| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155801 | A. BUILDING 00<br>B. WING | 03/25/2025 |

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| TRANSCENDENT HEALTHCARE OF BOONVILLE - NORTH | 305 E NORTH ST<br>BOONVILLE, IN 47601 |

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| F 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaint IN00455471.<br><br>Complaint IN00455471: Federal/State deficiencies are cited at F690 and F727.<br><br>Survey dates: March 24 & 25, 2025<br><br>Facility number: 000450<br>Provider number: 155801<br>AIM number: 100273890<br><br>Census Bed Type:<br>SNF/NF: 49<br>Total: 49<br><br>Census Payor Type:<br>Medicare:10<br>Medicaid: 37<br>Other: 2<br>Total: 49<br><br>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality review completed on April 3, 2025. | F 0000 | 04/14/2025<br><br>Suzanne Williams<br>Director Division of Long Term Care<br>Indiana State Department of Health<br>2 North Meridian Street<br>Indianapolis, IN 46204<br><br>RE: Transcendent Healthcare of Boonville - North<br>Complaint IN00455471<br>Survey Event ID 016G11<br><br>Dear Ms. Williams;<br><br>On March 25, 2025 a Complaint Survey was conducted at our facility. 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 04/18/2025 to the State findings of the Complaint Survey conducted on March 25, 2025. | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Sarah McKenzie | HFA | 04/14/2025 |

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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| | | | We respectfully request a desk review to validate the facility's compliance to the findings of the Complaint Survey of March 25, 2025. Please feel free to contact the facility if any additional information is needed.<br><br>.<br><br>Respectfully submitted,<br><br>Sarah McKenzie, HFA<br>Executive Director<br>Transcendent Healthcare of Boonville - North | |
| F 0690<br>SS=D<br>Bldg. 00 | 483.25(e)(1)-(3)<br>Bowel/Bladder Incontinence, Catheter, UTI<br><br>Based on observation, interview, and record review, the facility failed to implement the plan of care for 1 of 1 residents observed for catheter care. Catheter care orders and treatments were not completed per the physician orders and the plan of care. (Resident C)<br><br>Finding includes:<br><br>During an observation on 3/24/25 at 12:30 P.M., Resident C was observed in the dining room in a wheelchair. Catheter tubing connected to a catheter drainage bag was clipped to the side of the wheelchair. | F 0690 | *The corrective action taken for those residents found to have been affected by the deficient practice is that* the resident identified as resident C is now receiving care and services in accordance with physician's orders and facility policies for the care of their urinary catheter. There is documentation to support that these services are being followed consistently in accordance with the physician's orders.<br>*The corrective action taken for the other residents that have the* | 04/18/2025 |

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| | During record review on 3/24/25 at 1:45 P.M., Resident C's diagnoses included, but were not limited to, neuromuscular dysfunction of bladder, prostatic hyperplasia with lower urinary tract symptoms, and dementia.<br><br>Resident C's most recent quarterly MDS (Minimum Data Set) assessment, dated 1/4/25, indicated the resident had moderate cognitive impairment and had an indwelling catheter.<br><br>Resident C's physician orders included, but were not limited to, monitor Foley catheter output each shift, (ordered 11/18/24), acetic acid irrigation solution 60 milliliters (ml) via irrigation on time a day every Friday for catheter maintenance (ordered 2/25/25), Foley catheter with 60 ml normal saline flush for blockage every shift (ordered 11/20/24), and change catheter 20 Fr (French) coude (curved tip) one time a day starting on the 20th (day of the month) (ordered 3/11/25).<br><br>Resident C's care plan included, but was not limited to, resident has indwelling Foley catheter in place for urinary retention (initiated 11/7/24). Interventions included, catheter care as ordered, intake and output as ordered, empty catheter bag at least three times daily (initiated 11/7/24).<br><br>Resident C's Treatment Administration Record (TAR) for the month of March 2025 indicated the following regarding the completion and documentation of catheter care orders:<br>Change catheter 20 Fr coude one time a day starting on the 20th (ordered 3/11/25) not completed 3/20/25.<br>Foley catheter with 60 ml normal saline flush for blockage every shift (ordered 11/20/24) not completed on day shift of 3/11/25, 3/13/25, 3/14/25, 3/18/25, 3/19/25, and 3/20/25. | | *potential to be affected by the same deficient practice is that* all residents with a urinary catheter have the potential to be affected by this deficient practice. All residents with urinary catheters are now receiving the necessary care and services as ordered by their physician and in accordance with their individualized plan of care.<br>*The measures that have been put into place to ensure that the deficient practice does not recur is that* a mandatory in-service has been provided for all nursing staff on their responsibility in providing the necessary care and services for a urinary catheter in accordance with each resident's physician's orders and their plan of care. The in-service included a review of the facility's policies and procedures related to catheter care to ensure appropriate infection control practices are utilized.<br>*The corrective action taken to monitor to ensure the deficient practice will not recur is that* a Quality Assurance tool has been developed and implemented to monitor the care and services provided for those residents with a urinary catheter. The tool will monitor to ensure that the specific physician's orders are followed as well as to ensure that acceptable standards of infection control practices are demonstrated during | |

