

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

PRINTED: 05/06/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155519		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/24/2025	
NAME OF PROVIDER OR SUPPLIER GENTLE CARE STRATEGIES				STREET ADDRESS, CITY, STATE, ZIP COD 1202 S 16TH ST VINCENNES, IN 47591			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 16, 17, 21, 22, 23, 24, 2025</p> <p>Facility number: 000357 Provider number: 155519 AIM number: 100291370</p> <p>Census Bed Type: SNF/NF: 53 Total: 53</p> <p>Census Payor Type: Medicare: 8 Medicaid: 32 Other: 13 Total: 53</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 28, 2025.</p>			F 0000	<p>By submitting the following 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 the plan of correction be considered our allegation of compliance effective 04/30/2025 to the state findings of the Recertification and State Licensure Survey. We are requesting paper compliance.</p>		
F 0656 SS=E Bldg. 00	<p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for 5 of 18 residents sampled. Two residents were on Aspirin (ASA), a resident was on oxygen, a resident self administered eye drops, and a resident kept a urinal on the beside table but did not have care plans for them. (Resident 36, Resident 50, Resident 112, Resident 54, Resident 29)</p>			F 0656	<p>It is the practice of this facility to develop and implement a comprehensive person-centered care plan for each resident.</p> <p>1. What corrective actions will be accomplished for those residents found to be affected by the deficient practice: a. A care plan for aspirin use was</p>		04/30/2025

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

TITLE

(X6) DATE

Susan Sluder

Administrator

05/05/2025

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>Findings include:</p> <p>1. On 4/23/25 at 10:39 A.M., Resident 36's clinical record was reviewed. Diagnoses included, but were not limited to, other frontotemporal neurocognitive disorder, anxiety, depression, and dementia.</p> <p>The most recent Quarterly Minimum Data Set (MDS) assessment, dated 2/12/25, indicated Resident 36's cognition was severely impaired and was taking an antipsychotic, antianxiety, antidepressant, diuretic, opioid, and antiplatelet medication.</p> <p>Current Physician's Orders included, but were not limited to, ASA (antiplatelet) 81 milligrams (mg), give one tablet orally one time a day, ordered 8/4/22</p> <p>The clinical record lacked a care plan for Resident 36 receiving an antiplatelet medication.2. On 4/22/25 at 10:32 A.M., Resident 50's clinical record was reviewed. Diagnoses included but were not limited to, vascular Parkinsonism, cognitive communication deficit, delirium due to physiological condition and restlessness and agitation.</p> <p>The most recent Quarterly Minimum Data Set (MDS) assessment, dated 2/6/25, indicated Resident 50 had severe cognitive impairment, needed partial/moderate assistance - helper does less than half the effort- for eating, substantial/maximal assistance - helper does more than half the effort- for toilet use, bed mobility and transfers, and was on hospice.</p> <p>Current Physician Orders included, but was not</p>				<p>created for Resident #50.</p> <p>b. A care plan for antiplatelet medication was created for Resident #36.</p> <p>c. A care plan for preference to use urinal and placement of urinal was created for Resident #54.</p> <p>d. A care plan for oxygen use was created for Resident #112.</p> <p>e. A care plan for self-administration of eye drops was created for Resident #29.</p> <p>2. How other residents having the potential to be affected by the same deficient practices will be identified and what corrective action will be taken:</p> <p>a. All residents have the potential to be affected by the alleged deficiency. An audit was conducted. No other issues identified.</p> <p>3. What measures will be put in place and what systemic changes will be made to ensure that deficient practice does not recur:</p> <p>a. The Interdisciplinary Team will receive additional training on the importance of accurate and comprehensive care planning with order changes and new interventions to care.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practices will no occur:</p> <p>a. A performance improvement tool has been initiated that</p>		

