PRINTED: 03/07/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155738		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/30/2023			
NAME OF PROVIDER OR SUPPLIER  MILTON HOME, THE			STREET ADDRESS, CITY, STATE, ZIP COD 206 E MARION ST SOUTH BEND, IN 46601				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
TAG F 0000	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	BEIGERGI		DATE	
Bldg. 00	This visit was for the Investigation of Complaint IN00400057.  Complaint IN00400057- Substantiated. No deficiencies related to the allegations are cited.		F 0000				
	Unrelated deficient	cies are cited.					
	Survey dates: January 30, 2023  Facility number: 001141 Provider number: 155738 AIM number: 200905640  Census Bed Type: SNF/NF: 27 Residential: 10 Total: 37  Census Payor Type: Medicare: 1 Medicaid: 19 Other: 7 Total: 27  These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.						
	Quality review con	npleted 2/1/23.					
F 0689 SS=E Bldg. 00		ents.					

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

TITLE (X6) DATE

Frank Bensema Executive Director 02/17/2023

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: YTPP11 Facility ID: 001141 If continuation sheet Page 1 of 6

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONS		· /		ATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED			
155738		155738	B. WING			01/30/2023		
NAME OF PROVIDER OR SUPPLIER MILTON HOME, THE			STREET ADDRESS, CITY, STATE, ZIP COD 206 E MARION ST SOUTH BEND, IN 46601					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX			COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	possible; and							
	§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.  Based on observation, record review and interview, the facility failed to ensure hot water temperatures were maintained at a safe level for 1 of 2 nursing units.		F 0689		What corrective actions will be accomplished for those residents found to have affected by the deficient practice.		01/31/2023	
	Finding includes:  During an Environmental tour of the facility, conducted on 1/30/2023 between 10:30 A.M. and 11:30 A.M., accompanied by the Maintenance Supervisor, Employee 2, the following elevated hot water temperatures were noted:  The unlocked bathroom on the 1st floor, available				The building mixing valve was turned down to 120 degrees. a facility wide water temperatures was conducted. All water temperature in the regulation range of 100-120 degrees. No resident were found to be affected by alleged deficient practice	Then ure os		
	for use by residents, staff and the community was 130 degrees Fahrenheit				How the facility will identify other resident having the potential to be affected by the			
	Room 220, an occupied comprehensive healthcare room was 127 degrees Fahrenheit  Room 221, an occupied comprehensive healthcare room was 124 degrees Fahrenheit  The Women's shower room on the Second floor of the comprehensive healthcare side of the building was 126 degrees Fahrenheit.				same deficient practice and what corrective action will be taken.			
					Residents residing in the facil have the potential to be affect No concerns related to water temps during resident intervie	ed. ws.		
	Observation of the Boiler room indicated there was one large hot water heater, three holding tanks and a mixing valve set up to supply the hot and cold water to the building. The thermostat on the mixing valve was noted to be set at 130 degrees. When the concern was voiced to				What measures will be put in place or what systemic chan will be made to ensure that the deficient practice does not recur:  Administrator educated the	iges The		
Employee 2, he indicated the mixing valve needed to be set at 130 degrees so the water was hot				maintenance director on 1/31/	2023			

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

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER  155738		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 01/30/2023			
NAME OF PROVIDER OR SUPPLIER  MILTON HOME, THE			STREET ADDRESS, CITY, STATE, ZIP COD 206 E MARION ST SOUTH BEND, IN 46601				
(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 APPROPR DEFICIENCY)	(X5) COMPLETION DATE		
IAU			TAG	maintaining proper facility was temperatures and logs.  How will the corrective active monitored to ensure the deficient practice will not reive. What quality assurance programs will be put into put in	on ecur, lace; udits hthly		
R 0000 Bldg. 00	he facility and recommaintenance log"  The Director of Nu form, titled "Tels M P.M., "1. Ensure temperatures are be degrees Fahrenheit requirements),Indegrees"  3.1-45(a)	rsing provided an additional fasters" on 1/30/2023 at 1:40 patient room water tween 105 degrees and 115 (or as specified by state diana - 100 degrees to 120	R 0000	Director of Maintenance will any identifying trends and fin to QAPI Committee.	•		
	This visit was for the Investigation of Complaint IN00400057.		K 0000				

State Form Event ID: YTPP11 Facility ID: 001141 If continuation sheet Page 3 of 6

