

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

PRINTED: 03/12/2025

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 02/13/2025	
NAME OF PROVIDER OR SUPPLIER COLUMBIA HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 621 W COLUMBIA ST EVANSVILLE, IN 47710			
(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 IN00452997, IN00453214, IN00453166, IN00453005, IN00453237, IN00452975, IN00453317</p> <p>Complaint IN00452997 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00453214 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00453166- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00453005- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00453237- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00452975- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00453317- No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: February 12, 13, 2025.</p> <p>Facility number: 000129 Provider number: 155224 AIM number: 100266780</p> <p>Census Bed Type: SNF/NF: 117 Total: 117</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.</p> <p>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> <p>="" b=""> b=""> ="" b=""> ="" b=""> ="" b=""> ="" b=""> b=""> ="" b=""> ="" span=""> span=""> ="" span=""> ="" b=""> b=""> ="" b=""> ="" span=""> span=""> ="" span=""> ="" b=""> b=""> ="" b=""></p>		

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

TITLE

(X6) DATE

Andrea Beran

Administrator

03/03/2025

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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F 0921 SS=E Bldg. 00	<p>Census Payor Type: Medicare: 1 Medicaid: 98 Other: 18 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 February 19, 2025.</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe, sanitary environment during 2 of 2 days of the survey. Resident room halls had a build up of dust/dirt on 2 of 3 units observed, linen closets were not clean, 2 of 2 shower rooms were unclear or not maintained, urinals were not stored properly in a shared restroom, and urine odors were present throughout the survey. (First floor unit, Second floor unit, Hall 1100, 1200, 1400, 1500, 2100, 2200, 2400, 2500, Room 1202, 1208, 12010, Room 1506, 2100 Shower room, 2500 shower room, Resident D)</p> <p>Findings include:</p> <p>1. A review of a facility concern/grievance form, dated 11/4/24, indicated a resident in Room 1202 had a concern, "[Third] time no housekeeping on weekends... Hall [1200] was skipped this first week of [November]..."</p> <p>A facility concern/grievance form, dated 12/25/24, indicated a resident in room 1506 had a concern, "...housekeepers don't do a good job in my room or my bathroom..."</p>			F 0921	<p>F921 Safe/Functional/Sanitary/Comforta ble Environment It is the policy of this facility to provide a safe, functional, sanitary, and comfortable environment. 1. How will corrective action be accomplished for those residents found to have been affected by this deficient? Resident rooms 1202 and 1506 are being cleaned daily. Resident D restroom is being cleaned daily. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents who reside in the facility have the potential to be affected by this alleged deficient practice. An inspection of all halls, linen closets and shower rooms were conducted by ED and</p>		03/11/2025

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	<p>2. On 2/12/25 at 1:45 P.M., the 1200 Hall was observed to have a build up of dust and dirt along the bottom of the cove base, around the base of room doors and fire doors, throughout the hall.</p> <p>On 2/13/25 at 9:15 A.M., the 1200 Hall was observed to have a build up of dust and dirt along the bottom of the cove base, around the base of room doors and fire doors, throughout the hall.</p> <p>On 2/13/25 at 9:20 A.M., the 1400 Hall was observed to have a build up of dust and dirt along the bottom of the cove base, around the base of room doors and fire doors, throughout the hall.</p> <p>On 2/13/25 at 9:25 A.M., the 1500 Hall was observed to have a build up of dust and dirt along the bottom of the cove base, around the base of room doors and fire doors, throughout the hall.</p> <p>On 2/13/25 at 9:30 A.M., the 2400 Hall was observed to have a build up of dust and dirt along the bottom of the cove base, around the base of room doors and fire doors, throughout the hall.</p> <p>On 2/13/25 at 9:55 A.M., the fire doors leading the second floor dining room was observed to have dust and dirt build up along the base of the door frame.</p> <p>3. During an interview and observation on 12/13/25 at 11:55 A.M., Housekeeper 4 indicated all floors in the facility, including restroom, resident rooms, room halls, and dining rooms were swept and mopped daily. Housekeeper 4 unlocked and opened a clean linen closet door on the 1100 hall. The linen closet floor had a build up of dust and dirt. A safety razor was observed on the linen closet floor. Housekeeper 4 removed the</p>				<p>housekeeping supervisor to identify any areas of non-compliance.</p> <p>An inspection of all resident bathrooms was conducted by ED and housekeeping supervisor to ensure proper storage of urinals.</p> <p>3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not reoccur?</p> <p>Dirt and debris build up along the bottom of the cove base, around the base of room doors and fire doors throughout halls 1200, 1500, 1400, 2400, and fire door frames leading to the second-floor dining room have been thoroughly removed and cleaned.</p> <p>Linen closets on the 1100, 2100 and 2500 hall have been thoroughly cleaned.</p> <p>All halls and front lobby have been cleaned and sanitized and are free of urine odor.</p> <p>Contractors will be repairing tile in the shower room on the 2100 and 2500 halls as schedule allows</p> <p>ED/designee will in-service all staff on clean and sanitary environment and the proper procedures of filling out maintenance repair forms</p> <p>ED/designee will complete daily rounds to ensure all hallways and areas along cove base and door frames, and linen closets are clean and free of debris as well as no concerns with odors.</p> <p>The Maintenance</p>		

