| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155094 | A. Building<br>B. Wing | 08/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| St Mary Healthcare Center | 2201 Cason St<br>Lafayette, IN 47904 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>Based on interview and record review, the facility failed to ensure a resident's discharge paperwork provided to the receiving facility was accurate for 1 of 3 residents reviewed for discharge. (Resident C)Findings include: During an interview, on 8/20/25 at 2:09 p.m., an anonymous interviewee indicated Resident C was transferred, on 7/31/25, to their group home. She indicated Resident C came with discharge paperwork. The discharge assessment indicated Resident C required assistance with eating, hygiene, toileting, showers, lower body dressing, and putting on and taking off footwear. She indicated Resident C was independent and did not need assistance.The clinical record for Resident C was reviewed on 8/20/25 at 3:55 p.m. The diagnoses included, but were not limited to, asthma, tracheostomy status, and congenital malformation of the musculoskeletal system.The clinical record indicated Resident C was cognitively intact and was capable of making her own decisions.A nursing progress note, dated 7/29/25 at 12:23 p.m., indicated the resident's discharge plan was to discharge to a group home. A meeting was held with the family and Resident C.A nursing progress note, dated 7/31/25 at 4:11p.m., indicated Resident C was discharged from the facility. The discharge summery was signed. The resident was discharged with family and was taken by family car to a group home.A discharge narrative sent with Resident C indicated she needed assistance with eating, hygiene, toileting, showers, lower body dressing, and putting on and taking off her footwear.During an interview, on 8/21/25 at 1:04 p.m., the Director of Nursing (DON) indicated the discharge plan was incorrect. She was not aware the incorrect discharge assessment had been sent with Resident C. The resident was independent with care. A current facility policy, titled Guidelines for transfer and discharge (including AMA), dated as revised 12/17/24 and provided by DON on 8/21/25 at 4:30 p.m., indicated .Nursing will complete the Discharge Summary at the time of discharge 3.1-12(a)(3) |

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 90 days 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 14 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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|