STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155224	A. BUILDING 00 B. WING	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COLUMBIA HEALTHCARE CENTER	621 W COLUMBIA ST EVANSVILLE, IN 47710

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00449174. Complaint IN00449174 - Federal/state deficiencies related to the allegations are cited at F695 and F842. Survey dates: December 30 and 31, 2024 Facility number: 000129 Provider number: 155224 AIM number: 100266780 Census Bed Type: SNF/NF: 111 Total: 111 Census Payor Type: Medicare:1 Medicaid: 94 Other: 16 Total: 111 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 8, 2025.	F 0000	**The creation and submission of the Plan of Correction does not constitute an admission by the provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.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 re-visit.**	
F 0695 SS=D Bldg. 00	483.25(i) Respiratory/Tracheostomy Care and Suctioning Based on interview and record review, the facility failed to follow the nebulizer policy for 1 of 1 resident reviewed for hospital discharge. (Resident D) The resident was not assessed prior to the nebulizer treatment, facility staff did not	F 0695	**F695 Respiratory/Tracheostomy Care and Suctioning** **It is the policy of this facility to ensure respiratory care is provided consistent with**	01/30/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Andrea Beran		01/17/2025

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	stay at bedside during the nebulizer treatment; Resident D was later found by a staff member with no respirations or pulse. Finding includes: On 12/30/24 at 10:54 A.M., Resident D's clinical record was reviewed. Resident D was admitted on 12/6/24. A Minimum Data Set (MDS) Assessment had not been completed. Current physician orders included, but were not limited to: Continuous oxygen at 2 liters per nasal cannula, Start date 12/9/24 Albuterol sulfate solution (bronchodilator medication) for nebulization; 0.63 mg (milligrams) /3 mL (milliliters) inhalation every 4 Hours, Start date 12/10/24 Observe pulse, respirations and breath sounds before each nebulizer treatment, four times a day, Start date 12/9/24 Observe pulse, respirations and breath sounds after each nebulizer treatment, four times a day, Start date 12/9/24 Code status full code, Start date 12/6/24 A nursing progress note, dated 12/11/24 at 10:25 A.M., indicated a Qualified Medication Aide (QMA) yelled for help when Resident D was found not breathing and without a pulse during a breathing treatment. Cardiopulmonary resuscitation (CPR) was started and emergency medical technicians (EMT's) were notified. Resident D was transported to the hospital.		**professional standards of practice.** **1. How will corrective action be accomplished for those residents found to have been affected by this deficient?** Resident D is not longer residing in facility. RN#5 was in-serviced on nebulizer treatment documentation and policy for remaining with resident during the treatment unless otherwise ordered. **2. How will the facility identify other residents having the potential to be affected by the same deficient practice?** All residents who receive nebulizer treatment services have the potential to be affected by this alleged deficient practice. All residents with nebulizer treatment orders will be audited to ensure they have orders for monitoring pulse, respirations and breath sounds prior to nebulizer treatment and after nebulizer treatment. All nurses will be in-serviced by DNS/designee on following nebulizer treatment orders, completing documentation as well as remaining with resident during the treatment unless otherwise ordered. **3.What measures will be put into place or systematic changes made to ensure that the deficient practice will not reoccur?**	

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	The electronic medication administration record (eMAR) on 12/11/24 lacked documentation for the following: 10:00 A.M. albuterol nebulizer treatment Pulse, respirations, breath sounds, oxygen saturation before nebulizer treatment administration An SBAR physician communication event, dated 12/11/2024 at 10:52 A.M., indicated Resident D was not using oxygen. During an interview on 12/31/24 at 8:31 A.M., Registered Nurse (RN) 5 indicated that on 12/11/24 Resident D started a breathing treatment and did not look well. RN 5 left the room while the breathing treatment was running to call the nurse practitioner. RN 5 indicated a QMA yelled for assistance when Resident D was found unresponsive. The Director of Nursing (DON) initiated CPR. During an interview on 12/31/24 at 9:39 A.M., the DON indicated assessments should be completed and charted by a nurse before, during, and after each breathing treatment, and indicated RN 5 was the only nurse scheduled to cover the nursing duties on all five halls of the first floor from 6:00 A.M. to 2:00 P.M. on 12/11/24. On 12/30/24 at 3:09 P.M., the Administrator indicated the facility did not have a nebulizer treatment policy and indicated all nurses had a nebulizer treatment skills check off during orientation. At that time, she provided a document titled "Nebulizer Treatment" that indicated "6. Perform pre-assessment including pulse, respiration, and breath sounds ... 11. Stay with resident during entire procedure ... 13. During procedure perform assessment including pulse,		DNS/designee will complete daily audit of residents with nebulizer treatment orders to ensure documentation completed per policy. DNS/designee will complete daily rounds to ensure nurses remain with residents during nebulizer treatments unless otherwise ordered. **4.How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?** DNS/designee will complete respiratory care for nebulizer treatment QAPI tool weekly for 4 weeks, monthly for 6 months and then quarterly for 2 quarters 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 90% 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. **5. Date of Compliance: 1.30.25**	

