

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

PRINTED: 06/09/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155342		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/15/2023	
NAME OF PROVIDER OR SUPPLIER  MOUNT VERNON NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 1415 COUNTRY CLUB RD MOUNT VERNON, IN 47620			
(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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00408247.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey and Investigation of Complaint IN00405306.</p> <p>Complaint IN00408247 Federal/state deficiencies related to the allegations are cited at F921.</p> <p>Complaint IN00405306 -No deficiencies related to allegations are cited.</p> <p>Survey dates: May 8, 9, 10, 11, 12, 15, 2023</p> <p>Facility number: 000234 Provider number: 155342 AIM number: 100273490</p> <p>Census Bed Type: SNF/NF: 59 Total:59</p> <p>Census Payor Type: Medicare: 6 Medicaid: 28 Other: 25 Total:59</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 25, 2023</p>			F 0000			
F 0921 SS=D Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional,</p>						

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

TITLE

(X6) DATE

Brian Bailey

Executive Director

06/05/2023

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 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 30 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>sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 1 of 5 resident rooms reviewed for environment.</p> <p>Findings included:</p> <p>During an observation on 5/8/23 at 8:45 A.M., the mirror in bathroom of room 120 was hanging forward from the wall, with a broken bracket on the right side and the left side of the mirror leaning on the paper towel dispenser. Two residents in room 120 share the bathroom. Resident in bed B was on leave in the hospital. The air conditioning unit had a black mold-like substance underneath it and on the left side of it. Two residents were assigned to that room and shared the bathroom.</p> <p>During an interview on 5/10/23 at 10:15 A.M. with housekeeper 5, she indicated that if the housekeepers saw anything in resident rooms that required maintenance, they would fill out a work order for the maintenance staff to fix it.</p> <p>During an interview on 5/11/23 at 1:05 P.M. with housekeeper 7, she indicated that if the housekeepers saw anything in resident rooms that required maintenance, they would either fill out a work order or just tell the maintenance staff.</p> <p>During an interview on 5/12/23 at 10:20 A.M. with maintenance supervisor, he indicated he does not keep the work orders after he completes them, but throws them away.</p> <p>During an interview on 5/12/23 at 9:48 AM with the resident in room 120, she indicated the tilted</p>			F 0921	<p>The identified mirror was repaired and the identified PTAC unit was replaced.</p> <p>It was determined that all residents are at risk for the alleged deficient practice. To address this potential, all bathroom mirrors will be checked for repair needs and addressed by Maintenance. The PTAC units were checked for cleanliness by Maintenance. All PTAC units were cleaned as needed.</p> <p>To prevent recurrence, there will be training for Maintenance regarding preventive maintenance schedules and training for Housekeeping and Maintenance regarding repair requests. This training will become part of new hire training. PTAC cleaning schedule will continue. Daily rounds by Maintenance and Housekeeping will include that hanging mirrors are secure and PTAC outward cleanliness.</p> <p>To assure ongoing compliance Maintenance CQI tool will be completed weekly times 4 weeks then monthly times 6 months to ensure compliance. If 95% compliance is not achieved, an action plan will be developed.</p>		06/15/2023

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	<p>mirror in the bathroom is made for short people. She is wheelchair-bound but uses the bathroom sink independently, and could not see into the mirror otherwise. She expressed no concerns about the mirror falling on her and had not notified anyone about it.</p> <p>During an interview on 5/12/23 at 10:30 AM with the maintenance supervisor, he indicated the mirror in room 120 is a specific type of mirror for people in wheelchairs. It has hinged brackets on both sides of the top that enable the mirror to be pulled forward and tilted. He observed the mirror and found the bracket on the right was missing a bolt. He said he'd fix it right away.</p> <p>This Federal tag relates to complaint IN00408247.</p> <p>3.1-19(e)</p>						