

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

PRINTED: 12/21/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155224		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/28/2023	
NAME OF PROVIDER OR SUPPLIER  COLUMBIA HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 621 W COLUMBIA ST EVANSVILLE, IN 47710			
(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	<p>This visit was for the Investigation of Complaint IN00420692, IN00422524, and IN00422380.</p> <p>Complaint IN00420692-Federal/state deficiencies related to the allegations are cited at F580 and F677.</p> <p>Complaint IN00422524- Federal/state deficiencies related to the allegations are cited at F580.</p> <p>Complaint IN00422380- Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Survey dates: November 27, 28, 2023.</p> <p>Facility number: 000129 Provider number: 155224 AIM number: 100266780</p> <p>Census Bed Type: SNF/NF: 114 Total: 114</p> <p>Census Payor Type: Medicare: 2 Medicaid: 94 Other: 18 Total: 114</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 5, 2023.</p>			F 0000			
F 0580 SS=D	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Denial/Room, etc.)						

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

TITLE

(X6) DATE

Robert O'Niones

Health Facility Administrator/ED

12/14/2023

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 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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Bldg. 00	<p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p>						

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	<p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). Based on interview and record review, the facility failed to notify the physician of medications not available or given as ordered. A resident's non availability of ordered medications was not reported to the physician. (Resident B)</p> <p>Findings include:</p> <p>On 11/27/23 at 10:20 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, malignant neoplasm of pancreas, unspecified (history of), exocrine pancreatic insufficiency. An admission MDS (Minimum Data Set) assessment, dated 11/13/23, indicated Resident B's cognition was intact. Resident B admitted to the facility on 11/7/23 and discharged to the hospital on 11/19/23.</p> <p>Care plans were reviewed and included, but were not limited to, Resident is a new admission to the facility and requires implementation of services to promote physical, emotional, and psychosocial well-being including assistance with activities of daily living r/t dx of pancreatic cancer, aspiration pneumonia, umbilical hernia, atherosclerotic heart disease, obstructive sleep apnea, sepsis, CHF, hypertension, IBS, type 2 diabetes, neuropathy, vitamin D deficiency, anxiety, a-fib, hypotension, GERD, morbid obesity, restless legs, and osteoarthritis. Approaches included, but were not</p>			F 0580	<p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</b></p> <p><b>The facility/Provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Compliant Survey Revisit on or after 12/20/23.</b></p> <p><b>F580</b> <b>Notify of changes (injury/Decline/Room, etc.)</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident D no longer resides at the facility. It is the practice of this facility to notify the family and Physician of any medication changes.</p>		12/20/2023

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	<p>limited to, provide medications and treatments per physician orders, start date 11/8/23.</p> <p>Progress notes were reviewed and included, but were not limited to:</p> <p>11/16/23 8:24 a.m. " This writer informed [name] pharmacy at this time to inquire about the medication Xifaxan that resident is ordered to take every 8 hrs that had been reordered x 2 this week et not received. Pharmacist informed this writer that this is a high cost medication that is over 600.00 et [and] has to have a facility signature to send. Pharmacist asked to fax required form for signature."</p> <p>There was no documentation in the clinical record of the physician being notified of the unavailable medications.</p> <p>November 2023 physicians orders included, but were not limited to:</p> <p>Zenpep (lipase-protease-amylase) capsule, delayed release (DR/EC); 20,000- 63,000, 84,000 unit; 2 capsules; oral. Special instructions: 2 capsules with each meal, (DX- acquired partial absence of pancreas- pancreaticoduodenectomy) three times a day; 8:00 a.m., 12:00 p.m., 5:00 p.m., order date 11/7/23.</p> <p>Zenpep (lipase-protease-amylase) capsule, delayed release (DR/EC); 20,000- 63,000, 84,000 unit; 2 capsules; oral. Special instructions: take 2 capsules with each snack. [DX: acquired partial absence of pancreas- pancreaticoduodenectomy] three times a day- PRN (as needed) , PRN 1, PRN 2, PRN 3, order date 11/7/23.</p> <p>Xifaxan ( rifaximin) tablet; 550 mg (milligram) amt;</p>				<p>Licensed nursing staff/QMA education in-service and MD notification completed.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>DNS/designee has reviewed medication administration report and any medications that were not available have been ordered and now available. Medication administration reports are reviewed during clinical meetings to ensure timely MD and family notification are ongoing.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>Inservice changes completed so that Licensed Nurse/Designee will review medication administration report at beginning of shift and ensure timely MD/family notification has been done on any pharmaceutical concerns/issues. DNS/Designee will review medication administration report during clinical meeting to ensure medications given per physician order. If an emergency supply is not available, the physician will be notified to obtain orders or directions.</p>		

