

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 09/08/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents dependent on staff for ADLs (activities of daily living) were showered for 7 of 8 residents reviewed for ADL care. (Resident B, Resident C, Resident D, Resident E, Resident F, Resident H, and Resident J) Findings include:</p> <p>1. On 9/3/25 at 8:53 A.M., Resident E indicated that she didn't always get showers twice a week. She indicated that sometimes she would go two to three weeks without a shower, and if she refused a shower, staff did not allow her to have it at a different time.</p> <p>On 9/3/25 at 1:17 P.M., Resident E's clinical record was reviewed. Diagnoses included, but were not limited to, rheumatoid arthritis and major depressive disorder.</p> <p>The most current Quarterly Minimum Data Set (MDS) Assessment, dated 7/29/25, indicated Resident E was cognitively intact, required partial to moderate assistance of staff (staff does less than half of the effort) for bathing, and did not reject care during the look-back period.</p> <p>A care plan conference was completed on 7/29/25 with the resident in attendance. Care plans were reviewed and updated.</p> <p>A current ADL care plan, dated 1/12/23, included the intervention Assist with bathing as needed per resident preference. Offer showers two times per week, partial bath in between.</p> <p>A Preferences for Customary Routine and Activities note, dated 7/24/25, indicated the resident preferred to be bathed more than twice per week in the morning and preferred showers.</p> <p>A current shower schedule indicated Resident E received showers on Tuesdays and Fridays during the day shift.</p> <p>The Point of Care (POC) (a charting system for Certified Nurse Aides) Task Response for Showering and shower sheets were reviewed. Resident E did not receive showers or a complete bed bath on the following days in August 2025:</p> <p>8/8/25</p> <p>8/12/25</p> <p>8/22/25</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
---	-------	-----------

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 09/08/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. On 9/2/25 at 12:11 P.M., Resident D's hair appeared unbrushed and greasy.</p> <p>On 9/4/25 at 8:54 A.M., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, Alzheimer's Disease.</p> <p>The most current Significant Change Minimum Data Set (MDS) Assessment, dated 7/1/25, indicated Resident D had severe cognitive impairment, required substantial to maximal assistance of staff (staff does more than half of the effort) for bathing, and had no rejection of care during the look-back period.</p> <p>A care plan conference was completed on 7/1/25 with the resident in attendance. Care plans were reviewed and updated.</p> <p>A current self-care deficit care plan, dated 3/14/14, included an intervention to Provide shower two times per week, partial bath in between.</p> <p>A Preferences for Customary Routine and Activities note, dated 7/1/25, indicated the resident preferred showers.</p> <p>A current shower schedule indicated Resident D received showers on Wednesdays and Saturdays during the day shift.</p> <p>The Point of Care (POC) (a charting system for Certified Nurse Aides) Task Response for Showering and shower sheets were reviewed. Resident D did not receive showers or a complete bed bath on the following days in August 2025:</p> <p>8/27/25</p> <p>8/30/25</p> <p>3. On 9/2/25 at 2:51 P.M., Resident J indicated that she hadn't had a shower in a week. She indicated that sometimes staff wanted to give her a shower after 10:00 P.M., and she preferred her showers earlier so she didn't have to get out of bed. She indicated on those nights, staff told her that they had other things to do before they showered her.</p> <p>On 9/5/25 at 9:55 A.M., Resident J's clinical record was reviewed. Diagnoses included, but were not limited to, major depressive disorder and generalized anxiety disorder.</p> <p>The most current admission Minimum Data Set (MDS) Assessment, dated 6/26/25, indicated Resident J was cognitively intact, required partial to moderate assistance of staff (staff does less than half of the effort) for bathing, and did not reject care during the look back period.</p> <p>A care plan conference was completed on 6/24/25. Care plans were reviewed and updated.</p> <p>A current ADL care plan, dated 6/23/25, included an intervention to Assist with bathing as needed per resident preference. Offer showers two times per week, partial bath in between.</p> <p>(continued on next page)</p>

