| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155361 | A. Building<br>B. Wing | 08/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Amber Manor Care Center | 801 E Illinois St<br>Petersburg, IN 47567 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>Based on observation, interview, and record review, the facility failed to ensure a resident received appropriate treatment and services to prevent urinary tract infections (UTIs) for 1 of 2 residents reviewed for urinary tract infections (UTIs). A resident with a history of UTIs and an indwelling suprapubic urinary catheter was observed with his urinary catheter bag hanging on a trash can containing used gloves and paper towels. (Resident 2) Finding includes:On 8/5/25 at 9:30 A.M., Resident 2 was observed sitting in the recliner in his room with his indwelling urinary catheter bag hanging on a trash can to his left next to the regular trash can. The trash can labeled for catheter use only contained used gloves and paper towels that were touching the urinary catheter bag. At that time, the resident indicated that he had a suprapubic urinary catheter, a history of UTIs, and slept and sat in his recliner. Staff instructed him to hang the urinary catheter bag on the trash can labeled for catheter use only. He indicated the trash can designated for his catheter was sometimes used by staff to discard trash before leaving his room, instead of his regular trash can. On 8/6/25 at 1:00 P.M., Resident 2's clinical record was reviewed. Diagnoses included, but were not limited to, obstructive uropathy. The most recent annual Minimum Data Set (MDS) Assessment, dated 6/18/25, indicated Resident 2 was cognitively intact, independent for transfers and toileting, and had an indwelling catheter. Current Physician's Orders included performing suprapubic catheter care on Resident 2 each shift, last ordered 6/11/25. A current Indwelling Catheter Care Plan, last reviewed 7/9/25, included, but was not limited to, interventions to provide assistance with catheter care and observing the tubing and urinary catheter bag. The plan of care lacked documentation indicating the resident used a trash can to hang his catheter bag on or that he was non-compliant with keeping the trash can labeled for catheter use only, free of trash. Resident 2's clinical record indicated that from 1/1/25 through the present, he had the following UTIs: On 3/6/25, the resident complained of drainage from his penis. A urine culture, performed on 3/5/25, indicated multiple bacterial morphotypes, which could be possible contamination. The Medical Doctor (MD), ordered treatment with Bactrim DS (antibiotic) 800-160 milligrams (mg) by mouth (po) twice daily for 7 days due to the resident's positive urinalysis and symptoms. On 4/3/25, the resident complained of burning in his penis at his urology appointment. The MD diagnosed him with a UTI and ordered treatment with Macrobid 100 mg (antibiotic) po daily for 5 days. On 7/14/25, the resident was taken to the Emergency Department with complaints of bladder spasms and urine leaking from his suprapubic catheter site. The urine culture 7/16/25, indicated >100,000 colonies/milliliter (col/ml) of Escherichia Coli (E. Coli-type of bacteria). The MD diagnosed him with a UTI and ordered treatment with Omnicef (antibiotic) 300 mg PO twice daily for 5 days. On 8/7/25 at 10:42 A.M., suprapubic catheter care was performed by the Director of Nursing (DON) and the Infection Preventionist (IP). Upon entering the room, Resident 2's urinary catheter bag was observed hanging on the trash can to the left of his recliner, labeled for catheter use only. The trash can contained used gloves and a cup in it. At that time, the DON indicated the trash can containing the catheter bag should not have any trash in it and should only be used to place the catheter bag on, since there wasn't an acceptable place to hang it on the resident's recliner. Then, DON removed the bag of trash from the trash can and indicated they would have to do something different to keep trash<br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155361 | A. Building<br>B. Wing | 08/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Amber Manor Care Center | 801 E Illinois St<br>Petersburg, IN 47567 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | out of the trash can designated for catheter use only. On 8/11/25 at 11:12 A.M., a current Urinary Catheter Care Policy, last reviewed 12/16/24, was provided by the Administrator and indicated, Objective: To prevent infection of the resident's urinary tract . After completion of the procedure: check drainage tubing and bag to ensure the catheter is positioned properly . 3.1-41(a)(2) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155361 | A. Building<br>B. Wing | 08/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Amber Manor Care Center | 801 E Illinois St<br>Petersburg, IN 47567 |

