

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER North Park Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 650 Fairway Dr Evansville, IN 47710	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prevent accidents for 1 of 3 residents reviewed for falls. The plan of care was not followed while transferring a resident to obtain a weight chair when a fall occurred. (Resident C)</p> <p>Finding includes:</p> <p>On 6/12/25 at 11:20 a.m., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, nontraumatic intercranial hemorrhage, unspecified, diabetes mellitus with hyperglycemia, polyneuropathy in diseases classified elsewhere, morbid obesity. A quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated cognition intact, sit to stand substantial/maximal assist (sit to stand: the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.) Chair/bed -to-chair transfer- substantial/maximal assist (the ability to transfer to and from a bed to a chair (or wheelchair). Toilet transfer- substantial/maximal assist-(the ability to get on and off a toilet or commode.)</p> <p>Care plans were reviewed and included but were not limited to:</p> <p>[Resident] is at risk for falls due to history of one or more falls within the previous 6 months, incontinence, on 2 or more high fall risk drugs, tethering equipment, requires assistance or supervision for mobility, transfer, or ambulation, unsteady gait, no cognitive concerns, start date 1/29/25.</p> <p>Approaches included but were not limited to:</p> <p>Place weight chair against the wall to prevent resident from pushing wheelchair back, start date 6/10/25.</p> <p>Resident to transfer to bathroom using wheelchair with assist of 2 staff and gait belt, start date 3/31/25.</p> <p>Staff to transfer to/from wheelchair using FWW (front wheeled walker), and gait belt with assist of 2, start date 3/3/125.</p> <p>[Resident] requires assistance with ADL's (activities of daily living) including bed mobility, transfers, eating and toileting related to nontraumatic intercranial hemorrhage, start date 1/29/25.</p> <p>(continued on next page)</p>

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Approaches included but were not limited to:</p> <p>Staff to transfer to/from wheelchair using FWW and gait belt with assist of 2, start date 3/24/25.</p> <p>A staff assignment sheet was reviewed and included, but was not limited to:</p> <p>Resident to transfer to bathroom using wheelchair with assist of 2 staff and gait belt.</p> <p>Place weight chair against wall to prevent resident from pushing wheelchair back.</p> <p>Staff to transfer to/from wheelchair using FWW and gait belt with assist of 2.</p> <p>Progress notes were reviewed and included but were not limited to:</p> <p>Documented on 6/9/25 at 5:32 p.m., CNA (Certified Nursing Assistant) weighing resident to obtain monthly weight. When res stood from wt (weight) chair, res pushed locked chair back et sat onto ground onto buttocks. No injury noted. Res c/o (complained of) pain in knees but full ROM (range of motion) upon assessment. Res able to get self back into bed without assistance, put weight on knees w/o (without) issue. PRN (as needed) Oxycodone (pain medication) given, no further c/o voiced. NP (nurse practitioner) notified, attempted to call POA (power of attorney) no answer. INTERVENTION: When being weighed, secure weight chair against wall to prevent sliding back. No new orders at this time.</p> <p>On 6/13/25 at 10:21 a.m., CNA 2 indicated Resident C was a two staff assist with a gait belt and walker for all transfers.</p> <p>On 6/13/25 at 10:23 a.m., the Administrator indicated she did not know if resident C was transferred by one or two staff assist at the time of his fall, she would check. The Administrator returned to the room and indicated she had called the CNA who had transferred Resident C and only one staff was used to transfer the resident to the weight chair from bed, the CNA had told her she did not know he was a two assist to transfer to the weight chair.</p> <p>On 6/13/25 at 12:14 p.m., the Administrator provided the current fall management policy with a revised date of 3/24. The policy included but was not limited to: Policy: It is the policy of [name of corporation] to ensure residents residing within the community have adequate assistance to prevent injury related falls . Communities will implement resident-centered fall prevention plans for each resident at risk for fall within the past 6 months .5. Residents who are categorized at a moderate to high risk for falls should have fall interventions implemented based on resident specific factors. 6. The resident specific care requirements will be communicated to the assigned caregiver utilizing the resident profile through the point of care/RAI (Resident Assessment Instrument) documentation in matrix or the CNA assignment sheet .</p> <p>This citation relates to Complaint IN00461103.</p> <p>3.1-45(a)(2)</p>		