

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/16/2026
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)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain complete and accurate medical records; the physicians orders were not entered into the EMAR (Electronic Medication Administration Record), insulin on the EMAR ordered was withheld by nursing staff, the physician was not notified for withholding medications for 1 of 3 residents reviewed for pharmaceutical services. (Resident C) Finding includes: On [DATE] at 9:30 a.m., Resident C's clinical record was reviewed. Diagnoses included but were not limited to, Type 2 diabetes mellitus with diabetic polyneuropathy, Chronic obstructive pulmonary disease, unspecified(Primary, Admission), Chronic pain syndrome, Hypertensive heart disease with heart failure, Atherosclerotic heart disease of native coronary artery without angina pectoris, Primary adrenocortical insufficiency, insomnia, mixed hyperlipidemia, anxiety disorder, Bipolar disorder, current episode depressed, mild. Resident C expired at the facility on [DATE]. The EMAR for [DATE] was reviewed and included but was not limited to: Hold diuretics, diabetes medications on [DATE], 12 a.m. to 12 p.m. Orders on hold from [DATE] to [DATE] with out physician orders included: Lantus Solostar-U-100 Insulin (insulin glargine), insulin pen, 100 unit/ml (milliliter) (3 ml) amount to administer 35 u (unit) subcutaneous twice a day, order start date [DATE]. The EMAR for the 7 -11 p.m. dose on [DATE] was left blank , the dose for [DATE] morning and evening dose was held without physician orders. The evening dose of [DATE] was documented held due to condition and did not eat supper. hydrocortisone tablet, 10 mg (milligram) amount to administer, 10 mg oral, twice a day, order start date [DATE]. The EMAR comments for the 7-11 p.m. dose on [DATE], indicated not administered due to condition. atorvastatin tablet 40 mg amount to administer 40 mg oral at bedtime, order start date [DATE]. The EMAR for the [DATE] dose at bedtime indicated not administered due to condition. melatonin tablet, 10 mg, amount to administer 10 mg oral at bedtime, order start date [DATE]. The EMAR for the [DATE] dose at bedtime indicated not administered due to condition. clonazepam -schedule IV tablet, 0. 5 mg, amount to administer 0.25 mg oral, three times a day, order start date [DATE]. The EMAR for the [DATE] 8 p.m. indicated not administered due to condition. divalproex tablet, delayed release 500 m, amount to administer 500 mg oral, order start date [DATE]. The EMAR for the [DATE] bedtime dose indicated not administered due to condition. order on hold from [DATE] to [DATE] oxycodone tablet 10 mg, amount to administer 10 mg oral , order start date [DATE]. The EMAR for the [DATE] dose at 8 p.m., indicated not administered due to condition. Progress notes were reviewed and included but were not limited to: [DATE] at 11:57 a.m., Resident has returned from surgical procedure at this time .May restart medications .Instructions for pain pump in the bagXXX[DATE] at 4:45 p.m., Resident has been having vomiting all day today. Have got new order for Clear liquid diet until Monday at Noon [[DATE]] and will reevaluate her about the vomiting issue. The EMAR did not contain the order for clear liquid diet or that insulin could be held. The clinical record did not contain information that the physician was notified of the medications that were held due to Resident C's condition.On [DATE] at 10:55 a.m, LPN 2 indicated she got a verbal order for Resident C for a clear liquid diet.On [DATE] at 12:24 p.m., the Director of Nursing (DON) indicated that LPN 2 got verbal telephone orders that Resident C's insulin (continued on next page)		

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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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	could be held if she continued to vomit, but did not document the order in the clinical record. LPN 2 indicated she did not document the order to hold insulin. On [DATE] at 2:04 p.m., the Regional Nurse Consultant indicated LPN 2 should have entered the order for a clear liquid diet for Resident C. On [DATE] at 1:51 p.m., the Administrator provided the current policy on physician orders with a revision date of 9/25. The policy included but was not limited to, All new orders will be entered into Matrixcare Physician Orders and verified by a licensed nurse. All new physician orders will also be handwritten on an appropriate order form and retained for auditing and record keeping through the next process. The MatrixCare Physician Order is to be considered the official order. This citation relates to Intake 2989322 and 3035915. 410 IAC (Indiana Administrative Code) 3.1-50(a)(1)		