

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

PRINTED: 06/18/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/30/2025	
NAME OF PROVIDER OR SUPPLIER CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 27, 28, 29, and 30, 2025</p> <p>Facility number: 000173 Provider number: 155273 AIM number: 100290920</p> <p>Census Bed Type: SNF/NF: 82 Total: 82</p> <p>Census Payor Type: Medicare: 2 Medicaid: 36 Other: 44 Total: 82</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 4, 2025.</p>			F 0000	<p>Plan of Correction for Cypress Grove Rehabilitation Center F000</p> <p>By submitting the enclosed material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective June 25, 2024.</p> <p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after June, 25 2025.</p>		
F 0656 SS=D Bldg. 00	<p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan</p> <p>Based on observation, record review and interview, the facility failed to ensure person-centered care plans were developed and implemented for 3 of 3 random observations including 1 random observation for falls, 1 random observation for use of call bells, and 1 random observation for use of Wander Guard Security Device. (Resident 1, Resident 78, Resident 79)</p>			F 0656	<p>Residents 1, 78, and 79 have appropriate interventions in place according to their care plans.</p> <p>All residents have the potential to be affected by the alleged deficient practice. All residents were reviewed to ensure interventions in place per care plan</p>		06/25/2025

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

TITLE

(X6) DATE

Brandon Burns

Executive Director

06/17/2025

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. On 5/27/25 at 10:27 A.M., Resident 1 was observed in his room in bed. The bed was not in the lowest position and his reacher was on the small dresser next to the door not in the resident's reach.</p> <p>On 5/28/25 at 9:57 A.M., Resident 1's clinical record was reviewed. Diagnoses included, but were not limited to, multiple sclerosis, muscle weakness, and repeated falls.</p> <p>The most recent Significant Change Minimum Data Set (MDS) Assessment, dated 4/21/25, indicated Resident 1 was not cognitively intact, required substantial to maximal assistance of staff (staff does more than half of the work) for rolling left to right, toileting, and bathing, and had no falls since the previous assessment.</p> <p>A fall risk assessment, dated 4/21/25, indicated Resident 1 was at high risk for falls.</p> <p>A care plan conference was completed on 4/21/25. Care plans were reviewed and updated.</p> <p>A risk for falls care plan, revised 4/23/25, included, but were not limited to, the following interventions:</p> <p>Bed in lowest position, dated 9/9/24 Reacher in room to assist with reaching for items, dated 9/5/17 Personal items in reach, dated 5/8/15</p> <p>Physician orders included, but were not limited to: Bed in lowest position, dated 9/9/24</p>				<p>related to bed positioning, placement of call lights, fall interventions, placement of wanderguards and placement of reachers by the DNS/Designee</p> <p>Education provided to nursing staff related to following interventions specific to resident care plans including but not limited to bed positioning, call light being within reach, reachers being within reach, and obtaining orders for Wander Guard devices.</p> <p>DNS/designee will conduct rounds each shift to ensure care plans are followed related to bed positioning, call lights in place, fall interventions, placement of wanderguards and placement of reachers.</p> <p>The DNS/designee will be responsible for the completion of a resident Care Plan QA Tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</p>		

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	<p>On 5/30/25 at 8:48 A.M., Resident 1 was observed in his room in bed. The bed was not in the lowest position and his reacher was on the small dresser next to the door not in the resident's reach. At that time, Qualified Medication Aide (QMA) 9 indicated the bed was not in its lowest position, and she was not sure how the bed was not supposed to be positioned for Resident 1.</p> <p>2. During an observation on 5/27/25 at 1:00 P.M., Resident 78 was sitting in his wheelchair next to the foot of the bed, and the call light was looped around the bed rail, out of the Resident's reach.</p> <p>On 5/28/25 at 10:30 A.M., Resident 78's clinical record was reviewed. Resident 78 was admitted on 3/24/25. Diagnosis included, but was not limited to, type 2 Diabetes Mellitus.</p> <p>The most recent Admission MDS Assessment, dated 3/31/25, indicated Resident 78 was cognitively intact and dependent on staff (staff do all of the work) for transfers.</p> <p>Current care plans included, but were not limited to:</p> <p>Resident is at risk for falls, Call light in reach; Start date 3/31/25</p> <p>Resident has impaired vision, Keep call light in reach at all times; Start date 3/25/25</p> <p>During a resident council meeting on 5/29/25 at 2:35 P.M., Residents indicated staff often do not place their call lights within reach after providing care. 3. During a random observation on 5/29/25 at 9:33 A.M., Resident 79 was observed sitting quietly in a chair talking to another resident with a Wander Guard (monitoring device) present on his right ankle.</p>						