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 09/08/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A Preferences for Customary Routine and Activities note, dated 6/26/25, indicated the resident preferred to be bathed more than twice per week in the morning and preferred showers.</p> <p>A current shower schedule indicated Resident J received showers on Tuesdays and Fridays during the day shift.</p> <p>The Point of Care (POC) (a charting system for Certified Nurse Aides) Task Response for Showering and shower sheets were reviewed. Resident J did not receive showers or a complete bed bath on the following days in August 2025:</p> <p>8/5/25</p> <p>8/8/25</p> <p>8/12/25</p> <p>8/15/25</p> <p>8/22/25</p> <p>8/29/25</p> <p>4. On 9/2/25 at 12:20 P.M., Resident C's hair appeared unbrushed and oily.</p> <p>On 9/4/25 at 9:25 A.M., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, Alzheimer's Disease.</p> <p>The most current admission Minimum Data Set (MDS) Assessment, dated 6/21/25, indicated Resident C had severe cognitive impairment, required partial to moderate assistance of staff (staff does less than half of the effort) for bathing, and had no rejection of care during the look back period.</p> <p>A care plan conference was completed on 8/26/25 with a family member in attendance. Care plans were reviewed and updated.</p> <p>A current ADL care plan, dated 6/16/25, included an intervention to Assist with bathing as needed per resident preference. Offer showers two times per week, partial bath in between.</p> <p>A Preferences for Customary Routine and Activities note, dated 9/3/25, indicated the resident preferred showers.</p> <p>A current shower schedule indicated Resident C received showers on Wednesdays and Saturdays during the day shift.</p> <p>The Point of Care (POC) (a charting system for Certified Nurse Aides) Task Response for Showering and shower sheets were reviewed. Resident C did not receive showers or a complete bed bath on the following days in August 2025:</p> <p>8/2/25</p> <p>(continued on next page)</p>		

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 09/08/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8/6/25</p> <p>8/9/25</p> <p>8/27/25</p> <p>8/30/25</p> <p>5. On 9/2/25 at 12:16 P.M., Resident H was observed screaming in the middle of the dining room that she had not had a shower for 2 weeks and wanted one at that time. Resident H was also observed with greasy hair.</p> <p>On 9/4/25 at 10:48 A.M., Resident H's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and diabetes mellitus.</p> <p>The Current Quarterly MDS dated [DATE] indicated the resident was cognitively intact and needed supervision with hygiene, dressing, transferring, and mobility.</p> <p>A care plan conference was conducted on 5/20/25, and the care plan was reviewed and updated.</p> <p>A current ADL care plan dated 5/20/25 included an intervention, assist with bathing as needed per resident preference. Offer showers two times per week, a partial bath in between.</p> <p>A current Shower Sheet indicated the resident received showers on Tuesday and Thursday during the day shift.</p> <p>Shower sheets indicated Resident H did not receive showers on the following dates:</p> <p>8/14, 8/18, 8/25.</p> <p>The Point of Care Task indicated the resident did not receive a shower or partial bath on 08/22/2025.</p> <p>6. On 9/3/25 at 12:31 P.M., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, anxiety disorder.</p> <p>The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 8/15/25, indicated Resident B was maximal assist (staff do more than half of the work) for bathing.</p> <p>A current shower schedule indicated Resident B received showers on Monday and Thursday during the day shift.</p> <p>The Point of Care Task Response for Showering and shower sheets were reviewed. Resident B did not receive or refuse showers or a complete bed bath on the following scheduled days in August 2025:</p> <p>8/4/25</p> <p>8/7/25</p> <p>(continued on next page)</p>

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 09/08/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8/14/25</p> <p>8/28/25</p> <p>7. On 9/4/25 at 12:02 P.M., Resident F's clinical record was reviewed. Resident F's diagnoses included, but were not limited to, quadriplegia.</p> <p>The most recent Significant Change Minimum Data Set (MDS) Assessment, dated 8/6/25, indicated Resident F was dependent on staff (staff do all of the work) for bathing.</p> <p>The current care plan included, but was not limited to:</p> <p>Resident requires assistance with ADLs (activities of daily living); Assist with bathing as needed per resident preference. Offer full bed bath two times per week, partial bath in between. Start date: 9/23/24</p> <p>A current shower schedule indicated Resident F received showers on Tuesday and Friday during the evening shift.</p> <p>The Point of Care Task Response for Showering and shower sheets were reviewed. Resident F did not receive or refuse showers or a complete bed bath on the following scheduled days in August 2025:</p> <p>8/1/25</p> <p>8/5/25</p> <p>8/12/25</p> <p>8/22/25</p> <p>On 9/4/25 at 9:36 A.M., the Director of Nursing (DON) indicated that shower sheets were a part of the clinical record. Staff were supposed to transfer all information on the shower sheets over to the POC Response, but sometimes they forgot.</p> <p>On 9/4/25 at 2:42 P.M., the Assistant Director of Nursing (ADON) indicated that residents got at least two showers per week or more if that was what they preferred. If a resident refused a shower, staff should reattempt or offer to give the shower on a day and time that the resident preferred.</p> <p>On 9/8/25 at 11:00 A.M., the Administrator provided a current undated Resident Rights policy that indicated You have the right to be treated with dignity and respect, as well as make your own schedule and participate in the activities you choose.</p> <p>This citation is connected to Intake 2592689.</p> <p>3.1-38(a)(2)(A)3.1-38(b)(2)</p>