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	<p>limited to, the following: Aspirin Oral Capsule 81 MG (Aspirin) Give 1 capsule by mouth one time a day for antiplatelet, dated 10/29/2024</p> <p>Resident 50's clinical record lacked a care plan for aspirin use.</p> <p>3. On 4/21/25 at 11:58 A.M., Resident 54 was observed sitting in a chair in his room with his urinal sitting on the bedside cabinet with urine in it.</p> <p>On 4/23/25 at 9:16 A.M., Resident 54 was observed lying in bed, wife at bedside, talking with Social Services, and urinal sitting on bedside table with small amount of urine in it.</p> <p>On 4/23/25 at 9:28 A.M., Resident 54's clinical record was reviewed. He was admitted on 4/6/2025. Diagnosis included, but was not limited to, hypo-osmolality and hyponatremia.</p> <p>The Admission Minimum Data Set was in progress and export ready.</p> <p>Current Physician Orders included, but was not limited to, the following: Enhanced Barrier Precautions every shift for history of Extended-spectrum beta-lactamases (ESBL)(bacteria in the urine), dated 4/6/2025</p> <p>Nurse's Note from 4/6/2025 at 10:02 P.M. Note Text: 72 hour charting: Resting quietly abed, eyes closed, respirations even and unlabored. Has denied pain or discomfort this shift. Using urinal without difficulty. Assisted with bed mobility per staff. Alert and oriented x 3, able to voice wants and needs, uses call light as needed. Plan of care</p>				<p>randomly audits five (5) residents to ensure that Care Plans are accurately completed to accurately reflect resident's status. This Quality Assurance Audit Tool will be completed by the MDS Coordinator weekly x3 weeks, monthly for 3 months, then quarterly for 2 quarters. Any identified issues will be immediately addressed. The outcomes will be reviewed through the facility Quality Assurance Program. Monitoring will continue as planned or will be increased by the Quality Assurance Committee if needed to obtain 100% compliance. Additional action will be taken by the Quality Assurance Committee if warranted based on the outcome of tools.</p>		

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	<p>ongoing.</p> <p>Nurse's Note from 4/7/2025 at 8:40 P.M. Note Text: 72 hour charting: Resting abed. Alert and oriented x 3, pleasant. Denies pain or discomfort. Respirations even and unlabored. Voiding per urinal without difficulty. Urine clear yellow. No s/s (signs/symptoms) distress. Call light in reach. Plan of care ongoing.</p> <p>Resident 54's clinical record lacked a care plan for resident's preference to use a urinal and to set it on the bedside table.</p> <p>4. On 4/23/25 at 11:17 A.M., Resident 112's clinical record was reviewed. Resident 112 was admitted on 4/8/2025. Diagnoses included, but were not limited to, infection following procedure at surgical site, pulmonary fibrosis, and chronic respiratory failure.</p> <p>The Admission Minimum Data Set was in progress and export ready.</p> <p>Current Physician Orders included, but was not limited to, the following: Oxygen at 2 lpm (liters per minute) via NC (nasal cannula). Monitor oxygen saturations while on continuous oxygen, two times a day related to pulmonary fibrosis and chronic respiratory failure, dated 4/10/2025.</p> <p>Resident 112's clinical record lacked a care plan for oxygen. 5. On 4/21/25 at 2:12 P.M., Resident 29's clinical record was reviewed. Diagnosis included, but was not limited to, hypertension.</p> <p>The most recent Quarterly Minimum Data Set (MDS) assessment, dated 3/18/25, indicated</p>						

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	<p>Resident 29 had adequate vision and did not have corrective lenses.</p> <p>Physician's Orders included, but was not limited to the following:</p> <p>"Refresh Tears Ophthalmic Solution 0.5 %...Instill 2 drop in both eyes every 4 hours as needed for Dry eyes MKAB (may keep at bedside)...start date 4/10/2024"</p> <p>During an interview on 4/22/25 at 1:58 P.M., Licensed Practical Nurse (LPN) 4 indicated Resident 29 self-administered her eye drops.</p> <p>The clinical record lacked a care plan related to Resident 29's self administration of eye drops.</p> <p>During an interview on 4/24/25 at 10:15 A.M., the MDS Coordinator indicated a care plan should be developed if a Resident self administered eye drops, received aspirin, utilized oxygen, and if a Resident utilized the bedside table for their urinal.</p> <p>On 4/24/25 at 10:31 A.M., the Administrator provided a Care Plans, Comprehensive Person-Centered policy, revised 2016, that indicated, "...The comprehensive person-centered care plan will:...Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being...Reflect the resident's expressed wishes regarding care and treatment goals..."</p> <p>3.1-35(a)</p>						
F 0657 SS=D Bldg. 00	483.21(b)(2)(i)-(iii) Care Plan Timing and Revision						

