

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

PRINTED: 04/17/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155696		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/20/2025	
NAME OF PROVIDER OR SUPPLIER BRIDGEPOINTE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1900 COLLEGE AVE VINCENNES, IN 47591			
(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 in investigation of complaint IN00454560.</p> <p>Complaint IN00454560: Federal/state deficiencies related to the allegation(s) are cited at F635.</p> <p>Survey date: March 20, 2025</p> <p>Facility number: 003237 Provider number: 155696 AIM number: 200374360</p> <p>Census bed type: SNF/NF: 69 Residential: 18 Total: 87</p> <p>Census payor type: Medicare: 30 Medicaid: 28 Other: 11 Total: 69</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 25, 2025.</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by Bridgepointe Health 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 Bridgepointe 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 Complaint Survey conducted March 20, 2025. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
F 0635 SS=D Bldg. 00	<p>483.20(a) Admission Physician Orders for Immediate Care</p> <p>Based on interview and record review, the facility failed to ensure physician orders were obtained</p>			F 0635	<p>The submission of this plan of correction does not indicate an</p>		04/16/2025

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

TITLE

(X6) DATE

Michelle Weber

Executive Director

04/10/2025

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 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>and implemented following readmission for 1 of 3 residents reviewed for wound care. A resident readmitted to the facility with a new pressure wound without treatment orders and treatment order was not obtained for 2 days following readmission. (Resident F)</p> <p>Finding includes:</p> <p>During record review on 3/2024 at 1:35 P.M., Resident F's diagnoses included, but was not limited to, heart disease, anemia, weakness, and dysphagia.</p> <p>Resident F's admission minimum data set (MDS) assessment dated 1/28/25, indicated the resident had no cognitive impairment, and had no unhealed pressure wounds.</p> <p>Resident F's nurse's progress notes included, but were not limited to: 2/28/25 at 8:44 A.M. - Resident stated he is very weak and clammy. Orders were received to send to emergency department and emergency medical services (EMS) was notified. Report was called to (hospital) emergency department. 3/4/25 at 7:00 P.M. - Resident returned from hospital via ambulance service.</p> <p>An admission observation and data collection, dated 3/4/25 at 7:02 P.M., included a skin observation that indicated the resident had skin impairment that was unable to be observed due to a dressing that was clean and intact. A note indicated the wound care nurse would evaluate the impairment. A Braden scale assessment indicated the resident was "at risk" for pressure and included, "Resident will not develop a pressure ulcer, or if a pressure ulcer present it will not worsen." An intervention included, "provide</p>				<p>admission by Bridgepointe Health 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 Bridgepointe 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 Complaint Survey conducted March 20, 2025. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p><u>F635 D Admission Physician Orders for Immediate Care</u></p> <p>Based on interview and record review, the facility failed to ensure physician orders were obtained and implemented following readmission for 1 of 3 residents reviewed for wound care. A resident readmitted to the facility with a</p>		

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	<p>routine skin care per current order."</p> <p>Resident F's wound assessments indicated the resident had a pressure ulcer to the sacrum identified on 3/4/25 at 10:16 P.M.</p> <p>Resident F's physician orders included, but were not limited to, cleanse wound to sacrum with wound cleanser or normal saline, apply skin prep to peri-wound, apply Santyl (ointment to remove dead tissue from wounds) to wound bed, cover with island foam dressing, and change daily (received 3/6/25).</p> <p>Resident F's treatment administration record (TAR) for the month of March, 2025 indicated the order, cleanse wound to sacrum with wound cleanser or normal saline, apply skin prep to peri-wound, apply Santyl to wound bed, cover with island foam dressing, and change daily was not started until 3/7/25.</p> <p>During an interview on 3/20/25 at 2:40 P.M., RN 4 indicated she documented the first observation of Resident F's sacral wound after readmitting from the hospital on 3/4/25. RN 4 indicated a (unordered) treatment was applied to the wound and the physician was not notified of the wound at that time.</p> <p>During an interview on 3/20/25 at 3:20 P.M., LPN 6 indicated if a new wound is observed on a resident, the physician should be notified to obtain an order for treatment and the order should be entered into the resident record at that time.</p> <p>On 3/20/25 at 4:40 P.M., RN 7 supplied a facility policy titled, Guidelines for Physician Services, dated 12/17/24. The policy included, "1. The resident's attending physician shall participate in</p>				<p>new pressure wound without treatment orders and treatment order was not obtained for 2 days following readmission. (Resident F)</p> <p>Plan of Correction:</p> <ol style="list-style-type: none"> 1. Resident F was not affected by the alleged deficient practice. Resident assessed with no findings. Wound treatment orders reviewed, reconciled, and verified with MD. Wound treatment orders active and in place since 3/6/25. Staff immediately educated regarding physician orders for wound treatment following admission/readmission. 2. All residents admitted/readmitted with wounds have the potential to be affected. Audit completed on all resident admissions within last 30 days with wounds to ensure treatment orders in place per physicians' orders. Orders reconciled and updated as indicated. Facility to implement admission checklist which includes wound assessment and verification of physicians' orders for treatment. Nursing leadership educated related to admission checklist implementation and process for completion. RN's/LPNs educated regarding admission physician orders for wounds and initiation of admission checklist. 3. As a measure of ongoing 		

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	<p>the resident's assessment... and provide consultation or treatment as required by resident condition... when consulted/called by the campus.</p> <p>2. The resident's attending physician is responsible for prescribing new therapy... to ensure that the resident receives quality care and medical treatments..."</p> <p>This citation relates to complaint IN00454560.</p> <p>3.1-30(a)</p>				<p>compliance, DHS or designee will audit admission/readmission checklist completion for 3 new admissions/readmissions per week for 4 weeks, then 2 new admissions/readmissions per week x 4 weeks then 1 new admission/readmission per week x 4 weeks then 3 admissions/readmissions per month x 3 months. DHS or designee will also audit 3 residents with wounds to ensure treatment orders in place per physician's orders 3 times per week for 4 weeks, 2 times per week for 4 weeks, weekly for 4 weeks, then monthly x 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 until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p> <p>Completion Date: 4/16/25</p>		