

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

PRINTED: 03/20/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155525		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/19/2025	
NAME OF PROVIDER OR SUPPLIER  SHADY NOOK CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 36 VILLAGE DRIVE LAWRENCEBURG, IN 47025			
(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 Complaints IN00453427, IN00451861, IN00450888, and IN00450653.</p> <p>Complaint IN00453427 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451861 - Federal/State deficiency related to the allegation is cited at F690.</p> <p>Complaint IN00450888 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450653 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 18 and 19, 2025</p> <p>Facility number: 000304 Provider number: 155525 AIM number: 100266810</p> <p>Census Bed Type: SNF/NF: 85 Total: 85</p> <p>Census Payor Type: Medicare: 7 Medicaid: 62 Other: 16 Total: 85</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 26, 2025</p>			F 0000			

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

TITLE

(X6) DATE

Lindsey Boltz

Administrator

03/13/2025

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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F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI</p> <p>Based on interview and record review, the facility failed to ensure a resident with urinary incontinence received services to maintain continence in a timely manner for 1 of 5 residents reviewed for urinary incontinence. (Resident B)</p> <p>Findings include:</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 11/15/24, indicated Resident B was cognitively intact. The resident's diagnoses included, but were not limited to, malnutrition, arthritis, and retention of urine. The resident was incontinent of bowel and bladder.</p> <p>Hospital Discharge Instructions, dated 11/11/24, indicated Resident B had an ongoing problem with urinary retention. The resident had a scheduled appointment with Urology for 12/04/24 at 2:00 P.M., as well as an ultrasound scheduled, of her abdomen, on 12/04/24 at 1:00 P.M.</p> <p>During an interview, on 02/19/2025 at 10:35 A.M., the Director of Nursing (DON) indicated that Resident B's appointments for 12/04/24 had all been rescheduled locally to accommodate family attending, and that she would provide appointment confirmations for appointments being rescheduled.</p> <p>A Provider Progress Note, dated 12/05/24, indicated that on discharge from the hospital Resident B was supposed to have a urology appointment, an upcoming abdominal ultrasound, cardiology appointment, and optometry appointment. The only one visualized as scheduled was a cardiology appointment for that</p>			F 0690	<p>By submitting the enclosed material, 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 that the plan of correction be considered our allegation of compliance effective 3/1/2025 to the complaint Survey completed on February 18 and 19, 2025. We respectfully request a paper review and will provide any additional information requested.</p> <p><b><u>F690.</u></b></p> <p>It is the policy of this facility to ensure that residents with urinary incontinence receive services to maintain continence in a timely manner.</p> <p><b>The corrective action taken for those residents found to be affected by the deficient practice include:</b></p> <p>It is the policy of this facility to ensure that physician-ordered appointments are scheduled and completed on a timely basis. Resident, B, has not experienced a negative outcome because of the alleged deficit practice. Residents with physician ordered appointments are scheduled for</p>		03/01/2025

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	<p>day. The concern was brought to the DON's attention.</p> <p>An Appointment Detail Document, provided by the DON on 02/19/25 at 11:20 A.M., indicated that a new patient urology appointment for Resident B was scheduled on 12/05/24 at 3:25 P.M. The appointment was scheduled for 01/07/25 at 1:30 P.M.</p> <p>The clinical record lacked information regarding the urology appointment on 01/07/25 prior to 02/19/25.</p> <p>During an interview, on 02/19/25 at 11:20 A.M. , the DON indicated that due to weather conditions on 01/07/25 the urology office closed for the day resulting in cancellation of the resident's appointment.</p> <p>An Appointment Detail Document, provided by the DON on 02/19/25 at 1:09 P.M., indicated that a urology appointment was rescheduled that day for 04/09/25 at 9:10 A.M.</p> <p>During an interview, on 02/19/25 at 1:35 P.M., the DON indicated that the facility scheduler had received a call from the urologist office today to reschedule the appointment for Resident B. When asked if there was proof of additional contact being made prior to today in the progress notes the DON was unsure.</p> <p>Progress notes for the past 90 days for Resident B were provided by the DON on 02/19/25 at 2:50 P.M. No progress notes were made prior to 02/19/25 about contact made with the urology office.</p> <p>During an interview with the Urology Office, on</p>				<p>ordered appointments with transportation and completion of appointment timely.</p> <p><b>Other Residents that have the potential to be affected have been identified by:</b></p> <p>All residents who have physician orders for follow up appointments have the potential to be affected. Please see below measures implemented to prevent recurrence.</p> <p><b>The measures or systemic changes that have been put into place to ensure that the deficient practice does not recur include:</b></p> <p>Receptionist/Transportation services and clinical management were in-serviced by the DON/designee on the policy, "Physician Orders" The IDT team was educated on the policy, "Physician Orders" as well as facility transportation processes. All residents with scheduled appointments reviewed as part of the clinical morning meeting to ensure residents who have completed an appointment have an after-visit summary and clinical management has received it. All new admissions that require scheduled appointments are reviewed to ensure that appointment is scheduled.</p> <p><b>The corrective action taken to monitor performance to assure compliance through quality assurance:</b></p>		

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	<p>02/19/25 at 1:36 P.M., they indicated that a new urology appointment for Resident B was scheduled today, and that the only other appointment they had scheduled prior to today was the 01/07/25 appointment.</p> <p>During an interview on 02/19/25 at 2:30 P.M., LPN 2 indicated that the facility would ensure residents made it to scheduled appointments, and if an appointment was canceled due to weather it should be rescheduled.</p> <p>The current facility policy, titled "Physician Orders", with a revised date of 03/17/22, was provided by the DON on 02/19/25 at 3:02 P.M. The policy indicated, "...The facility is obligated to follow and carry out orders of the prescriber in accordance with all applicable state and federal guidelines..."</p> <p>The current facility policy, titled "Urinary Tract Infections/Bacteriuria - Clinical Protocol", with a revised date of April 2018, was provided by the DON on 02/19/25 at 2:50 P.M. The policy indicated, " ...The physician and staff will identify individuals with a history of ...risk factors (for example, an indwelling urinary catheter, kidney stones, urinary out-flow obstruction, ect.) ...The Physician will help identify causes of, and factors contributing to ... bladder outlet obstruction, ...and medications that can cause urinary retention ...1. The physician will order appropriate treatment... based on a pertinent assessment..."</p> <p>This citation relates to Complaint IN00451861.</p> <p>3.1-41(a)(2)</p>		<p>A performance improvement tool has been initiated that audits residents with physician orders for needed appointments, as well as a tool that audits residents with scheduled and completed appointments. Daily monitoring to occur for a minimum of 3 months or until substantial compliance is achieved. The tool(s) will be completed by the DON or designee, weekly X 3 weeks, monthly X 3 months, then quarterly for 2 quarters. Any identified issues will immediately be addressed. The outcomes will be reviewed through the facility Quality Assurance program. Monitoring will continue as planned or will be increased by the Quality Assurance Committee, if needed to obtain 100% compliance. Additional action will be taken by the Quality Assurance Committee, if warranted, based on the outcome of the tools.</p> <p><b>The date the systemic changes will be completed: 03/01/2025</b></p>				