

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

PRINTED: 04/12/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155224		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/26/2024	
NAME OF PROVIDER OR SUPPLIER  COLUMBIA HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 621 W COLUMBIA ST EVANSVILLE, IN 47710			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00429431.</p> <p>Complaint IN00429431- Federal/State deficiencies related to the allegations are cited at F550.</p> <p>Survey dates: March 25, 26, 2024.</p> <p>Facility number: 000129 Provider number: 155224 AIM number: 100266780</p> <p>Census Bed Type: SNF/NF: 117 Total: 117</p> <p>Census Payor Type: Medicare: 1 Medicaid: 94 Other: 22 Total: 117</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 28, 2024.</p>			F 0000	<p>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.</p>		
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p>						

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

TITLE

(X6) DATE

Andrea Beran

Administrator

04/05/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on interview and record review, the facility failed to ensure dignity for 3 of 3 residents reviewed for quality of care and treatment. Residents were not assisted with care in a timely manner, not treated with respect and dignity. (Resident B, Resident C, Resident D)</p>			F 0550	<b>F550 RESIDENT RIGHTS What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</b>		04/17/2024

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	<p>Findings includes:</p> <p>1. On 3/25/24 at 9:24 a.m., Resident B indicated they have turned on their call light and waited two hours for care, staff come in and turned off the call light and leave without providing care.</p> <p>On 3/25/24 at 10:23 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, unsteadiness on feet, muscle weakness (generalized). An admission MDS (Minimum Data Set) assessment dated 1/30/24, indicated Resident B's cognition was intact, toileting extensive assist x 1.</p> <p>Care plans were reviewed and included but were not limited to: Problem start date: 1/25/24: Resident requires assistance with toileting due to: dx of hemiplegia affecting right side, COPD, ...</p> <p>2. On 3/25/24 at 9:46 a.m., a Concern/Grievance form was reviewed and included, but was not limited to: Resident name: Resident D Date of Concern: 12/18/23 Time of Concern: 8:30 p.m. Nature of Concern: " She left a complaint on the receptionist phone that she want too file grievance on all the staff on 2nd Floor. She had been waiting for over 2 hrs to be changed. They came in &amp; promise they would but did not " Department Head review and action taken: " Resident stated [name] came in several times between 6p-10pm and would speak to her turn the light off and leave &lt; changing her. Written warning given" Date 12/19/23</p>				<p><b>practice?</b></p> <ul style="list-style-type: none"> <li>· After assessment, Residents B, C and D had no negative outcome due to this alleged deficient practice. Resident B, C and D call light response time and provision of care is being monitored to ensure timely response.</li> <li>· Resident B, C and D were interviewed to ensure residents are being treated with respect.</li> <li>· All nursing staff have been in-serviced on resident rights to include call light response.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>Audit completed for all residents on staff call light response by ED/DNS or designee to ensure timely response to call light.</p> <p>All staff in-serviced by DNS/designee on policy for resident rights/call light response and treating residents with respect. Call lights to not be turned off until requested service is provided.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p>		

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	<p>Comments : " Let resident know about the written warning and she will let me know if any concerns in future"</p> <p>On 3/25/24 at 11:06 a.m., Resident D's clinical record was reviewed. Diagnoses included but were not limited to, hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side, contracture, left elbow, contracture. left wrist, contracture left hand, muscle weakness (generalized). A Quarterly MDS (Minimum Data Set) assessment, dated 3/1/24, indicated Resident D's cognition was intact, toileting substantial/maximal.</p> <p>Care plans were reviewed and included but were not limited to:</p> <p>Problem start date: 1/8/19 Resident needs assist with toileting d/t decreased mobility, hx CVA w/residual left sided hemiplegia, incontinence. Approach start date 1/8/19: assist with incontinent care as needed Approach start date 1/8/19: check approximately every 2 hours for incontinence</p> <p>On 3/26/24 at 10:00 a.m., Resident D indicated staff do not always answer her call light, she had an incident where a staff came in and did not change her, she had been told before that she was the worst patient on the floor because she had her call light on, she is talked down to.</p> <p>3. On 3/25/24 at 10:02 a.m. a Concern/Grievance form were reviewed and included but were not limited to: Resident Name : Resident C Date of Concern: 2/5/24 Time of Concern: 11:15 a.m. Nature of Concern: " Late meds, couldn't get</p>				<p>·Daily observational rounds will be completed by ED/DNS or designee to ensure timely resident rights/call light response.</p> <p>·Resident QIS questionnaire utilized by IDT weekly to ensure call lights are being responded to timely and staff are treating residents with respect</p> <p><b>How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>To ensure compliance, the ED or designee will be responsible for the completion of Resident Rights/Call Lights QAPI tool weekly for 4 weeks, monthly for 6 months and quarterly 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 100% 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.</p>		

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	<p>Aides to Refresh water, Requested Ice pack that never came, was told he couldn't have a 3rd pillow, couldn't get urinal emptied, too long of a wait for assistance to bathroom, Trouble getting assistance to go to Restroom (transfer)"</p> <p>Department Head review and action taken: left blank</p> <p>Comments: "Med delivery verified on time. Discussed with resident &amp; staff to ensure timely call lights being answered. "</p> <p>Resident Name: Resident C Date of Concern: 2/26/24 Time of Concern: 2/26/24 Nature of Concern: " Resident states it took 1 hr to get Ice pack, Resident states it took about 2 hours to get breakfast tray on 2-26-24. Resident complained about Aides Not Answering call light &amp; Empty urinal."</p> <p>Department Head review and action taken: " Staff education completed, will continue to monitor call light wait time."</p> <p>Comments: " States wait time improved on some days, I will continue to monitor and he will reach out to me for concerns"</p> <p>On 3/25/24 at 1:11 p.m., Resident C's clinical record was reviewed. Diagnoses included but were not limited to, unspecified combined systolic (congestive) and diastolic (congestive) heart failure, chronic obstructive pulmonary disease, spinal stenosis. An Admission MDS (Minimum Data Set) assessment dated 2/5/24, indicated Resident C's cognition was intact, toileting hygiene/admission performance partial/moderate. The resident was in the hospital during the survey.</p> <p>Care Plans were reviewed and included but were not limited to:</p>						

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	<p>Problem start date: 1/31/24- Resident requires assistance with ADLs including bed mobility, transfers, eating, and toileting related to: weakness, decreased mobility, incontinence, unsteady gait HX of falls, fall risk, COPD...</p> <p>An anonymous interview indicated a nurse had called them and other residents "druggies" when passing their pain medication to them .</p> <p>On 3/25/24 at 10:45 a.m., LPN 1 indicated any staff member can answer a call light, if they can not provide resident care they should go to the appropriate staff, nurse, CNA, etc. to let them know the resident's needs.</p> <p>On 3/26/24 at 12:22 p.m., the Administrator indicated anytime a complaint about a call light is received, it should be put on a grievance form, an email is sent to her when an initial call light goes off, a secondary email will be sent if it is not answered in a set amount of time, the emails tend to be kept about a month.</p> <p>On 3/26/24 at 12:16 p.m., the current policy on resident rights was provided with a revision date of 1/06. The policy included, but was not limited to: ...All staff members recognize the rights of residents at all times and residents assume their responsibilities to enable personal dignity, well being, and proper delivery of care...</p> <p>This citation relates to Complaint IN00429431.</p> <p>3.1-3(a) 3.1-3(n)(4)</p>						