

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

PRINTED: 07/17/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155674		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/19/2024	
NAME OF PROVIDER OR SUPPLIER ST CHARLES HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 3150 ST CHARLES ST JASPER, IN 47546			
(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	This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: June 12, 13, 14, 17, 18, 19, 2024 Facility number: 002628 Provider number: 155674 AIM number: 200299110 Census Bed Type: SNF/NF: 38 SNF: 13 Residential: 33 Total: 84 Census Payor Type: Medicare: 15 Medicaid: 24 Other: 12 Total: 51 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed June 25, 2024.			F 0000			
F 0554 SS=D Bldg. 00	483.10(c)(7) Resident Self-Admin Meds-Clinically Approp §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. Based on observation, interview, and record review, the facility failed to ensure residents that were self administering medications were assessed for the capability to self administer			F 0554	Plan of Correction Text: The submission of this plan of correction does not indicate an admission by St Charles Health		07/05/2024

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

TITLE

(X6) DATE

Jon Howard

Executive Director

07/05/2024

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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	<p>medications for 1 of 15 residents observed during medication administration and 1 of 1 random observation with medications in their room. (Resident 39, Resident 12)</p> <p>Findings include:</p> <p>1. On 6/17/24 at 11:03 A.M., while Registered Nurse (RN) 14 administered Azo Bladder Control 300 mg, 2 capsules, the following medications were observed sitting on the bedside table in Resident 39's room:</p> <ul style="list-style-type: none"> - Albuterol sulfate (a medication used to treat Asthma and Chronic Obstructive Pulmonary Disease) inhaler- 1 puff by mouth every 2 hours as needed on the label - Fluticasone (a nose spray for allergies) -label faded and unreadable - Asmanex (an inhaled medication used to treat asthma) 220 mcg-no label <p>At that time, RN 14 did not acknowledge the medications sitting on the bedside table.</p> <p>On 6/17/24 at 11:55 A.M., Resident 39's clinical records were reviewed. The diagnoses included, but were not limited to, asthma and COPD (Chronic Obstructive Pulmonary Disease).</p> <p>The most recent Quarterly MDS (Minimum Data Set) assessment, dated 5/28/24, indicated Resident 39 was cognitively intact.</p> <p>The Physician Orders included, but were not limited to the following:</p> <ul style="list-style-type: none"> - Fluticasone propionate over the counter spray, 50 mcg (micrograms), 1 spray nasally, once a day, start date 6/27/23. - Ventolin HFA (Hydrofluoroalkane) (albuterol 				<p>Campus that the findings and allegations contained herein are an accurate, true representation of the quality of care provided, or living environment provided to the residents of St. Charles Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Annual Survey conducted June 12-19, 2024. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p><u>F554 Resident Self-Admin Meds-Clinically Appropriate</u></p> <p>Completion Date: 7/5/24</p> <p>Plan of Correction Text:</p> <p>1 Residents #12 and #39 suffered no ill effects from the alleged deficient practice. Medications were immediately removed from the bedside pending self-administration reassessment. Residents re-assessed for ability to self-administer medications;</p>		

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	<p>sulfate) HFA aerosol inhaler, 90 mcg, one puff, every two hours, as needed, start date 11/16/22.</p> <p>Asmanex Twisthaler (mometasone) aerosol powder breath activated, 220 mcg, one puff. May Keep At Bedside, discontinue when supply depleted, then start Pulmicort, twice a day, as needed, start date 8/10/23 and discontinued date 8/30/23</p> <p>The clinical records lacked a care plan for self administration of medications.</p> <p>During an interview on 6/17/24 at 11:27 A.M., RN 14 indicated as needed medications should be in the medication cart. Resident 39 did not have Self Administration of Medication Assessments completed. She was unsure how often residents were reassessed for self administration. At that time, she left the medications at the bedside.</p> <p>On 6/17/24 at 11:47 A.M., RN 14 provided a Self Administration of Medication Assessment, dated 7/27/23 for Asmanex inhaler, which was discontinued on 8/30/23. No other Self Administration of Medication Assessments were provided.</p> <p>During an interview on 6/18/24 at 10:03 A.M., Resident 39 indicated she used the inhalers she had in her room.</p> <p>2. On 6/13/24 at 10:04 A.M., one albuterol sulfate and one Ventolin hand held inhaler, one Flonase nasal spray bottle, and one bottle of Tums were observed lying on Resident 12's bedside table.</p> <p>On 6/17/24 at 10:58 A.M., one albuterol sulfate inhaler and one bottle of Flonase nasal spray was observed lying on Resident 12's bedside table.</p>				<p>MD updated. Both residents remain appropriate for self-administration of medication. Medication orders reviewed and reconciled with MD; orders updated as indicated.</p> <p>2 All residents who self-administer medication have the ability to be affected by the alleged deficient practice. Assessment completed for all residents who currently self-administer medications to ensure self-administration remains appropriate. Education provided to licensed nursing staff on self-administration policy, resident assessment and not leaving medications at the bedside.</p> <p>3 As a measure of ongoing compliance, the Director of Health Services (DHS), Minimum Data Set Coordinator (MDSC) or designee with complete the following audits: DHS/designee to observe 5 random resident rooms during daily rounding to ensure no medications are left at bedside 5 times weekly for 4 weeks, then 3 times weekly for 4 weeks, weekly for 4 weeks, then monthly for 3 months. DHS/designee will review 5 residents for appropriate self-administration assessment and documentation, as available, weekly for 4 weeks, then every</p>		