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	respiration, and breath sounds ... 16. Perform post-assessment including pulse, respiration, and breath sounds. 19 ... Document pertinent information on medication administration record (MAR) and nebulizer treatment flow sheet." This citation relates to complaint IN00449174. 3.1-47(a)(6) .			
F 0842 SS=E Bldg. 00	483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information Based on interview and record review, the facility failed to ensure documentation was complete and accurate for 4 of 8 resident records reviewed. Insulin administration and nebulizer treatments were not marked as complete on the Medication Administration Record. (Resident C, Resident O, Resident M, Resident U) Findings include: 1. On 12/30/24 at 10:32 A.M., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus. The most current Quarterly Minimum Data Set (MDS) Assessment, dated 12/6/24, indicated Resident C had moderate cognitive impairment, required substantial to maximal assistance from staff (staff did more than half) for bathing, and received insulin seven out of seven days during the lookback period. A current risk for hyperglycemia care plan, initiated 5/19/22 and last revised on 12/10/24, included an intervention to give medications as ordered.	F 0842	**F842- Resident Records – Identifiable Information** **It is the practice of this facility to ensure resident records are maintained in a complete, accurate, organized and accessible manor.** **1. How will corrective action be accomplished for those residents found to have been affected by this deficient?** Resident C was assessed with no ill effects noted related to missing EMAR documentation. Resident C is receiving medications/treatments per order and documentation is being completed. Resident O was assessed with no ill effects noted related to missing EMAR documentation. Resident O is receiving medications/treatments per order and documentation is being completed. Resident M was assessed with no	01/30/2025

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	Physician orders included, but were not limited to: Fiasp FlexTouch U-100 Insulin (insulin aspart) (a short-acting insulin) - 100 unit/mL (units per milliliter) - Administer subcutaneously per sliding scale: If Blood Sugar is less than 60, call Medical Doctor (MD). If Blood Sugar is 0 to 199, give 0 Units. If Blood Sugar is 200 to 249, give 2 Units. If Blood Sugar is 250 to 299, give 3 Units. If Blood Sugar is 300 to 349, give 4 Units. If Blood Sugar is 350 to 399, give 5 Units. If Blood Sugar is 400 to 499, give 6 Units. If Blood Sugar is greater than 500, call MD, dated 11/19/24. insulin glargine solution (a long-acting insulin) 100 unit/mL - Administer 10 units subcutaneously twice a day, dated 11/29/24 with a stop date of 12/23/24. The December 2024 Medication Administration Record (MAR) lacked documentation to indicate Resident C received the 11:00 P.M. dose of insulin aspart on 12/8/24 and 12/10/24 and the 8:00 P.M. dose of insulin glargine on 12/16/24. On 12/31/24 at 9:38 A.M., the Director of Nursing (DON) indicated that she was unsure if Resident C got their insulin as ordered on 12/8/24, 12/10/24, and 12/16/24 since it was not documented as given. 2. On 12/30/24 at 11:24 A.M., Resident U's clinical record was reviewed. Diagnoses included, but were not limited to, type 2 diabetes mellitus. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 10/16/24, indicated Resident U was cognitively intact, required partial assistance from staff for transfers, and received insulin seven of seven days during the lookback period.		ill effects noted related to missing EMAR documentation. Resident M is receiving medications/treatments per order and documentation is being completed. Resident U was assessed with no ill effects noted related to missing EMAR documentation. Resident U is receiving medications/treatments per order and documentation is being completed. **2. How will the facility identify other residents having the potential to be affected by the same deficient practice?** All residents have to potential to be affected by the alleged deficient practice. A 100% audit for last 30 days of EMAR documentation will be completed. DNS/designee will in-service nurses and QMAs on completing EMAR documentation and running their compliance reports prior to end of their shifts. **3.What measures will be put into place or systematic changes made to ensure that the deficient practice will not reoccur?** DNS/designee will review administration compliance report daily in clinical meeting to ensure 100% compliance. DNS/designee will follow up with any staff that have missing documentation. **4.How will the facility monitor**	