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| | Monitor Foley catheter output each shift (ordered 11/18/24) not completed on day shift 3/11/25, 3/15/25, day and night shift 3/17/25 & 3/18/25, day shift 3/20/25, and 3/22/25.<br><br>During an interview on 3/25/25 at 8:40 A.M., LPN 4 indicated being unsure if Resident C had catheter care orders every shift.<br><br>During an interview on 3/25/25 at 9:55 A.M., CNA 6 indicated Resident C's catheter care should be completed every shift and documented.<br><br>On 3/25/25 at 10:40 A.M., RN 8 supplied a facility policy titled, Catheter Care, Urinary. The policy included, "...Input/Output 1. Observe the resident's urine level for noticeable increases or decreases... 2. Follow the facility procedure for measuring and documenting input and output... 5. Catheter irrigation may be ordered to prevent obstruction in residents at risk for obstruction..."<br><br>This citation relates to complaint IN00455471.<br><br>3.1-35(a)<br>3.1-35(g)(2) | | catheter care. This tool will be completed by the Infection Control Preventionist and/or their designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the Quality Assurance meetings to determine if any additional action is warranted.<br><br>THC North QA Tool Completion Schedule for the Complaint Survey of 03-25-25<br>Alleged Compliance Date of 04-18-25<br><br>F – Tag 690<br>Weekly Schedule<br>To Be Completed by the Infection Preventionist<br>04-16-25<br>04-23-25<br>04-30-25<br>05-07-25 | |

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| | | | F – Tag 690<br>Monthly Schedule<br>To Be Completed by the Infection Preventionist<br>06-04-25<br>07-02-25<br>07-30-25<br><br>F – Tag 690<br>Quarterly Schedule<br>To Be Completed by the Infection Preventionist<br>10-22-25<br>01-14-26<br>04-08-26 | |
| F 0727<br>SS=D<br>Bldg. 00 | 483.35(b)(1)-(3)<br>RN 8 Hrs/7 days/Wk, Full Time DON<br><br>Based on interview and record review, the facility failed to provide Registered Nurse (RN) coverage of at least 8 hours daily. Weekend RN coverage did not include at least eight (8) hours on two occasions.<br><br>Finding includes:<br><br>On 3/25/25 at 10:00 A.M., during a review of the facility's nursing schedule from 3/10/25 through 3/24/25, eight (8) hours of RN coverage was not indicated by the schedule on 3/22/25 or 3/23/25. An RN was scheduled to be in the facility on | F 0727 | *The corrective action taken for those residents found to have been affected by the deficient practice is that* although no specific residents were identified during the survey, all residents have the potential to be affected by this deficient practice. The facility has now hired additional RN staff nurses and updated the nursing schedule. The facility now has eight hours of RN coverage daily as required by the | 04/18/2025 |

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| | 3/22/25 from 12:00 A.M. to 7:00 A.M. and on 3/23/25 from 6:30 P.M. to 12:00 A.M.<br><br>During an interview on 3/25/25 at 10:20 A.M., LPN 15 indicated she worked the weekend of 3/22/25 and 3/23/25 and did not recall that the DON was in the building. LPN 15 indicated the DON was on call during the weekends but did not typically come to the facility to work a full shift.<br><br>On 3/25/25 at 10:40 A.M.., RN 8 provided an undated facility policy titled, Staffing, Sufficient and Competent Nursing. The policy included, "...A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week..."<br><br>This citation relates to complaint IN00455471.<br><br>3.1-17(b)(3) | | regulations.<br>*The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that* all residents have the potential to be affected by this deficient practice. The facility has now hired additional RN staff nurses and updated the nursing schedule. The facility now has eight hours of RN coverage daily as required by the regulations.<br>*The measures that have been put into place to ensure that the deficient practice does not recur is that* the facility has recently hired a new Director of Nursing. The new Director of Nursing has been educated on the regulatory requirement for at least eight hours of RN coverage daily. It is their responsibility to ensure that the nursing schedule reflects the RN coverage in accordance with the regulation.<br>*The corrective action taken to monitor to ensure the deficient practice will not recur is that* a Quality Assurance tool has been developed and implemented to monitor RN coverage for compliance. The tool will monitor to ensure that there is at least eight hours of consecutive RN nurse coverage scheduled for each day of the week. This tool will be completed by the Executive Director and/or their designee weekly for four weeks, then | |

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| | | | monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the Quality Assurance meetings to determine if any additional action is warranted.<br><br>THC North QA Tool Completion Schedule for the Complaint Survey of 03-25-25<br>Alleged Compliance Date of 04-18-25<br><br>F – Tag 690<br>Weekly Schedule<br>To Be Completed by the Infection Preventionist<br>04-16-25<br>04-23-25<br>04-30-25<br>05-07-25<br><br>F – Tag 690<br>Monthly Schedule<br>To Be Completed by the Infection Preventionist<br>06-04-25 | |

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| | | | 07-02-25<br>07-30-25<br><br>F – Tag 690<br>Quarterly Schedule<br>To Be Completed by the Infection Preventionist<br>10-22-25<br>01-14-26<br>04-08-26<br><br>F – Tag 727<br>Weekly Schedule<br>To Be Completed by the Executive Director<br>04-16-25<br>04-23-25<br>04-30-25<br>05-07-25<br><br>F – Tag 727 | |

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| | | | Monthly Schedule<br>To Be Completed by the Executive Director<br>06-04-25<br>07-02-25<br>07-30-25<br><br>F – Tag 727<br>Quarterly Schedule<br>To Be Completed by the Executive Director<br>10-22-25<br>01-14-26<br>04-08-26 | |