

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

PRINTED: 01/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155508		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF BOONVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 725 S SECOND ST BOONVILLE, IN 47601			
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F 0000  Bldg. 00	<p>This visit was for the investigation of complaint IN00391528.</p> <p>Complaint IN00391528 - Substantiated. Federal/state deficiencies related to the allegations are cited at F656 and F690.</p> <p>Survey dates: January 9 &amp; 10, 2023</p> <p>Facility number: 000451 Provider number: 155508 AIM number: 100266240</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 22 Medicaid: 26 Other: 4 Total: 52</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 12, 2023.</p>			F 0000	<p>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 regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective January 26, 2023, to the state findings of the Complaint Survey conducted on January 10, 2023.</p>		
F 0656 SS=D Bldg. 00	<p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a</p>						

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

TITLE

(X6) DATE

Melinda Preusz

Executive Director

01/23/2023

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 disclosed 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>resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and</p>						

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	<p>trauma-informed.</p> <p>Based on interview, and record review, the facility failed to ensure the plan of care was implemented for 2 of 3 diabetic residents reviewed for medications. Residents did not receive insulin as ordered by their physician and staff failed to notify the physician when a resident's blood sugar level was above the ordered parameter. (Resident F and Resident D)</p> <p>Findings include:</p> <p>1. During record review on 1/10/23 at 10:15 A.M., Resident F's diagnoses included, but were not limited to; type 2 diabetes mellitus.</p> <p>Resident F's most recent admission MDS (Minimum Data Set) assessment dated 11/8/22, indicated the resident received insulin 7 of 7 days during the review period.</p> <p>Resident F's physician orders included, but were not limited to; Levemir Flex Touch 100 units/mL (milliliter) 26 units one time a day (started 11/29/22), Novolog FlexPen 100 units/mL (sliding scale) 3 times a day, and ...Notify physician of blood sugar greater than 400 unless otherwise ordered (10/29/22).</p> <p>Resident F's care plan included, but was not limited to; Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness (updated 11/29/22).</p> <p>Resident F's medication administration record (MAR) for December 2022 and January 2023 lacked documentation indicating the resident received the following orders on the following dates and times:</p>			F 0656	<p>F - 656</p> <p>1.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident F is now receiving their insulin as ordered by their physician. Resident F's physician is now being notified whenever the resident's blood sugar levels are above the ordered parameter and this notification is documented in the clinical record.</i></p> <p>2.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident D no longer resides at this facility.</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 a housewide audit of all clinical records has been completed to ensure that there is documentation to support that each resident's plan of care is being followed in accordance with their physician's orders. Each resident is now receiving their medications/treatments and needed services in accordance with their plan of care.</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 all licensed</i></p>		01/26/2023

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	<p>Levimer Flex Touch 100 units/mL 26 units 1 time a day - 12/22/22 at 6:00 P.M.</p> <p>Novolog FlexPen 100 units/mL (sliding scale) 3 times a day - 12/10/22, 12/26/22, 12/29/22, and 1/2/23 (all at 6:00 P.M.).</p> <p>On 12/19/22 at 9:07 P.M., Resident F's blood sugar level was documented to be 407. Resident F's clinical record contained no documentation indicating the physician was notified.</p> <p>2. During record review on 1/9/23 at 11:00 A.M., Resident D's diagnoses included, but were not limited to; diabetes insipidus.</p> <p>Resident D's most recent admission MDS (Minimum Data Set) assessment dated 12/30/22, indicated the resident received insulin 7 of 7 days during the review period.</p> <p>Resident D's physician orders included, but were not limited to; Novolog injection solution 100 unit/mL 6 units three times a day (started 12/24/22), and Basaglar KwikPen solution Pen-injector 12 units two times a day (started 12/25/22), and Accuchecks four times a day (started 1/4/23).</p> <p>Resident D's care plan included, but was not limited to; Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness (initiated 12/23/22).</p> <p>Resident D's medication administration record (MAR) January 2023 lacked documentation indicating the resident received the following orders on the following dates and times: Novolog 100 units/mL 6 units - 1/2/23 and 1/3/23 (both at 6:00 P.M.)</p>				<p>nurses and QMAs on the facility policies related to medication administration, the following of physician's orders and the following each resident's plan of care. Each staff member was reminded of their responsibility in following each resident's plan of care in accordance with acceptable standards of practice. <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 resident's plan of care to ensure that each resident is receiving the necessary medications, treatments and services in accordance with their individualized physician's orders and plan of care. This tool will be completed by the Director of Nursing 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></p>		