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	<p>On 6/14/24 at 2:12 P.M., Resident 12's clinical record was reviewed. The diagnoses included, but were not limited to, pulmonary fibrosis, allergies, and gastroesophageal reflux disease (GERD) without esophagitis.</p> <p>The most recent Quarterly MDS assessment, dated 4/7/24 indicated Resident 12 was cognitively intact.</p> <p>Current Physician's Orders included, but were not limited to, the following: Flonase Allergy Relief (fluticasone) 50 micrograms (mcg), 2 sprays to both nostrils once daily, ordered 11/10/16</p> <p>Ventolin (albuterol sulfate) HFA aerosol inhaler; 90 mcg, 2 puffs as needed for cough/whoeeze every 4 hours, ordered 4/19/23</p> <p>The current Physician's Orders lacked an order for Tums and the self administration of medications.</p> <p>A current Pulmonary Fibrosis Care Plan, revised 5/9/24, included, but was not limited to the following intervention: Medications per MD (Medical Doctor) order, initiated 5/27/22</p> <p>A current Use of Nasal Spray Steroids Care Plan, revised 5/9/24, included, but was not limited to, the following interventions: Administer medication per MD order, initiated 2/20/20 Notify MD of any adverse effects noted, initiated 2/20/20 Observe and record effectiveness of drug treatment, initiated 2/20/20</p> <p>A current GERD Care Plan, revised 5/9/24,</p>				<p>other week for 8 weeks, then monthly for 3 months.</p> <p>MDSC/designee will review 5 resident care plans for self-administration, as available, weekly for 4 weeks, then every other week for 8 weeks, then monthly for 3 months.</p> <p>4 As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing in the campus Quality Assurance Performance Improvement meetings until 100% compliance achieved. The plan will be reviewed and updated as warranted.</p>		

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	<p>included, but was not limited to the following intervention: Administer medication as ordered by physician, initiated 12/28/17.</p> <p>Resident 12's clinical record lacked a care plan for self administration of medications and which medications were to be self administrated.</p> <p>A Self Administration of Medication form, dated 1/1/23, indicated the resident could not properly dispense eye drops, inhalers, nebulizers, nasal sprays, etc, that the self administered medications should be stored in the nursing medication cart, and did not indicate which medications the resident could self administer.</p> <p>During an interview on 6/14/24 at 12:51 P.M., Resident 12 indicated she used the inhalers, nasal spray, and Tums on her bedside table when she needed them. The inhalers were used every 4 hours or so and she did not get help from staff and did not tell staff when she used them.</p> <p>During an interview on 6/17/24 at 11:03 A.M., Licensed Practical Nurse (LPN) 12 indicated she thought Resident 12 self administered eye drops and nasal spray. She indicated that the Social Services Director (SSD) did assessments on residents every 90 days and the Brief Interview for Mental Status (BIMS) had to be high, like 15 or above and if the BIMS changed she was to let the nurses know. At that time, she indicated Resident 12's last assessment was done in January of 2023 for self administering medications. At that time, she indicated there should be care plan for self administration of medications in the resident's clinical record but she was not sure if there had to be a specific order to self administer medications.</p>						

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	<p>During an interview on 6/17/24 at 3:04 P.M., the Director of Nursing (DON) indicated the Self Administration Assessment was done by nursing staff initially if the resident wanted to self administer medications, when their cognition status changed, and/or as needed. When the SSD did her quarterly BIMS Assessment, she was to let the nurses, Assistant Director of Nursing (ADON), or DON know if something had changed so they could reassess the resident for self administering medications. If the resident's cognition was intact and the medications were PRN (as needed), staff did not keep track of resident's medication use.</p> <p>On 6/18/24 at 8:45 A.M., a current Self Administration of Medications Policy, revised 5/22/18, was provided by the DON and indicated " ... ensure the safe administration of medication for residents who request to self medicate or when self medication is a part of their plan of care ... Residents requesting to self medicate or has self medication as a part of their plan of care shall be assessed using the [name of company] Self Administration of Medication ... results of the assessment will be presented to the physician for evaluation and an order for self medication ... the order should include the type of medication[s] the resident is able to self medicate ... The medication will be kept in a locked drawer in the residents' room. The resident will maintain the key, as well as, a key will be maintained by the licensed nurse and or QMA [Qualified Medication Aide] ... periodic verification of administration compliance will be observed by nursing staff. A self medication plan of care will be initiated and updated as indicated. The assessment will be reviewed quarterly, and PRN with change of condition ..."</p>						