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	<p>Based on observation, interview, and record review, the facility failed to ensure a resident's care plan was revised for 2 of 5 residents reviewed for unnecessary medications and 1 of 3 reviewed for Activities of Daily Living (ADL) decline. A resident's care plan was not reviewed or revised to remove areas of concern that were no longer relevant to the resident's care, i.e. antibiotic use, fracture care, and antipsychotic use. (Resident 112, Resident 46, Resident 12)</p> <p>Findings include:</p> <p>1. On 4/23/25 at 11:17 A.M., Resident 112's clinical record was reviewed. Resident 112 was admitted on 4/8/2025. Diagnoses included, but were not limited to, infection following procedure at surgical site, pulmonary fibrosis, and chronic respiratory failure.</p> <p>The Admission Minimum Data Set was in progress and export ready.</p> <p>Current Physician Orders included, but was not limited to, the following: Cipro Oral Tablet 250 MG (milligrams), give 1 tablet by mouth two times a day related to infection following procedure, surgical site until 4/16/25, dated 4/10/25 and completed 4/16/25.</p> <p>A current antibiotic care plan, initiated on 4/11/25, included, but was not limited to, the following interventions: Administer antibiotic medications as ordered by physician. Monitor/document side effects and effectiveness every shift, date Initiated: 04/11/2025</p> <p>Care plan was not revised/removed after Resident 112 finished the antibiotic on 4/16/25.</p>			F 0657	<p>It is the practice of this facility to ensure that a resident's care plan is revised.</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice: a. Resident #112 care plan has been revised to resolve the completion of the antibiotic treatment. b. Resident #46 care plan has been revised to resolve the fracture diagnosis. c. Resident #12 care plan has been revised to resolve the discontinued antipsychotic.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. a. All residents have the potential to be affected by the alleged deficient practice.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; a. The Interdisciplinary Team will receive additional training on the importance of accurate and comprehensive care planning with order changes, new interventions, and revisions/resolved. b. The clinical staff will review orders in morning meetings during</p>		04/30/2025

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	<p>2. On 4/17/25 at 10:03 A.M., Resident 46's clinical record was reviewed. Diagnoses included, but were not limited to, anxiety and depression.</p> <p>The most recent Annual Minimum Data Set (MDS) assessment, dated 2/5/25 indicated Resident 46 did not have a fracture.</p> <p>Resident 46's clinical record lacked current orders related to a fracture.</p> <p>Resident 46's care plans included, but was not limited to the following: "The resident has an alteration in musculoskeletal status r/t [related to] Left humerus fracture," revised 3/12/24.</p> <p>3. On 4/23/25 at 9:54 A.M., Resident 12's clinical record was reviewed. Diagnoses included, but were not limited to, osteoarthritis, anxiety, and depression.</p> <p>The most recent Admission MDS assessment, dated 3/19/25, indicated Resident 12 was cognitively intact and was receiving an antipsychotic, antianxiety, antidepressant, diuretic, opioid, and an antiplatelet.</p> <p>Physician's orders included, but were not limited to, the following: Abilify 5 mg, give one 1 tablet by mouth one time a day, ordered 3/13/25, and discontinued 4/10/25</p> <p>Current Care Plans included, but were not limited to, the following for Resident 12 currently receiving an antipsychotic: resident has a diagnosis of depression and was being treated with an antipsychotic to augment her antidepressant, initiated 3/19/25</p> <p>"I receive psychotropic medications", initiated</p>				<p>the week and for the weekend the reviews will be completed on Monday. During the meeting, MDS Coordinator will complete updates for care plans at that time to reflect changes.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not occur: a. A performance improvement tool has been initiated that randomly audits five (5) residents to ensure that the Care Plans are accurately completed to reflect resident's status. This Quality Assurance Audit Tool will be completed by the MDS Coordinator weekly x3 weeks, monthly for 3 months, then quarterly for 2 quarters. Any identified issues will be immediately addressed. The outcomes will be reviewed through the facility Quality Assurance Program. Monitoring will continue as planned or will be increased by the Quality Assurance Committee if needed to obtain 100% compliance. Additional action will be taken by the Quality Assurance Committee if warranted based on the outcome of tools.</p>		