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	<p>550: mg; oral [DX: unspecified cirrhosis of liver] every 8 hours; 5:00 a.m., 1:00 p.m., 9:00 p.m., order date 11/7/23.</p> <p>The November 2023 EMAR (Electronic Medication Administration record) was reviewed and the following days were recorded as not available for the medications.</p> <p>Xifaxan ( rifaximin) tablet; 550 mg : 11/15- 1:00 p.m., 9:00 p.m. 11/16- 5:00 a.m., 1:00 p.m., 9:00 p.m. 11/17- 5:00 a.m., 1:00 p.m., 9:00 p.m.</p> <p>Zenpep (lipase-protease-amylase) capsule, delayed release (DR/EC); 20,000- 63,000, 84,000 unit; 2 capsules; oral. Special instructions: 2 capsules with each meal :</p> <p>Charted as unavailable : 11/7- 5:00 p.m. 11/8-8:00 a.m. 11/9- 8:00 a.m., 12:00 p.m., 5:00 p.m. 11/10- 8:00 am., 12:00 p.m., 5:00 p.m. 11/11- 8:00 a.m., 12:00 p.m., 5:00 p.m. 11/12- 8:00 a.m., 5:00 p.m. 11/14- 8:00 a.m., 12:00 p.m., 5:00 p.m. 11/15- 12:00 p.m., 5:00 p.m. 11/16- 8:00 a.m., 12:00 p.m. 11/17- 12:00 p.m., 5:00 p.m. 11/18 - documented as given all three doses 11/19- 8:00 a.m. not administered due to condition</p> <p>11/8- 12:00 p.m. charted as late administration: 5:00 p.m. dose signed with initials, no comments 11/12- 12:00 p.m. dose signed with initials, no comments 11/15- 8:00 a.m. charted as late administration 11/16- 8:00 a.m. dose charted as late administration 11/17- 8:00 a.m. dose left blank</p>				<p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>The DNS/Designee will be responsible for the completion of a notification of change tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 months, 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 the 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> <p><b>By what date the systemic changes for each deficiency will be completed?</b></p> <p>December 20, 2023</p>		

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	<p>The PRN Zenpep was not documented as given during Resident B's stay.</p> <p>On 11/28/23 at 11:05 a.m. the DON indicated the Zenpep was delivered to the facility on 11/17/23, she was unsure why staff had charted it as administered late on some days, was not sure if the physician had been notified the medication was not available or not given, it required a prior authorization due to the cost, it was the facilities process to pay for 3 days supply of a medication until the prior authorization could be figured out, she was not sure why the medication had not been supplied by the facility or the pre authorization had not been done, the Xifaxan had been delivered twice and it was unavailable the third time until the facility signed the pre authorization.</p> <p>On 11/28/23 the Administrator in training provided a document for pharmacy services and procedures, she indicated the facility did not have a specific policy for notifying the physician of a medication not being given. The document was dated with a revision date of 1/1/22 and included, but was not limited to...1. Upon discovery that facility has an inadequate supply of a medication to administer to a resident, facility staff should immediately initiate action to obtain the medication from pharmacy. If the medication shortage is discovered at the time of medication administration, facility staff should immediately take action to notify the pharmacy. If the medication is unavailable during normal business hours: 2.1 A facility nurse should call pharmacy to determine the status of the order, which may be found on [name] under the pharmacy connection menu. If the medication has not been ordered, the licensed facility nurse should place the order or</p>						