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	<p>During a random observation on 5/30/25 at 9:55 A.M., Resident 79 was observer walking in the kitchen with a Wander Guard (monitoring device) present on his right ankle.</p> <p>On 5/28/25 at 1:14 P.M., Resident 79's clinical record was reviewed. Diagnoses included, but were not limited to, Alzheimer's disease, dementia, and generalized anxiety disorder.</p> <p>The Current Admission MDS Assessment dated 4/22/25 indicated Resident 79 was severely cognitively impaired. Resident 79 needed set up for eating, supervision for hygiene, toileting, and transferring, and exhibited wandering behaviors daily.</p> <p>The Admission Elopement Assessment dated 4/15/25 at 1:13 P.M., indicated that Resident 79 did not have a security bracelet on at that time.</p> <p>The record lacked documentation of an order for a Wander Guard Device.</p> <p>The admission care plan was reviewed on 4/24/25.</p> <p>The current care plan lacks a care plan for a Wander Guard Security Bracelet.</p> <p>During an interview on 5/30/25 at 9:11 A.M., the Social Service Director indicated there should have been an order for a Wander guard and there should be a care plan for it.</p> <p>On 5/30/25 at 2:05 P.M., the Administrator provided a current policy "Interdisciplinary Team (IDT) Comprehensive Care Plan Policy" revised 8/2023. The policy indicated "it is the policy of the facility that each resident will have an IDT</p>						

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F 0677 SS=E Bldg. 00	<p>comprehensive person center care plan developed and implemented based on Resident Assessment Instrument (RAI) process. The care plan must include measurable goals and resident specific interventions based on resident needs and preferences to promote the resident's highest level of functioning medical, nursing, mental, and psychological wellbeing. Physician orders are considered part of the comprehensive plan of care.</p> <p>3.1-35(a) 3.1-35(d)(2)(B)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents dependent on staff for assistance with daily living (ADL) tasks were provided showers or baths for 4 of 6 residents reviewed for ADL care. (Resident 78, Resident 25, Resident 69, and Resident 12)</p> <p>Findings include:</p> <p>1. On 5/28/25 at 10:30 A.M., Resident 78's clinical record was reviewed. Resident 78 was admitted on 3/24/25. Diagnoses included, but were not limited to, type 2 Diabetes Mellitus.</p> <p>The most recent Admission MDS Assessment, dated 3/31/25, indicated Resident 78 was dependent on staff (staff do all of the work) for bathing and transfers.</p> <p>A shower schedule, provided by the Director of Nursing on 5/30/25 at 9:14 A.M., indicated Resident 78's scheduled shower days were</p>			F 0677	<p>Residents 78, 25, 69, and 12 have all received a shower according to their preference.</p> <p>All residents have potential to be affected by the deficient practice. All residents were interviewed to ensure residents are receiving bathing per resident preferences. Resident profiles have been updated.</p> <p>Education provided to staff related to bathing residents according to their preferences as well as proper documentation of ADLs. IDT to audit ADL documentation during daily clinical meeting to ensure ADL bathing documentation is accurate and completed as scheduled</p>		06/25/2025

