions included but were not limited to: I will receive oxygen at 2-3 liters per minute as ordered, date initiated 11/19/25, revision 12/1/25. An admission/readmission evaluation document dated 11/18/25 was reviewed and included, but was not limited to: Most recent O2 sats (oxygen saturation) 96%, Method: Oxygen via nasal at 3L (liter) per minute. Medical devices present: Tubing. Vital signs were reviewed for oxygen saturation and indicated Resident B was receiving O2 per nasal cannula on the following dates in November 2025: 11/18, 11/19, 11/22, 11/24, 11/26, 11/27, 11/28, 11/30. Daily skilled notes were reviewed, and the following dates indicated Resident B was on O2 per nasal cannula : 11/19, 11/22, 11/26, 11/30Progress notes were reviewed and included, but were not limited to:11/18/25 at 4:30 p.m., The resident was admitted for therapy .She has 3 L of oxygen .Nurse practitioner progress notes for November 2025 were reviewed and indicated Resident B was on O2 per nasal cannula on the following dates: 11/19: 4.5 L 11/21: 4.5 L11/24: 4.5 L 11/26: 4.5 L November 2025 physician orders were reviewed and did not contain orders for oxygen therapy. December 2025 physician orders were reviewed and included the following orders: Oxygen at 2 lpm (liter per minute) via nasal cannula continuous. May titrate as needed, every shift for hypoxia, order date 12/1/25. Change oxygen tubing and supplies weekly, every day, shift every Sunday, order date 12/1/25. 2. On 1/13/26 at 9:48 a.m., Resident E was observed in his room sitting on his bed. O2 was observed on the resident per nasal cannula at 2.5 L. Resident E indicated he had recently returned to the facility from a hospital stay and was put on oxygen when he was readmitted to the facility. On 1/13/26 at 9:58 a.m., Resident E's clinical record was reviewed. Diagnoses included but were not limited to: chronic obstructive pulmonary disease, chronic kidney disease. An admission Minimum Data Set (MDS) dated [DATE], indicated Resident E's cognition was intact. Resident 19 was admitted to the facility on [DATE].Progress notes were reviewed and included, but were not limited to the following: 1/10/26 5:28 a.m., Resident POA (Power Of Attorney) had concerns about the resident's low O2 reading, and requested that the resident be put on some oxygen. The resident was placed on 2Liters (sic) of oxygen, and O2 remained at 87% to 92%. The resident was then placed on 3liters (sic) of oxygen and has been ranging from 91% to 95%. The resident has no complaints of pain or discomfort. No s/s of distress noted. All other vitals have been WNL</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: 155803	Facility ID: 155803 If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155803	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Hamilton Pointe Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 3800 Eli Place Newburgh, IN 47630	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(within normal limits).1/12/26 at 9:35 am., a Nurse Practitioner note included but was not limited to: .Respiratory: Normal respiratory effort, O2 2L . Daily skilled notes were reviewed, and the following dates indicated Resident E was on O2 per nasal cannula: 1/8/261/10/26 1/13/26On 1/14/26 at 10:30 a.m., LPN 2 indicated a resident has to have a physician's order for oxygen therapy. The order is entered into the system, and there is a lady who comes weekly who changes the oxygen tubing. On 1/14/26 at 11:04 a.m., the DON indicated Resident B should have had a physician's order for oxygen therapy; the order typically indicates what the oxygen parameters should be. On 1/13/26 at 1:32 p.m., the Assistant Director Of Nursing provided the current policy on oxygen administration with a implemented date of 1/8/24. The policy included but was notlimited to: .Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences .1. Oxygen is administered under orders of a physician, except in the case of an emergency. In such case, oxygen is administered and orders for oxygen are obtained as soon as practicable when the situation in under control .[NAME], change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated .if applicable, change nebulizer tubing and delivery devices weekly and as needed if they become soiled or contaminated . This citation relates to Intake 2702057.3.1-47(a)(6)</p>		