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F 0677 SS=D Bldg. 00	<p>reorder for the next scheduled delivery...2.3 If the medication is not available in the emergency medication supply, facility staff should notify pharmacy and arrange for an emergency delivery, if medically necessary... 4. If an emergency delivery is unavailable, facility nurse should contact the attending physician to obtain the orders or directions...6. If the medication is unavailable from pharmacy due to formulary coverage, contraindication, drug-interaction, drug-disease interaction, allergy, or other clinical reasons, facility should collaborate with pharmacy and physician/prescriber to determine a suitable alternative...</p> <p>This citation relates to Complaint IN00422524, IN00420692.</p> <p>3.1-5(a)(3)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on interview and record review, the facility failed to provide ADL's (activities of daily living), care to 1 of 3 resident's reviewed for bathing. Bathing was not provided to a resident. ( Resident D)</p> <p>Finding includes:</p> <p>On 11/27/23 at 1:56 p.m., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, unsteadiness on feet, muscle weakness (generalized), other abnormalities of gait and mobility. An admission MDS (Minimum Data</p>			F 0677	<p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</b></p> <p><b>The facility/Provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and</b></p>		12/20/2023

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	<p>Set), assessment dated 11/1/23, indicated Resident D's cognition was intact, shower/bathe self/admission performance was partial/moderate assistance. Resident D admitted to the facility on 10/26/23 and discharged on 11/21/23.</p> <p>Care plans were reviewed and included, but were not limited to, resident requires assistance with ADL's including bed mobility, transfers, eating, and toileting, related to: weakness, decreased mobility, incontinence, fall risk, HX of falls, cellulitis of lower left limb, d/t chronic ulcer of other part of left lower leg with fat layer exposed, sepsis, acute kidney failure, atherosclerosis of right renal artery, PVD, COPD, HTN, HLD, obesity, obstructive sleep apnea, hyponatremia, sciatica, constipation. HX non-compliance with medication regimen. Approach included, but was not limited to: assist with bathing as needed per resident preference. Offer showers two times per week, partial bath in between, start date 10/27/23.</p> <p>Point of care history for bathing was reviewed and contained the following for October and November 2023: 10/29- PBB (partial bed bath) 10/30- PBB 11/2- PBB 11/15- PBB 11/16- shower 11/20- PBB Resident D had a hospital stay from 11/8/23 to 11/13/23. The clinical record did not contain any refusals for bathing.</p> <p>On 11/28/23 at 9:20 a.m., CNA 1 indicated bathing is charted on shower sheets and in the computer, if a resident refuses go in a second time to ask, if refuse again the nurse is told and they will try.</p>				<p><b>requests a desk review in lieu of a Post Compliant Survey Revisit on or after 12/20/23.</b></p> <p><b>F677</b> <b>ADL Care Provided for Dependent Residents</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident D rehabilitation to home with home health was completed before the time of complaint survey. All residents have continued to be offered showers on their regular shower days. Licensed staff in-service on shower compliance and will be monitored on an on-going basis. <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> All residents have the potential to be affected by the alleged deficient practice. Shower schedule audit and care plan audit conducted to ensure all care-plans match shower schedule per resident preference. Any resident who missed a shower was provided with a shower per resident preference. <b>What measures will be put into place or what systemic changes you will make to</b></p>		



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	<p>On 11/28/23 at 3:12 p.m., the DON indicated if a resident refuses a shower it is supposed to be documented by the staff.</p> <p>On 11/28/23 at 3:50 p.m., the Administrator in Training indicated they facility did not have a policy specific to bathing, but provided the current resident care/ADL document with a date of 11/15. The document indicated, but was not limited to...the supervisor reviews the resident care/needs sheets and daily living flow chart on a regular basis to ensure that the care given is being provided and documented...</p> <p>This citation relates to Complaint IN00420692 and Complaint IN00422380.</p> <p>3.1-38(b)(2)</p>		<p><b>ensure that the deficient practice does not recur?</b></p> <p>Daily audits will be completed by the DNS/designee to ensure residents are receiving baths/showers per shower preferences and per shower schedule.</p> <p>An in-service will be completed by DNS/designee and on-going as needed with pertinent nursing staff regarding shower compliance.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>The DNS/designee will be responsible for the completion of a shower/bath compliance tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 months, 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 the 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> <p><b>By what date the systematic changes for each deficiency will be completed?</b></p>		

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