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	<p>Tuesday and Saturday.</p> <p>The point of care ADL report indicated Resident 25 had not received, or refused, a shower or complete bed bath on the following days during May 2025: 5/3-Saturday 5/17-Saturday 5/27-Tuesday</p> <p>2. On 5/28/25 at 10:48 A.M., Resident 25's clinical record was reviewed. Resident 25 was admitted on 10/28/23. Diagnosis included, but was not limited to, Alzheimer's disease.</p> <p>The most recent Significant Change Minimum Data Set (MDS) Assessment, dated 5/15/25, indicated Resident 25 was severely cognitively impaired and required maximal assistance from staff (staff do more than half of the work) for bathing.</p> <p>A physician order, dated 5/19/25, indicated Resident 25 was admitted to hospice on 5/19/25.</p> <p>A shower schedule, provided by the Director of Nursing on 5/30/25 at 9:14 A.M., indicated Resident 25's scheduled shower days were Tuesday and Friday.</p> <p>The point of care ADL report indicated Resident 25 had not received, or refused, a shower or complete bed bath on the following days during May 2025: 5/2-Friday 5/13-Tuesday 5/16-Friday</p> <p>3. On 5/28/25 at 11:16 A.M. Resident 69's clinical record was reviewed. Resident 69 was admitted on</p>		<p>according to resident preference. DNS/Designee to round each day to ensure residents are receiving bathing per preference.</p> <p>The DNS/designee will be responsible for the completion of an ADL bathing QA Tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</p>		

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	<p>8/12/24. Diagnosis included, but was not limited to, quadriplegia.</p> <p>The most recent Significant Change MDS Assessment, dated 4/28/25, indicated Resident 69 was dependent on staff for bathing.</p> <p>A shower schedule, provided by the Director of Nursing on 5/30/25 at 9:14 A.M., indicated Resident 69's scheduled shower days were Tuesday and Friday.</p> <p>The point of care ADL report indicated Resident 25 had not received, or refused, a shower or complete bed bath on the following days during May 2025: 5/2-Friday 5/9-Friday 5/13-Tuesday 5/27-Tuesday4. On 5/27/25 at 10:52 A.M., Resident 12 indicated she was supposed to get showers on Mondays, Wednesdays and Fridays, but she was not getting showers three times a week as care planned. She indicated that while diagnosed with COVID staff told her that she was not allowed to leave her room to have a shower. Staff offered to give her a bed bath once during her isolation, but never came to do it.</p> <p>On 5/28/25 at 10:54 A.M., Resident 12's clinical record was reviewed. Diagnoses included, but were not limited to, chronic kidney disease and generalized anxiety disorder.</p> <p>The most recent Significant Change MDS Assessment, dated 4/21/25, indicated Resident 12 was cognitively intact and required partial to moderate assistance of staff (staff does less than half of the work) for bathing.</p>						

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	<p>A care plan conference was completed on 4/21/25. Care plans were reviewed and updated.</p> <p>A current ADL care plan, revised 4/24/25, included, but was not limited to, the following interventions:</p> <p>Assist with bathing as needed per resident preference. Offer showers three times per week, partial bath in between. Prefers day showers.</p> <p>Completed physician orders included, but were not limited to:</p> <p>Resident is in isolation due to having an active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission. All services provided in room, dated 5/3/25 and completed on 5/12/25</p> <p>The Point of Care (a charting system for Certified Nurse Aides) Task Response for Bathing indicated Resident 12 did not receive a shower or bed bath on the following days in May 2025: 5/2/25-Friday 5/5/25-Monday 5/7/25-Wednesday 5/12/25-Monday 5/16/25-Friday 5/23/25-Friday 5/26/25-Monday</p> <p>During an interview on 5/29/25 at 12:05 P.M., the Memory Care Director indicated that when a resident was diagnosed with COVID the resident was still able to take a shower in the shower room. Staff would take the resident to the shower room in a gown and mask after all other resident's had received a shower and then clean the shower</p>						

