

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/15/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155354		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/19/2024	
NAME OF PROVIDER OR SUPPLIER NEWBURGH HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP COD 10466 POLLACK AVE NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00449014. Complaint IN00449014 - Federal/state deficiencies related to the allegations are cited at F921. Survey dates: December 18 and 19, 2024. Facility number: 000245 Provider number: 155354 AIM number: 100290800 Census Bed Type: SNF/NF: 66 Total: 66 Census Payor Type: Medicare: 5 Medicaid: 40 Other: 21 Total: 66 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on December 20, 2024.			F 0000	Plan of Correction Statement Preparation and or execution of this plan of Correction general or any other corrective action set forth herein, in particular, does not constitute an admission or agreement by Newburgh Healthcare of the facts alleged or the conclusions set forth in the Statement of Deficiencies. The Plan of Correction and specific corrective actions are prepared and / or executed solely because of provisions of Federal and / or State law.		
F 0921 SS=D Bldg. 00	483.90(i) Safe/Functional/Sanitary/Comfortable Environ Based on observation, interview, and record review, the facility failed to provide a safe and sanitary environment during 3 random observations. The hallway floors were sticky and soiled. (Room 21, Room 43, Room 44, Room 48, Main Dining Hall)			F 0921	We respectfully request a desk review for the alleged deficiency. CORRECTIVE ACTION The hallway floor outside Room		01/15/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kitty Cabell RN

Director Of Nursing

01/02/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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	<p>Findings include:</p> <p>1. During an initial walkthrough of the facility on 12/18/24 at 10:55 A.M., the hallway floor outside room 21 was noted to have a large red sticky substance with smaller drip marks next to it. The hallway floor in between rooms 43 and 44 was noted to have a large black substance.</p> <p>During a reinspection of the hallway floors on 12/18/24 at 2:11 P.M., the hallway floor outside room 21 was noted to have a large red sticky substance with smaller drip marks next to it. The hallway floor in between rooms 43 and 44 was noted to have a large black substance.</p> <p>2. On 12/19/24 at 8:26 A.M., the hallway floor outside room 21 was noted to have a large red sticky substance with smaller drip marks next to it. The hallway floor in between rooms 43 and 44 was noted to have a large black substance. The hallway floor outside of room 48 was noted to have a large black substance. There were muddy footprints in the hallway outside of the main dining area.</p> <p>During an anonymous interview, it was indicated that staff did not mop the hallways every day.</p> <p>On 12/19/24 at 8:26 A.M., Housekeeper 5 indicated there was one person dedicated to taking care of the floors. That person was supposed to mop and buff the floor every day that they were scheduled to work.</p> <p>On 12/19/24 at 8:35 A.M., the housekeeping daily schedule was reviewed. Floorcare was scheduled daily Monday through Friday.</p> <p>On 12/19/24 at 10:12 A.M., the Administrator</p>				<p>21, Room 43, Room44 Room 48 and the Main Dining Hall were corrected.</p> <p>OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED</p> <p>Other residents have the potential to be affected and will be identified by daily rounding by the Housekeeping Supervisor.</p> <p>MEASURES PUT INTO PLACE / SYSTEMIC CHANGES</p> <p>Daily rounding will be made by the Housekeeping Supervisor or Designee at least three (3) times a day to observe for and correct spills and or sticky areas in hallways.</p> <p>All housekeeping staff will be inserviced to review the daily cleaning schedule for floor care.</p> <p>1:1 will be provided to the assigned / designated floor care person regarding the importance of completing this task and follow up with Housekeeping supervisor.</p> <p>MONITORING</p> <p>The Housekeeping Supervisor or designee will perform daily rounds at least three (3) times a day to</p>		

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	provided a Floor Care Procedures policy, dated 3/10/21, that indicated "The floors should be cared for in a manner to keep residents safe ... spills should be cleaned up in a timely manner ... Dust mop and mop hallways... ". This citation relates to Complaint IN00449014. 3.1-19(f)				observe for spills and or sticky areas in hall ways. Areas or concerns will be corrected upon findings and reviewed with housekeeping staff and the assigned floor care person. The Housekeeping Supervisor will review findings with the facility Administrator. A monthly report with findings will be submitted to the quarterly Quality Assurance Performance Improvement Meeting. This monitor will be ongoing. Completion Date 1/15 2025		