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F 0690 SS=D Bldg. 00	<p>Accucheck four times a day - 1/4/23 at 4:30 P.M.</p> <p>During an interview on 1/10/23 at 12:00 P.M., QMA 4 indicated if insulin is not given per the physician's order due to blood sugar levels or resident refusals, staff should document in the notes or the MAR why the order was not administered. QMA 4 also indicated that if a resident has an order to notify the physician if blood sugar levels are outside ordered parameters, staff should document that the physician was notified.</p> <p>On 1/10/23 at 3:00 P.M., the AIT (Administrator in training) provided a facility policy titled, Care Plans - Comprehensive, and dated 1/19/22. The policy included, "...Purpose of Care Plan 3. Each resident's comprehensive care plan is designed to:</p> <p>a. Incorporate identified problem areas; b. Incorporate risk factors associated with identified problems; ...c. Reflect treatment goals, timetables, and objectives in measurable outcomes..." The AIT also supplied a facility policy titled, Physician Medication Orders, dated 8/24/22. The policy included, "...Nursing staff will follow the physician's orders in accordance with their scope of practice, which will include medication and treatment administration..."</p> <p>This Federal tag relates to complaint IN00391528.</p> <p>3.1-35(a)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his</p>						

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	<p>or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, interview, and record review, the facility failed to provide care to prevent and treat recurring urinary tract infections (UTIs) for 2 of 3 residents reviewed for incontinence and/or catheter care. Staff did not perform proper hand hygiene while providing incontinence care and catheter care to residents with current or frequent UTIs, staff did not provide timely incontinence care for a resident with frequent UTIs, and staff did not treat a UTI</p>			F 0690	<p>F -690</p> <p>1.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident G is now receiving incontinent care by staff members who are performing hand hygiene and perineal care in accordance with facility policy and</i></p>		01/26/2023

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	<p>timely. (Resident G, Resident H)</p> <p>Findings include:</p> <p>1. During record review on 1/10/23 at 9:45 A.M., Resident G's diagnoses included, but were not limited to; urinary tract infection, Alzheimer's disease, and type 2 diabetes.</p> <p>Resident G's most recent annual MDS assessment, dated 12/6/22 indicated the resident had severely impaired cognition, and required extensive assist toileting and personal hygiene.</p> <p>Resident G's care plan included, but was not limited to, assist to toilet frequently and as needed, and check routinely for incontinence and provide incontinent care as needed.</p> <p>Resident G's physician orders included, but were not limited to; Amoxicillin Oral Capsule 250 mg (milligrams) 1 capsule for UTI three times a day for 10 days (12/21/22 through 12/31/22), urinary analysis with culture and sensitivity (11/23/22), and Cefuroxime Axetil Oral Tablet 250 mg for UTI two times for 10 days (10/3/22 through 10/13/22).</p> <p>Resident G's progress notes from November, 2022 through January, 2023 included, but were not limited to:</p> <p>11/22/22 at 11:47 A.M. - Resident has had decreased urinary output, less active than normal. When assessed urine dark in color and odorous. Communication sent to physician. New order for urinary analysis with culture and sensitivity in the morning.</p> <p>12/16/22 at 9:45 P.M. (physician visit) - pending urine culture for increased behaviors.</p> <p>12/19/22 (nurse practitioner visit) - ..."According to recent lab results, resident currently has a UTI.</p>				<p>acceptable standards of infection control practices. Resident G is continuing to be monitored closely for any signs and symptoms of urinary tract infection and their physician notified promptly of any signs and symptoms of a UTI as well as prompt notification of all lab results.</p> <p>2.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident H is now receiving catheter care by staff members who are performing hand hygiene and catheter care in accordance with facility policy and acceptable standards of infection control practices.</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 a housewide audit of all residents who require incontinent or catheter care have been reviewed. All residents requiring incontinent and/or catheter care are now receiving this assistance by staff members who are performing hand hygiene in accordance with facility policy and acceptable standards of infection control practices.</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 all nursing staff on hand hygiene, incontinent care</i></p>		