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	<p>safety razor and indicated that linen closets were cleaned monthly.</p> <p>4. During an interview and observation on 2/12/25 at 1:50 P.M., Resident D indicated she shared a restroom with a female resident in the room next to hers. Resident D indicated two urinals were being stored in their bathroom. At 1:55 P.M., two uncovered urinals were observed on the bathroom floor near the base of the commode.</p> <p>On 2/13/25 at 9:20 A.M., two urinals were observed on Resident D's shared bathroom floor near the base of the commode, uncovered. Rooms 1208 and 1210 shared a bathroom.</p> <p>During an interview on 2/13/24 at 12:00 P.M., CNA 9 indicated resident urinals should be stored covered and should not be stored on a bathroom floor.</p> <p>5. On 12/13/25 at 1:45 P.M. the 2500 hall shower room was observed. The second stall from the shower room door had a black and brown discoloration to the shower floor tile grout along base of the shower walls and in the shower corners. A tile was cracked at the base of a shower wall, a build up of dust and dirt was observed in the back corner of the shower room along with debris and a build-up of dust behind the shower room commode.</p> <p>On 12/13/25 at 1:55 P.M., the 2100 hall shower room was observed. A tiled, walk-in shower furthest from the shower room door had a window with window blinds obstructing the outside view. Two window blind pull/draw strings were broken and hanging down the tile wall onto the shower floor. A tile along the window seal was cracked.</p>				<p>Director/Designee will conduct audits in each shower room daily to ensure that preventative maintenance is monitored. The Housekeeping Director/Designee will complete daily rounds to ensure the hallways and resident room bathrooms are clean and sanitary. Housekeeping will be notified of any areas identified and areas will be cleaned and sanitized.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur? ED/designee will complete the Housekeeping and Environmental QAPI tool weekly for 4 weeks, monthly for 6 months and then quarterly for 2 quarters 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 a threshold of 90% 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> <p>5. Date of Compliance: 3.11.25</p>		

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	<p>6. On 2/13/25 at 9:15 A.M., a strong urine odor was present on the 1100. The odor was present throughout the hall.</p> <p>On 2/13/25 at 10:00 A.M., a strong urine odor was present on the 1100. The odor was present throughout the hall.</p> <p>6. On 2/12/25 at 4:15 A.M. upon entry to the facility, a strong urine odor was present on the first and second floors of the facility.</p> <p>On 2/13/25 at 8:15 A.M., the facility was observed to have a urine odor in the lobby by the front entrance, and on the first floor unit.</p> <p>7. On 2/12/25 at 4:45 A.M., the 2200 Hall was observed to have a build up of dust and dirt along the bottom of the cove base, around the base of room doors and fire doors, throughout the hall.</p> <p>On 2/13/25 at 9:30 A.M., the 2100 Hall was observed to have a build up of dust and dirt along the bottom of the cove base, around the base of room doors and fire doors, throughout the hall. A chair used to weigh residents was observed to have debris built up around the base of the chair.</p> <p>On 2/13/25 at 9:35 A.M., a clean linen closet on the 2500 Hall was observed to have debris built up on the floor, trash, and gloves laying on the floor. A strong urine smell was observed throughout the hall.</p> <p>On 2/13/25 at 9:45 A.M., a clean linen closet on the 2100 Hall was observed to have trash on the floor, dust and dirt built up.</p> <p>On 2/13/25 at 2:40 P.M., the Facility Administrator supplied a facility policy, titled, "Housekeeping,</p>						

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	Laundry and Floor Care Policies, Procedures and Guidelines" dated 12/2021. The policy included a daily cleaning procedure that indicated, "...7. Sweep flooring to include under beds, corners, edging and under chairs/equipment... 8. Mop flooring to include under beds, corners, edging and under chairs/equipment..." A cleaning guideline included, "Daily extra duties for resident rooms and all common areas: ...Tuesday: Wipe down walls where apparent dirt, food debris, etc. is apparent, clean lower doors... Thursday: Wipe down cove base, edging and corners where accessible..." 3.1-19(f) 3.1-19(f)(5) 3.1-19(g)						