

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

PRINTED: 10/03/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155801		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/03/2024	
NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF BOONVILLE - NORTH				STREET ADDRESS, CITY, STATE, ZIP COD 305 E NORTH ST BOONVILLE, IN 47601			
(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 IN00436458 and IN00436409.</p> <p>Complaint IN00436458- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436409- No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: 9/3/24</p> <p>Facility number: 000450 Provider number: 155801 AIM number: 100273890</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 5 Medicaid: 45 Other: 2 Total: 52</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 5, 2024.</p>			F 0000	<p>The facility is providing the required Plan of Correction in accordance to the regulation specific to tag citation 727 E. For the public record the facility would like to point out that through the pandemic and post the pandemic the healthcare industry as a whole is experiencing a supply and demand staffing shortage regardless of recruitment efforts.</p> <p>This includes Acute Care, SNF's, Physician's Offices, Clinics, Survey Agencies, etc. Citing the obvious of not having 8 hours R.N. coverage 3 of 5 does not promote resolving the global staffing complexities.</p> <p>We would like to commend the staff that we do have providing the daily care and ratio care level needs to the best of our availability for the patients we all serve. It is globally believed that all healthcare resources and funding survey agencies should collectively work towards resolutions, not obvious citations. By submitting the enclosed materials, 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</p>		

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

TITLE

(X6) DATE

Michael Van Hoy

Administrator

09/16/2024

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 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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F 0727 SS=E Bldg. 00	<p>483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON</p> <p>Based on interview and record review, the facility failed to provided RN coverage for 8 a day. The nursing schedule reviewed lacked RN coverage for at least 8 hours a day for 3 of 5 weekends reviewed.</p> <p>Finding includes:</p> <p>On 9/3/24 at at 5:30 p.m., the nursing schedule was reviewed for the dates of 8/2/24- 9/3/24. The following dates lacked RN coverage for at least 8 hours a day: 8/3/24, 8/17, 8/31/24.</p> <p>On 9/3/24 the Administrator indicated the schedule provided did not provide RN coverage for at least 8 hours a day every day.</p> <p>On 9/3/24 at 12: 21 p.m., the Administrator provided the current undated policy for departmental supervision, nursing. The policy included, but was not limited to: ...2. A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week...</p> <p>3.1-17(b)(3)</p>	F 0727	<p>regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 9/20/24 to the state findings of the Complaint Survey conducted on September 3, 2024.</p> <p>F - 727</p> <p><i>The corrective action taken for those residents found to have been affected by the deficient practice is that although no specific residents were identified during the survey, all residents have the potential to be affected by this deficient practice. The facility now has eight consecutive hours of RN coverage seven days a week which is posted on the two-week nursing schedule.</i></p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that all residents have the potential to be affected by this deficient practice. The facility now has eight consecutive hours of RN coverage seven days a week which is posted on the two-week nursing schedule.</i></p> <p><i>The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for the Director of</i></p>	09/20/2024	

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			Nursing on their responsibility to ensure that each posted nursing schedule has the required eight consecutive hours of RN coverage seven days a week posted on the schedule. <i>The corrective action taken to monitor to ensure the deficient practice will not recur is that a Quality Assurance tool has been developed and implemented to monitor the staffing schedule to ensure there are eight consecutive hours of RN coverage seven days a week on each posted schedule. This tool will be completed by the Executive Director and/or their designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meetings to determine if any additional action is warranted.</i>		