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	<p>I do not see anywhere in chart where he has been started on antibiotic treatment... Date: 12/14/2022</p> <p>Urinalysis: Positive for nitrites, leukocyte Estrace, and white blood cells</p> <p>Urine culture: Positive for E. coli (Escherichia Coli bacteria)..."</p> <p>Lab results from 11/23/22 culture and sensitively indicated Resident G's urinalysis was positive for E. coli greater than 100,000 colonies/ml (milliliter).</p> <p>During an observation on 1/9/23 at 9:15 A.M., Resident G was in a wheelchair attempting to open the front door of the facility. Resident G had an odor of BM (bowel movement).</p> <p>During an observation on 1/9/23 at 10:28 A.M., CNA 5 and CNA 6 were providing incontinence care to Resident G. Using a stand lift, CNA 5 and CNA 6 stood resident G up, pulled pants down to thighs, removed the soiled brief, wiped BM from Resident G's buttocks and CNA's then removed gloves and washed hands. CNA 5 scrubbed hand with soap for 10 seconds before rinsing. CNA 6 scrubbed hands with soap for 15 seconds before rinsing. CNA 5 and CNA 6 then changed Resident G's pants and assisted with positioning in the wheelchair.</p> <p>During an interview on 1/10/23 at 1:30 P.M., the DON (Director of Nursing) indicated that Resident G's lab culture results were received on 12/16/22 (Friday) and that it was not reviewed until the following Tuesday 12/20/22. Resident G was then started on an antibiotic the following day (12/21/22). Resident G's results should have been reviewed and sent to the physician prior to 12/20/22.</p> <p>During an interview on 1/10/23 at 3:00 P.M. the</p>				<p>and catheter care. All staff members have successfully demonstrated proper hand hygiene practices in accordance with facility policy and acceptable standards of infection control practices.</p> <p><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 nursing staff's infection control practices as it related to hand hygiene, incontinent care, and catheter care. This tool will monitor to ensure that the staff members are properly washing their hand during the performance of incontinent care and/or catheter care. This tool will be completed by the Director of Nursing 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></p>		



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	<p>Infection Preventionist indicated that lab results from 11/23/22 were discussed with the physician and that Resident G's symptoms did not meet criteria for antibiotic treatment.</p> <p>2. During record review on 1/10/23 at 9:30 A.M., Resident H's diagnoses included, but were not limited to, spinal stenosis, methicillin resistant staphylococcus aureus (MRSA) infection, and osteomyelitis.</p> <p>Resident E's most recent quarterly MDS assessment (Minimum Data Set), dated 10/22/22, indicated the resident's cognition was severely impaired, had an indwelling urinary catheter and an ostomy, required extensive assistance with transfers, and was totally dependent for toileting,</p> <p>Resident H's physician orders included, but were not limited to, Foley catheter care and output. Use soap and water or cleansing wipes to perform perineal care. Keep catheter bag below bladder. Keep tubing free of kinks (initiated 10/16/22), and Cipro Oral Tablet 500 mg (milligrams) 1 tablet by mouth two times a day for signs and symptoms of UTI for 3 Days (1/7/23 through 1/10/23).</p> <p>Resident H's care plan included, but was not limited to; resident has a catheter for urinary needs... Assist with toileting needs. Empty catheter every shift and as needed.</p> <p>During an observation on 1/10/23 at 10:30 A.M., CNA 5 and CNA 6 were emptying Resident H's catheter. Resident H's catheter was draining cloudy yellow colored urine. Staff emptied into a basin and recorded the amount. CNA 5 then performed hand hygiene with soap and water with a scrub time of 9 seconds.</p>						

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	<p>During an interview on 1/10/23 at 10:40 A.M., CNA 6 indicated that staff should wash hands with soap and water for 30 - 40 seconds.</p> <p>On 1/10/23 at 10:31 A.M., the AIT provided a facility policy, titled Perineal Care, dated 8/24/22. The policy included, "The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition..." The AIT also provided a facility policy titled, Handwashing/Hand Hygiene, dated 8/24/22. The policy included, "Employees must wash their hands for at least forty - sixty (40 - 60) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: ...before and after direct resident contact..."</p> <p>This Federal tag relates to complaint IN00391528.</p> <p>3.1-41(a)(2)</p>						