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F 0761 SS=D Bldg. 00	<p>3/19/25</p> <p>The Medication Administration Record (MAR) was reviewed for 4/1/25 through 4/23/25 and indicated the last dose of Abilify given to Resident 12 was 4/10/25.</p> <p>During an interview on 4/24/25 at 10:15 A.M., the MDS Coordinator indicated she was responsible for revising resident care plans. She indicated they were reviewed with MDS assessments and as needed for condition changes of the residents within a few days of changes to remain current for each resident. She indicated Resident 112 finished his antibiotic on 4/16/25 and the care plans should have been resolved. Resident 12 was previously on an antipsychotic that was discontinued and the care plans should have been resolved. Resident 46 no longer had a left humerus fracture and the care plans should have been revised to remove that diagnosis.</p> <p>On 4/24/25 at 10:31 A.M., a current Care Plan Policy, Revised December 2016, was provided by the Administrator and indicated, " ... Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change ... "</p> <p>3.1-35(d)(2)(B)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>Based on observation, interview and record review, the facility failed to maintain safe and secure storage of medications for 1 of 2 medication carts observed. A medication cup with loose controlled substances was observed in a medication cart. (100 hall) (Resident 3, Resident</p>			F 0761	<p>It is the practice of this facility to maintain safe and secure storage of medications.</p> <p>1. What corrective actions will be accomplished for those residents</p>		04/30/2025

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	<p>12, Resident 6)</p> <p>Finding includes:</p> <p>During an observation on 4/23/25 at 10:18 A.M., the medication cart on the 100 hall had 3 clear medication cups that included the following controlled substances: Resident 3--1 tramadol 50 milligram (mg) tablet Resident 12-- 1 Ativan 0.5 mg tablet Resident 6-- 1 hydrocodone-actaminophen 5-325 mg tablet</p> <p>During an interview on 4/16/25 at 10:25 A.M., the Director of Nursing (DON) indicated controlled substances should be stored under a double lock at all times.</p> <p>On 4/24/25 at 10:23 A.M., the Administrator provided a current Controlled Medication Storage policy, revised 1/2024 that indicated, "...Controlled medications are stored under double lock..."</p> <p>3.1-25(r)</p>				<p>found to be affected by the deficient practice:</p> <p>a. The medication cart was monitored while medication was administered to identified residents during survey #3, #12, and #6.</p> <p>b. Q.M.A. was provided education on the medication storage of controlled medication.</p> <p>c. All medication carts have been inspected, and no further findings were identified.</p> <p>2. How other residents having the potential to be affected by the same deficient practices will be identified and what corrective action will be taken:</p> <p>a. All residents have the potential to be affected by the alleged deficiency.</p> <p>b. An audit of the medication carts has been completed and no further issues identified.</p> <p>3. What measures will be put in place and what systemic changes will be made to ensure the deficient practice does not recur:</p> <p>a. License Nurses and Q.M.A.'s were educated 04/30/2025 regarding the Controlled Medication Storage.</p> <p>b. All new License Nurses and Q.M.A.'s will be educated during orientation.</p> <p>4. How the corrective actions will be monitored to ensure the</p>		

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			deficient practices will not occur: a. Director of Nursing and/or Designee will audit the medication carts and medication storage at random times. These audit findings will be documented. The audits will be completed weekly x2 weeks, bi-weekly x2 weeks, then monthly x1 month. If discrepancies are noted, then immediate action will be taken to correct. Findings from review and any corrective actions will be discussed during QA meetings and the current plan revised as warranted.		