STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155226	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Capitol Nursing & Rehabilitation Center	2010 N Capitol Ave Indianapolis, IN 46202

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed to irrigate (flush) a urinary catheter, as ordered by the physician, for 1 of 3 residents reviewed for urinary catheters (Resident D).Findings include: The clinical record for Resident D was reviewed on 5/7/26 at 10:10 a.m. The resident's diagnosis included, but was not limited to, obstructive and reflux uropathy (urine cannot drain through the urinary tract). A care plan, last reviewed 3/11/26, indicated Resident D required an indwelling urinary catheter related to obstructive uropathy. The goal was that catheter care would be managed appropriately. The interventions included avoid obstruction in the drainage of the catheter and provide assistance for catheter care.A Quarterly Minimum Data Set (MDS) Assessment, completed 3/18/26, indicated the resident was cognitively intact and had an indwelling urinary catheter. A physician's order, dated 4/24/2026, indicated Resident D was to receive Clorpactin WCS-90 (antimicrobial solution) 60 milliliter (ml) instilled into the bladder through the indwelling catheter. The Clorpactin was to stay in the bladder for 15 to 30 minutes and then be drained. This was to be done every three days. The April and May 2026 Medication Administration Records indicated the Clorpactin WCS-90 was unavailable from pharmacy on 4/27/26, and marked as completed on 4/30, 5/3, and 5/6/26.During an interview on 5/7/26 at 11:01 a.m., Resident D indicated his urinary catheter kept getting clogged and the staff did not assist him with doing catheter care. His urinary catheter had not been irrigated at the facility. The urine in the resident's urinary catheter tubing was observed to be cloudy and contained sediment (particles). During an interview on 5/7/26 at 1:38 p.m., Licensed Practical Nurse (LPN) 2 indicated there was no Clorpactin WCS-90 in the unit treatment cart or the unit medication room. The pharmacy had never sent the Clorpactin WCS-90 to the facility. During an interview on 5/7/26 at 2:49 p.m., the Director of Nursing (DON) indicated the Clorpactin WCS-90 had not been in the building. The nurses may have irrigated the resident's urinary catheter with normal saline. Resident D's urinary catheter should have been irrigated with Clorpactin WCS-90, as ordered by the physician. On 5/8/26 at 11:00 a.m., the Executive Director provided the Medication Administration Procedure, last revised April 2025, that read .Withheld or Refused medications documented in the EMAR [Electronic Medication Administration Record] . Medication administration will be recorded on the EMAR after given .This citation relates to Intake 2992630.410 IAC (Indiana Administrative Code) 16.3.1-41(a)(2)

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