

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Columbia Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 621 W Columbia St 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</p> <p>Based on interview and record review, the facility failed to ensure dignity for 3 of 3 residents reviewed for quality of care and treatment. Residents were not assisted with care in a timely manner, not treated with respect and dignity. (Resident B, Resident C, Resident D)</p> <p>Findings includes:</p> <p>1. On 3/25/24 at 9:24 a.m., Resident B indicated they have turned on their call light and waited two hours for care, staff come in and turned off the call light and leave without providing care.</p> <p>On 3/25/24 at 10:23 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, unsteadiness on feet, muscle weakness (generalized). An admission MDS (Minimum Data Set) assessment dated [DATE], indicated Resident B's cognition was intact, toileting extensive assist x 1.</p> <p>Care plans were reviewed and included but were not limited to:</p> <p>Problem start date: 1/25/24: Resident requires assistance with toileting due to: dx of hemiplegia affecting right side, COPD, .</p> <p>2. On 3/25/24 at 9:46 a.m., a Concern/Grievance form was reviewed and included, but was not limited to:</p> <p>Resident name: Resident D</p> <p>Date of Concern: 12/18/23</p> <p>Time of Concern: 8:30 p.m.</p> <p>Nature of Concern: She left a complaint on the receptionist phone that she want too file grievance on all the staff on 2nd Floor. She had been waiting for over 2 hrs to be changed. They came in & promise they would but did not</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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Department Head review and action taken: Resident stated [name] came in several times between 6p-10pm and would speak to her turn the light off and leave < changing her. Written warning given Date 12/19/23</p> <p>Comments : Let resident know about the written warning and she will let me know if any concerns in future</p> <p>On 3/25/24 at 11:06 a.m., Resident D's clinical record was reviewed. Diagnoses included but were not limited to, hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side, contracture, left elbow, contracture. left wrist, contracture left hand, muscle weakness (generalized). A Quarterly MDS (Minimum Data Set) assessment, dated 3/1/24, indicated Resident D's cognition was intact, toileting substantial/maximal.</p> <p>Care plans were reviewed and included but were not limited to:</p> <p>Problem start date: 1/8/19 Resident needs assist with toileting d/t decreased mobility, hx CVA w/residual left sided hemiplegia, incontinence.</p> <p>Approach start date 1/8/19: assist with incontinent care as needed</p> <p>Approach start date 1/8/19: check approximately every 2 hours for incontinence</p> <p>On 3/26/24 at 10:00 a.m., Resident D indicated staff do not always answer her call light, she had an incident where a staff came in and did not change her, she had been told before that she was the worst patient on the floor because she had her call light on, she is talked down to.</p> <p>3. On 3/25/24 at 10:02 a.m. a Concern/Grievance form were reviewed and included but were not limited to:</p> <p>Resident Name : Resident C</p> <p>Date of Concern: 2/5/24</p> <p>Time of Concern: 11:15 a.m.</p> <p>Nature of Concern: Late meds, couldn't get Aides to Refresh water, Requested Ice pack that never came, was told he couldn't have a 3rd pillow, couldn't get urinal emptied, too long of a wait for assistance to bathroom, Trouble getting assistance to go to Restroom (transfer)</p> <p>Department Head review and action taken: left blank</p> <p>Comments: Med delivery verified on time. Discussed with resident & staff to ensure timely call lights being answered.</p> <p>Resident Name: Resident C</p> <p>Date of Concern: 2/26/24</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Time of Concern: 2/26/24</p> <p>Nature of Concern: Resident states it took 1 hr to get Ice pack, Resident states it took about 2 hours to get breakfast tray on 2-26-24. Resident complained about Aides Not Answering call light & Empty urinal.</p> <p>Department Head review and action taken: Staff education completed, will continue to monitor call light wait time.</p> <p>Comments: States wait time improved on some days, I will continue to monitor and he will reach out to me for concerns</p> <p>On 3/25/24 at 1:11 p.m., Resident C's clinical record was reviewed. Diagnoses included but were not limited to, unspecified combined systolic (congestive) and diastolic (congestive) heart failure, chronic obstructive pulmonary disease, spinal stenosis. An Admission MDS (Minimum Data Set) assessment dated [DATE], indicated Resident C's cognition was intact, toileting hygiene/admission performance partial/moderate. The resident was in the hospital during the survey.</p> <p>Care Plans were reviewed and included but were not limited to:</p> <p>Problem start date: 1/31/24- Resident requires assistance with ADLs including bed mobility, transfers, eating, and toileting related to: weakness, decreased mobility, incontinence, unsteady gait HX of falls, fall risk, COPD .</p> <p>An anonymous interview indicated a nurse had called them and other residents druggies when passing their pain medication to them .</p> <p>On 3/25/24 at 10:45 a.m., LPN 1 indicated any staff member can answer a call light, if they can not provide resident care they should go to the appropriate staff, nurse, CNA, etc. to let them know the resident's needs.</p> <p>On 3/26/24 at 12:22 p.m., the Administrator indicated anytime a complaint about a call light is received, it should be put on a grievance form, an email is sent to her when an initial call light goes off, a secondary email will be sent if it is not answered in a set amount of time, the emails tend to be kept about a month.</p> <p>On 3/26/24 at 12:16 p.m., the current policy on resident rights was provided with a revision date of 1/06. The policy included, but was not limited to: .All staff members recognize the rights of residents at all times and residents assume their responsibilities to enable personal dignity, well being, and proper delivery of care .</p> <p>This citation relates to Complaint IN00429431.</p> <p>3.1-3(a)</p> <p>3.1-3(n)(4)</p>		