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F 0582 SS=D Bldg. 00	<p>3.1-11(a)</p> <p>483.10(g)(17)(18)(i)-(v) Medicaid/Medicare Coverage/Liability Notice §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p>						

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	<p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>Based on interview and record review, the facility failed to provide necessary documentation to ensure a resident or responsible party was issued a Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) and Notice of Medicare Non-Coverage (NOMNC) before the proposed end of services for 1 of 3 beneficiary notices reviewed. (Resident 46)</p> <p>Findings include:</p> <p>On 6/13/24 at 2:25 P.M., during review of the Medicare Part A discharge notices, Resident 46's notice stated the last day covered for Part A was 5/10/24 and indicated, "Other...Facility initiated and family agreed duet [sic] to lack of progress/participation in therapy related to overall decline in condition." At that time the Social Service Director (SSD) indicated a SNFABN form and NOMNC was not provided due to the resident declining and the family was considering hospice services.</p>			F 0582	<p><u>F582</u> <u>Medicaid/Medicare/Coverage/Liabil</u> <u>ity Notice</u> Completion Date: <u>7/5/24</u> Plan of Correction Text: 1 Residents #46 suffered no ill effects from the alleged deficient practice. Resident was assessed with no concerns.</p> <p>2 All residents being discharged from Medicare services have the potential to be affected. The last 30 days of Medicare part A discharges assessed for completion of ABN if appropriate. SSD educated regarding CMS form 10055 (SNF) Advanced Beneficiary Notice (ABN) completion upon changes in covered services.</p>		07/05/2024

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F 0921 SS=D Bldg. 00	<p>On 6/13/24 at 2:30 P.M., Resident 46's clinical record was reviewed and indicated a hospice evaluation was ordered on 5/17/24.</p> <p>On 6/18/24 at 8:45 A.M., the Director of Nursing (DON) provided a NOMNC Completion policy, revised 10/24/22, that indicated, "...For residents being notified of discontinuation of their Medicare coverage, the NOMNC is required to be issued 2 calendar days prior to the actual discharge from Medicare..." and a SNFABN should be issued, "when the resident intends to continue services and the campus believes services may not be covered under Medicare..."</p> <p>3.1-4(f)(3)</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure a clean and homelike environment for 1 of 1 shower rooms and 2 of 13 bathrooms observed for environment. Tiles were broken, grout was soiled, build up was around the toilet base, doorknobs were loose, handrails were wrapped with frayed duct tape, paint was missing, and odors were present. (Room 207, Room 209, Shower Room on 200 Hall)</p> <p>Findings includes:</p> <p>1. During an observation on 6/13/24 at 10:13 A.M.,</p>			F 0921	<p>3 As a measure of ongoing compliance, the ED/SSD or designee will complete an audit of 5 Medicare part A discharges as available to ensure ABN form completed weekly for 4 weeks, every other week for 8 weeks, then monthly for 3 months.</p> <p>4 As a quality measure, the SSD or designee will review any findings and corrective action at least quarterly and ongoing in the campus Quality Assurance Performance Improvement meetings until 100% compliance achieved. The plan will be reviewed and updated as warranted.</p> <p><u>F921</u> <u>Safe/Functional/Sanitary/Comfortable Environ</u> Completion Date: <u>7/5/24</u> Plan of Correction Text: 1 Residents utilizing room #207, #209, and 200 hall shower room suffered no ill effects from the alleged deficient practice. Rooms were deep cleaned per environmental services and work orders initiated in TELS system for all repairs needed.</p>		07/05/2024

