

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 Taylor Rd Columbus, IN 47203	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, interview, and record review, the facility failed to follow appropriate infection control guidelines related to indwelling urinary catheter care for 1 of 1 resident reviewed for Urinary Catheter Care. (Resident 116)</p> <p>Findings include:</p> <p>During an observation, on 06/16/25 at 12:29 P.M., Resident 116 was sitting in a recliner in his room. His indwelling urinary catheter bag was hanging on the side of a small trash can with an inch of the bag touching the floor. There was no barrier between the bag and the floor and the trash can was one third full.</p> <p>During an observation and interview, on 06/19/25 at 11:09 A.M., Resident 116's indwelling urinary catheter bag and cover had between one to two inches of the bag touching the floor. The resident indicated staff helped him move it when he wanted to get up. The bag was hanging under his recliner's footrest.</p> <p>During an observation and interview, with Certified Nurse Aide (CNA) 2, on 06/19/25 at 3:33 P.M., the resident was sitting in his room in his recliner. His indwelling urinary catheter bag was hanging under his recliner with 1/2 of the bag touching the floor. The bag was creased from touching the floor. CNA 2 indicated the catheter bag should not be touching the floor, donned gloves, and hung the bag higher up under his recliner to where the bag was no longer touching the floor. The CNA removed her gloves and washed her hands.</p> <p>During an interview, on 06/17/25 at 2:26 P.M., the Admissions Nurse indicated the resident was admitted to the facility from a hospital following treatment for a Urinary Tract Infection (UTI) and sepsis.</p> <p>During an interview, on 06/23/25 at 11:25 A.M., Physical Therapy Assistant (PTA) 4 indicated Resident 116 was supposed to have staff's assistance when getting up and ambulating.</p> <p>During an interview, on 06/23/25 at 11:26 A.M., Qualified Medication Aide (QMA) 5 indicated, while she was working, the resident had always used his call light if he needed to get up.</p> <p>The facility's Health Center Pre-admission Nursing Assessment, dated 06/11/25, was provided by the Director of Nursing (DON) on 06/20/25 at 2:08 P.M. The record indicated the resident's admitting diagnoses included, but were not limited to, UTI and sepsis.</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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NAME OF PROVIDER OR SUPPLIER Four Seasons Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 Taylor Rd Columbus, IN 47203	
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The current Indwelling Catheter Use and Removal policy, dated 2024, was provided by the DON on 06/20/25 at 2:08 P.M. The policy indicated, .If an indwelling catheter is in use, the facility will provide appropriate care for the catheter in accordance with current professional standards of practice .adhere to professional standards of practice and infection prevention and control procedures .</p> <p>3.1-41(a)(2)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an extended-release medication was administered as recommended for 1 of 10 medication observations related to pharmacy services. (Resident 65)</p> <p>Findings include:</p> <p>During an observation, on 06/19/25 at 10:57 A.M., RN 3 sanitized her hands and prepared medications for Resident 65. She placed all the medications into a cup and handed the cup to the resident. The resident requested all large pills to be crushed and placed in applesauce. Upon returning to the medication cart, RN 3 poured the medications that included, but were not limited to, Klor-Con M20 Extended Release (a Potassium Chloride Microencapsulated Crystals Extended-Release 20 milliequivalent tablet), into a pouch, crushed the medications, placed them back into the medication cup, and added applesauce. The medications were then administered to the resident. The resident was not educated by the nurse related to the risk of crushing an extended-release tablet.</p> <p>The current, open-ended physician's order, with a start date of 06/07/25, indicated the resident was to receive Klor-Con M20 Extended-Release tablet, once a day.</p> <p>The clinical record for Resident 65 lacked a physician's order for staff to crush the resident's Klor-Con M20 Extended-Release tablet.</p> <p>During an interview, on 06/19/25 at 11:53 A.M., RN 3 indicated an Extended-Release medication should not be crushed.</p> <p>A pharmacy Medications Not To Be Crushed list with a revised date of 08/13, was provided by the Director of Nursing (DON) on 06/19/25 at 12:05 P.M. The list included but was not limited to, .Klor-Con tablet .2. Time release formulation .</p> <p>The current facility policy titled, Crushed Medication was dated 01/2025, was provided by the Director of Nursing on 06/19/25 at 3:33 P.M. The policy indicated, Medications shall be crushed in accordance with standards of practice for safety and accuracy in medication administration .Medications that typically should not be crushed include, but are not limited to, .extended release medications .</p> <p>3.1-48(c)(2)</p>		