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	Current physician orders included, but were not limited to: Basaglar KwikPen (a hypoglycemic injection); Amount to administer: 60 units subcutaneous, Give half dose of insulin if blood sugar is below 120, at bedtime every day. Start date 10/18/24. The electronic medication administration record (eMAR) lacked documentation for the following: 12/16/24 8:00 P.M. blood sugar results 12/16/24 8:00 P.M. Basaglar insulin administration 3. On 12/30/24 at 12:20 P.M., Resident M's clinical record was reviewed. Diagnoses included, but were not limited to, type 2 diabetes mellitus. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 9/29/24, indicated Resident M's cognition was too low to be assessed, resident was substantial assistance (staff did more than half of the work) for toileting, bathing, and transfers, and received insulin seven of seven days during the lookback period. Current physician orders included, but were not limited to: insulin lispro pen; Amount to Administer: 9 units subcutaneous, three times a day, Start date 7/15/24. insulin lispro pen; Amount to Administer: If Blood Sugar is less than 60, call MD. If Blood Sugar is 0 to 149, give 0 Units. If Blood Sugar is 150 to 169, give 1 Units. If Blood Sugar is 170 to 189, give 2 Units. If Blood Sugar is 190 to 209, give 3 Units. If Blood Sugar is 210 to 229, give 4 Units. If Blood Sugar is 230 to 249, give 6 Units.		**its corrective actions to ensure that the deficient practice will not reoccur?** DNS/designee will complete EMAR compliance QAPI tool weekly for 4 weeks, monthly for 6 months and then quarterly for 2 quarters 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 90% 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. **5. Date of Compliance: 1.30.25**	

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	If Blood Sugar is 250 to 269, give 8 Units. If Blood Sugar is 270 to 299, give 10 Units. If Blood Sugar is greater than 299, give 12 Units. If Blood Sugar is greater than 300, call MD. Subcutaneous three times a day, Start date 12/4/24. The electronic medication administration record (eMAR) lacked documentation for the following: 12/28/24 12:00 P.M. insulin lispro 9 units administration 12/28/24 12:00 P.M. blood sugar results 12/28/24 12:00 P.M. insulin lispro sliding scale administration 12/29/24 12:00 P.M. insulin lispro 9 units administration 12/29/24 12:00 P.M. blood sugar results 12/29/24 12:00 P.M. insulin lispro sliding scale administration 4. On 12/30/24 at 2:10 P.M., Resident O's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 12/20/24, indicated Resident M's cognition was too low to be assessed, resident was dependent assistance (staff did all the work) for toileting, bathing, and mobility, and received oxygen therapy. Current physician orders included, but were not			

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	limited to: ipratropium bromide solution 0.02% inhalation (bronchodilator nebulizer medication) four times a day, Start date 11/25/24 Observe pulse, respirations and breath sounds before each nebulizer treatment, Start date 10/31/24 Observe pulse, respirations and breath sounds after each nebulizer treatment, Start date 10/31/24 The electronic medication administration record (eMAR) lacked documentation for the following: 12/1/24 8:00 A.M. ipratrompium bromide administration 12/1/24 8:00 A.M. pre and post nebulizer assessment including pulse, respiration, and breath sounds 12/2/24 8:00 A.M. ipratrompium bromide administration 12/2/24 8:00 A.M. pre and post nebulizer assessment including pulse, respiration, and breath sounds 12/3/24 8:00 A.M. ipratrompium bromide administration 12/3/24 8:00 A.M. pre and post nebulizer assessment including pulse, respiration, and breath sounds 12/6/24 12:00 P.M. ipratrompium bromide administration 12/23/24 8:00 A.M. ipratrompium bromide administration			

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	12/23/24 8:00 A.M. pre and post nebulizer assessment including pulse, respiration, and breath sounds 12/25/24 4:00 P.M. ipratrompium bromide administration 12/25/24 4:00 P.M. pre and post nebulizer assessment including pulse, respiration, and breath sounds On 12/30/24 at 3:09 P.M., the Administrator indicated the facility did not have a nebulizer treatment documentation policy, and indicated all nurses had a nebulizer treatment skills check off during orientation. At that time, she provided a document titled "Nebulizer Treatment" that indicated "6. Perform pre-assessment including pulse, respiration, and breath sounds ... 11. Stay with resident during entire procedure ... 13. During procedure perform assessment including pulse, respiration, and breath sounds ... 16. Perform post-assessment including pulse, respiration, and breath sounds ... 19. Document pertinent information on medication administration record (MAR) and nebulizer treatment flow sheet". During an anonymous interview, it was indicated that the facility was often not fully staffed during the evening shift making it difficult to complete all tasks. They indicated documentation was a task that was left unfinished. On 12/31/24 at 9:53 A.M., the DON provided a current Medication Administration policy, revised 7/2023, that indicated "Mediation administration will be recorded on the MAR/EMAR or TAR (Treatment Administration Record) after given".			

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	This citation relates to complaint IN00449174. 3.1-50(a)(1) 3.1-50(a)(2)			