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	<p>a strong odor of bowel movement and missing paint by the toilet paper holder was observed in the bathroom of Room 207.</p> <p>On 6/17/24 at 10:55 A.M., the same was observed.</p> <p>2. During an observation on 6/13/24 at 10:04 A.M., in the bathroom of Room 209, the handrail on the wall by the toilet had a red Dycem (non-slip pad) and a blue Dycem duct taped to the hand rail. There was also duct tape at the back of the rail. The duct tape was frayed.</p> <p>On 6/17/24 at 10:58 A.M., the same was observed.</p> <p>3. During an observation on 6/18/24 at 10:50 A.M., in the 200 Hall shower room, the door to enter the shower room was black on the bottom. Inside, to the left where the first shower stall wall met the floor, there were cracked and missing pieces of tile. Between the first and second shower stalls, there was a cracked tile with the piece missing. Inside the second shower stall by the drain on the floor, there were cracked floor tiles. In both showers, along the wall where it met the floor there was a dark brown substance along the quarter round and the grout halfway up all shower walls and the floors was soiled. The wall by the bathroom had a cracked and missing tile. The doorknob to the bathroom was loose and there was a brown substance around the base of the toilet. There was no string on the call light in the bathroom.</p> <p>On 6/19/24 at 8:58 A.M., the same was observed.</p> <p>During an anonymous interview on 6/13/24 at 8:40 A.M., they indicated there were odors of urine and bowel movement in the facility.</p>				<p>2 All resident rooms have the ability to be affected by the deficient practice. Room observations for all health center halls completed by Environmental Services Director (ESD) and Director of Plant Operations (DPO) for odors, cleanliness and room repair with work orders added for any identified concerns.</p> <p>3 As a measure of ongoing compliance, the ED/designee will complete the following audits: - ED/designee will complete an audit of 5 resident rooms during daily rounding to ensure cleanliness 5 times weekly for 4 weeks, then 3 times weekly for 4 weeks, weekly for 4 weeks, then monthly for 3 months - ED/designee will complete an audit of 5 resident rooms during daily rounding to identify any repairs needed 5 times weekly for 4 weeks, then 3 times weekly for 4 weeks, weekly for 4 weeks, then monthly for 3 months</p> <p>4 As a quality measure, the ED/ designee will review any findings and corrective action at least quarterly and ongoing in the campus Quality Assurance Performance Improvement meetings until 100% compliance achieved. The plan will be reviewed and updated as warranted.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155674		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/19/2024	
NAME OF PROVIDER OR SUPPLIER ST CHARLES HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 3150 ST CHARLES ST JASPER, IN 47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>During an interview on 6/18/24 at 10:41 A.M., the Director of Nursing (DON) indicated the duct tape and Dycems that were taped to the handrail in the bathroom of Room 209 was from a previous resident in that room and was used to keep hands from slipping on the rail. Neither resident currently in the room indicated they used it. The most recent admission in that room was 4/1/24. At that time, she indicated she was not aware it was there and she had taken them off and cleaned the rail.</p> <p>During an interview on 6/19/24 at 9:11 A.M., the Maintenance Director indicated they had been working on painting throughout the facility. Their process was to go through the rooms and bathrooms and apply plaster if needed, let the plaster dry, and paint the areas in the next couple days. At that time, he indicated he was aware of the cracked and missing tiles in the shower room and they were getting replacement tiles. Their staff should pressure wash the shower rooms, especially the dirty grout every 3 months. He was not aware the door knob was loose but those were to be checked monthly and retightened as needed. He indicated staff would either tell him verbally and/or place a work order in the maintenance electronic work order system (TELS) to let him and his assistant know if something needed their attention. They did rounds everyday and the work orders were checked right away in the morning, at lunch, and possibly in the afternoons too. They worked very closely with housekeeping when things need repaired or replaced.</p> <p>During an interview on 6/19/24 at 9:12 A.M., Housekeeper 3 indicated every room gets cleaned everyday and they always looked to see if something needed picked up, pull trash and put plenty of trash bags in the trash can, put cleaning spray on and in the toilet and sink in the</p>						

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

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R 0000 Bldg. 00	<p>bathroom, refill paper towels and soap if needed, wipe everything down, and do the floors. She indicated there was a "housekeeping sheet" that they were responsible for filling out with the room number and what they did in the room.</p> <p>On 6/19/24 at 9:54 A.M., a current non dated Room Cleaning Policy, was provided by Administrator 2 and indicated "Health Center resident rooms are cleaned daily and deep cleaned monthly ... If there are any maintenance issues generate a work order in TELS ... "</p> <p>On 6/19/24 at 9:54 A.M., a current Floor Care Policy, revised 2/5/18, was provided by Administrator 2 and indicated "It is the goal of the ES [Environmental Services] Department to maintain the floor and achieve a long useful life and great appearance ... "</p> <p>On 6/19/24 at 9:54 A.M., a current Preventative Maintenance Policy, dated 2/6/24, was provided by Administrator 2 and indicated " Preventative maintenance is an integral part of the Director of Plant Operations duties ... "</p> <p>3.1-19(f)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: June 12, 13, 14, 17, 18, and 19, 2024</p> <p>Facility number: 002628</p>			R 0000			