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 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Implement a program that monitors antibiotic use.<br><br>Based on interview and record review, the facility failed to follow an antibiotic stewardship program that monitored unnecessary antibiotic use for 2 of 2 residents reviewed for antibiotic use. Residents did not receive antibiotics as ordered by the physician. (Resident 2, Resident 1)Findings include:1. On 8/6/25 at 1:00 P.M., Resident 2's clinical record was reviewed. Diagnoses included, but were not limited to, obstructive uropathy. The most recent annual Minimum Data Set (MDS) Assessment, dated 6/18/25, indicated Resident 2 was cognitively intact, independent for transfers and toileting, and had an indwelling urinary catheter. A current Urinary Tract Infection (UTI) Care Plan, last reviewed 7/15/25, included, but was not limited to, an intervention to administer medications and treatments as ordered. Resident 2's clinical record indicated that from 1/1/25 through present, he had the following UTIs: UTI 1On 3/6/25, the resident complained of drainage from his penis. A urine culture, resulted 3/5/25, indicated multiple bacterial morphotypes which could be possible contamination. The Medical Doctor (MD), ordered treatment with Bactrim DS (antibiotic) 800-160 milligrams (mg) by mouth (po) twice daily for 7 days to start 3/6/25 due to the resident's positive urinalysis and symptoms. UTI 2On 4/3/25, the resident complained of burning from his penis at his urology appointment. The MD diagnosed him with a UTI and ordered treatment with Macrobid 100 mg (antibiotic) po daily for 5 days to start on 4/4/25. The resident received 6 doses of the antibiotic instead of the 5 doses as ordered.UTI 3On 7/14/25, the resident was taken to the Emergency Department with complaints of bladder spasms and urine leaking from his suprapubic catheter site. The urine culture, resulted 7/16/25, indicated >100,000 colonies/milliliter (col/ml) of Escherichia Coli (E. Coli-type of bacteria). The MD diagnosed him with a UTI and ordered treatment with Omnicef (antibiotic) 300 mg po twice daily for 5 days to start 7/15/25. The resident received 11 doses of the antibiotic instead of the 10 doses as ordered. 2. On 8/7/25 at 10:33 A.M., Resident 1's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus type II, history of UTIs, and parkinson's disease. The most recent quarterly MDS assessment, dated 4/29/25, indicated Resident 1's cognition was moderately impaired, was independent for toileting and transfers, always continent of bowel and bladder, and had a UTI in the past 30 days. A current UTI Care Plan, last reviewed 7/23/25, included, but was not limited to, an intervention to administer medications and treatments as ordered. Resident 1's clinical record indicated that from 1/4/25 through present, she had the following UTIs: UTI 1On 4/16/25, the resident was experiencing increased incontinence episodes. A urine culture, resulted 4/18/25, indicated >100,000 col/ml of the bacteria aerococcus urinae. The MD diagnosed her with a UTI and ordered treatment with Amoxicillin (antibiotic) 500 mg po three times a day for 7 days to start 4/18/25. The resident received 25 doses of the antibiotic instead of the 21 doses as ordered.UTI 2On 5/13/25, the resident was experiencing increased urinary frequency. On 5/14/25, the resident became more confused, lousy feeling, and needed assistance of 2 staff for transfers. The MD ordered Rocephin (antibiotic) 1 gm intramuscularly (IM) once that day and indicated to wait on urine culture results for more orders. The urine culture, resulted 5/16/25, indicated >100,000 col/ml of E. coli. The MD diagnosed her with a UTI and ordered treatment with two additional doses of Rocephin 1 gm IM daily for 2 days to start 5/16/25.UTI 3On 7/21/25, the resident was experiencing increased urinary frequency and urgency. A urine culture, resulted 7/23/25, indicated >100,000 col/ml of E. Coli. The MD diagnosed her with a UTI and ordered treatment with Bactrim DS (antibiotic) 800-160mg po twice daily for 7 days to start 7/23/25. The resident received 16 doses of the antibiotic instead of the 14 doses as ordered. During an interview on 8/8/25 at 1:25 P.M., the Director of Nursing (DON) and the Regional Consultant were unaware of any facility concerns with antibiotics not being administered as ordered and would expect staff to follow the physician's orders. On 8/4/25 at 12:10 P.M., a current Antibiotic Stewardship Policy, last reviewed 11/10/17, was provided by the Administrator and indicated, Purpose: Optimize the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155361 | A. Building<br>B. Wing | 08/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Amber Manor Care Center | 801 E Illinois St<br>Petersburg, IN 47567 |

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 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | antibiotic. Reduce the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use. Encompass a facility-wide system to monitor the use of antibiotics . |