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

PRINTED: 03/07/2023 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  155738		(X2) MULTIPLE ( A. BUILDING B. WING	OO OO	(X3) DATE SURVEY COMPLETED 01/30/2023			
NAME OF PROVIDER OR SUPPLIER MILTON HOME, THE			STREET ADDRESS, CITY, STATE, ZIP COD  206 E MARION ST  SOUTH BEND, IN 46601				
(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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
	Complaint IN00400 lack of evidence	057 - Unsubstantiated due to					
	Unrelated deficiencies are cited.						
	Survey date: 1/30/2023						
	Facility number: 001141						
Residential Census		10					
	This State Residential Finding is cited in accordance with 410 IAC 16.2-5						
	Quality review completed 2/1/23.						
R 0187 Bldg. 00	410 IAC 16.2-5-1.6(k) Physical Plant Standards - Deficiency (k) Hot water temperature for all bathing and hand washing facilities shall be controlled by an automatic control valve. Water temperature at point of use must be maintained between one hundred (100) degrees Fahrenheit and one hundred twenty						
	(120) degrees Fahrenheit.  Based on observation, record review and interviews, the facility failed to ensure hot water temperatures were maintained at a safe level for 2 of 2 nursing units.		R 0187	What corrective actions will accomplished for those residents found to have affe by the deficient practice.	*************************************		
	conducted on 1/30/2 11:30 A.M., accomp Supervisor, Employ water temperatures	nental tour of the facility, 2023 between 10:30 A.M. and banied by the Maintenance ee 2, the followed elevated hot were noted:		The building mixing valve was turned down to 120 degrees. a facility wide water temperature was conducted. All water temperature in the regulation range of 100-120 degrees. No resident were found to be affected by alleged deficient practice	Then ure ps		

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
		155738	B. WING			01/30/2023	
NAME OF T	DROLUDED OF CURRY TO			STREET .	ADDRESS, CITY, STATE, ZIP COD		
NAME OF PROVIDER OR SUPPLIER				206 E N	MARION ST		
MILTON HOME, THE				SOUTH BEND, IN 46601			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	CY MUST BE PRECEDED BY FULL	1	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE	
		, staff and the community was			How the facility will identify	/	
	130 degrees Fahren	heit			other resident having the		
					potential to be affected by the		
		room sink in an unoccupied		same deficient practice and			
	residential room wa	as 130 degrees			what corrective action will b	е	
					taken.		
	· ·	pied Residential room was 125					
	degrees Fahrenheit				Residents residing in the faci	-	
					have the potential to be affect	ed.	
		pied Residential room was 125			No concerns related to water		
	degrees Fahrenheit				temps during resident intervie	WS.	
	Room 210, an occupied Residential room was 126 degrees Fahrenheit				What measures will be put in	nto	
					place or what systemic char		
	degrees i differment		will be made to ensure that the			-	
					deficient practice does not		
	Observation of the	Boiler room indicated there			recur:		
		vater heater, three holding					
		valve set up to supply the hot			Administrator educated the		
	_	ne building. The thermostat on			maintenance director on 1/31/	/2023	
		as noted to be set at 130			regarding the importance of		
	_	concern was voiced to			maintaining proper facility wat	er	
	_	icated the mixing valve needed			temperatures and logs.		
	_	rees so the water was hot					
	enough when it was	s pumped to the second floor.			How will the corrective action	on	
		ed he checked the hot water			be monitored to ensure the		
		and they were normally			deficient practice will not re	cur,	
	between 100- 120 d	legrees Fahrenheit. He			i.e. what quality assurance		
		must be hot because it had			programs will be put into pla	ace;	
	been "sitting in the	pipes."					
					Director of Maintenance will		
		ity reportable incidents since			conduct water temperature au	ıdits	
		I there had been no residents			daily x 5, weekly x 4 weeks,		
	burned from hot water.				bi-monthly for 2 months, month	thly	
					for 6 and then quarterly to		
		ity policy and procedure,			encompass all shifts until		
		rector of Nursing (DON) on			continued compliance is		
	1/30/2023 at 1:40 P				maintained for 2 consecutive		
	Temperatures, Safe	ty of" included the following:			quarters to validate that		
"1. Water heaters that service resident rooms.				temperature logs are being			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155738	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 01/30/2023	
NAME OF PROVIDER OR SUPPLIER MILTON HOME, THE			STREET ADDRESS, CITY, STATE, ZIP COD 206 E MARION ST SOUTH BEND, IN 46601				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		Р	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than 120 degrees F (Fahrenheit) (48-89 degrees C (Celsius), or the maximum allowable temperature per state regulation.  2 Maintenance staff is responsible for checking thermostats and temperature controls int he facility and recording these checks in a maintenance log"  The Director of Nursing provided a form, titled "Tels Masters" on 1/30/2023 at 1:40 P.M., "1. Ensure patient room water temperatures are between 105 degrees and 115 degrees Fahrenheit (or as specified by state requirements),Indiana - 100 degrees to 120 degrees"				maintained and temperatures appropriate.  Director of Maintenance will rany identifying trends and find to QAPI Committee.	eport	

State Form Event ID: YTPP11 Facility ID: 001141 If continuation sheet Page 6 of 6