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F 0759 SS=D Bldg. 00	<p>room.</p> <p>On 5/30/25 at 2:13 P.M., the Director of Nursing (DON) indicated the facility did not have a shower policy, and that it was the facility's policy to give showers as care planned.</p> <p>3.1-38(a)(2)(A) 3.1-38(b)(2)</p> <p>483.45(f)(1) Free of Medication Error Rts 5 Prcnt or More</p> <p>Based on observation, record review and interview, the facility failed to ensure it was free of a medication error rate of greater than 5 percent for 1 of 4 residents (Resident 233) observed during the medication pass. There were 29 opportunities observed with 8 medication errors. This resulted in a 27.59 percent medication error rate.</p> <p>Finding includes:</p> <p>On 5/29/25 at 10:21 A.M., Licensed Practical Nurse (LPN) 3 was observed preparing medication to administer to Resident 233. The following medications were placed in a medication cup:</p> <p>1 tablet Allopurinol (medication used to lower uric acid levels in the blood) 100 milligrams (mg) 1 tablet Carvedilol (medication used to treat high blood pressure) 25 mg 1 tablet Clopidogrel (an anticoagulant) 75 mg 1 tablet Eliquis (an anticoagulant) 5 mg 1 tablet Famotidine (medication used to treat heart burn) 20 mg 1 tablet Furosemide (a diuretic) 40 mg 1 tablet Jardiance (medication used to treat diabetes mellitus) 25 mg</p>			F 0759	<p>Resident 233 was not affected by the alleged deficient practice. Resident 233 is receiving medication per MD order.</p> <p>All residents receiving medication through a gastric tube have the potential to be affected by the alleged deficient practice. DNS/Designee completed a skills validation for gastric tube medication administration for all licenses nurses.</p> <p>Nursing staff will be in-serviced on proper procedures related to gastric tube medication administration according to facility policy. DNS and/or designee to complete gastric tube medication administration observations daily.</p> <p>The DNS/designee will be responsible for the completion of a feeding tube QA Tool weekly times 4 weeks, bi-monthly times 2</p>		06/25/2025

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	<p>4 tablets Risa-Bid (a probiotic) 250 mg</p> <p>LPN 3 placed the tablets in a small bag, crushed them together, and then mixed them with 70 milliliters (ml) of water. LPN 3 flushed Resident 233's gastric tube with 10 ml of water, administered 50 ml of the medication and water mixture, added 20 ml of water to the medication/water mixture cup, administered 40 ml of the medication and water mixture, and then flushed the gastric tube with 30 mL of water.</p> <p>On 5/29/25 at 11:08 A.M., Resident 233's clinical record was reviewed. Diagnoses included, but were not limited to, dysphasia.</p> <p>The resident was admitted to the facility on 5/22/25 and the Admission Minimum Data Set (MDS) Assessment was still in progress.</p> <p>Physician orders included, but were not limited to:</p> <p>Allopurinol tablet 100 mg - Give once a day via gastric tube, dated 5/23/25</p> <p>Carvedilol tablet 25 mg - Give twice a day via gastric tube, dated 5/22/25</p> <p>Clopidogrel tablet 75 mg - Give once a day via gastric tube, dated 5/22/25</p> <p>Eliquis (apixaban) tablet 5 mg - Give twice a day via gastric tube, dated 5/22/25</p> <p>Famotidine tablet 20 mg - Give twice a day via gastric tube, dated 5/22/25</p> <p>Furosemide tablet 40 mg - Give twice a day via gastric tube, dated 5/22/25</p> <p>Jardiance (empagliflozin) tablet 25 mg - Give once a day via gastric tube, dated 5/22/25</p> <p>Risa-Bid tablet 1 billion cell- 250 mg - Give four tablets once a day via gastric tube, dated 5/23/25</p> <p>Flush G-tube (gastronomy tube) with 30 mL of water before and after medication administration,</p>				<p>months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</p>		

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NAME OF PROVIDER OR SUPPLIER CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>dated 5/23/25</p> <p>Flush tubing with at least 15 ml of water between each medication administered, dated 5/23/25</p> <p>May crush appropriate medications and administer per G-tube. Dissolve each crushed medication in at least 10 ml to 30 ml of water, dated 5/23/25</p> <p>A current risk for complications related to tube feeding care plan, dated 5/23/25, included an intervention to provide water flushes as ordered.</p> <p>During an interview on 5/29/25 at 12:18 P.M., LPN 5 indicated that medications were supposed to be given separately via gastric tube with 10 ml of water flushed in between each medication.</p> <p>On 5/29/25 at 11:50 A.M., the Regional Support provided a current Enteral Tube - Medication Administration policy, revised 5/2025, that indicated "Prepare medications: ...dissolve each crushed medication in at least 10 ml - 30 ml of water ... Flush tubing with 30 ml of water or per physician's order ... Administer medication as ordered. Flush tubing with at least 15 ml of water between each medication or per physician's order".</p> <p>3.1-48(c)(1)</p>						