

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Southwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2222 Margaret Ave Terre Haute, IN 47802	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide family notification after a resident experienced a significant change in condition and subsequently received life-sustaining interventions to include a ventilator without notification to the emergency contact, for 1 of 3 residents reviewed for quality of care (Resident B). Findings include, A confidential interview during the survey indicated Resident B's emergency contact was not notified when the resident was transferred from the facility on [DATE]. Resident B's clinical record was reviewed on [DATE] at 10:47 a.m. Diagnoses on Resident B's profile included personal history of transient cerebral ischemic attack (TIA-stroke), and seizure disorder. A physician's order, dated [DATE], indicated send the resident to the hospital for evaluation and treatment. An eINTERACT SBAR Summary for Providers, dated [DATE] at 5:30 a.m., indicated the resident had a fall and was unresponsive. Resident B was found on floor in the bathroom, assessed, transferred to the bed unresponsive, 911 was called, and he transferred to a local hospital emergency room. A Transfer to Hospital form, dated [DATE] at 5:30 a.m., Section E Key Contacts, documented Resident B's sister's name with phone number as his emergency contact. The box was checked to indicate the representative was not aware of the transfer. On [DATE] at 5:45 a.m., Registered Nurse (RN) 8 documented she was coming on shift when she observed an ambulance at the facility to transport Resident B to the hospital for stroke symptoms. Staff reported that the resident had been observed by a Certified Nursing Assistant (CNA) at 5:00 a.m., and he was up and talking at that time. At about 5:35 a.m., Resident B's roommate put on his call light and reported Resident B was on the floor in the bathroom. Resident B had right sided facial drooping and was not able to raise his right arm. 911 was called and an ambulance picked the resident up. Resident B's clinical record lacked documentation the emergency contact was made aware of the resident's fall, acute change in condition, or transfer to the hospital on [DATE]. During an interview on [DATE] at 10:31 a.m., Resident B's family member indicated she was the resident's emergency contact, and they were in communication often. The resident's birthday was on [DATE]th, and the family had made plans to visit the resident on that day to celebrate. On [DATE] the family member had made 3 attempts to call the resident during the day, and each time the call was transferred to the nurse's station but never picked up. A 4th phone call that evening around 9:00 p.m. was finally picked up by a staff member. The unidentified staff member relayed the information that Resident B had been sent to a local hospital on the morning of [DATE], but later the same day transferred to Indianapolis where he remained hospitalized in the Intensive Care Unit (ICU) where he was receiving life-sustaining interventions to include a ventilator. The family member indicated, in her opinion, [Resident B] had suffered while laying alone in the hospital. If the facility had contacted her as they should have, she might have been able to be by his side in his last lucid moments, and he would have known she was sitting by his side, holding his hand, and offering comfort. Resident B subsequently died on [DATE], never</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 155484	Facility ID: 155484 If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Southwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2222 Margaret Ave Terre Haute, IN 47802	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>having regained consciousness. On [DATE] at 4:30 p.m., the Divisional Director provided a Notification of Change in Condition policy, undated, and indicated the policy was the one currently being used by the facility. The policy indicated, The center must inform the resident, consult with the resident's medical practitioner and/or notify the resident's representative, authorized family member, or legal power of attorney/guardian when there is a change requiring such notification. Circumstances requiring notification including but not limited to. 2. Significant change in resident's physical, mental, or psychosocial condition such as deterioration in health.a. life-threatening conditions.4. A transfer or discharge of the resident from the center.Notifications.When a change in condition is noted, the nursing staff will contact the resident representative.Notifications that are for emergency situations require prompt notification as soon as time permits. Examples may include but are not limited to: transfer to hospital, severe change in physical or mental health. This citation relates to Intake 2707163. 3.1-5(a)(2)3.1-5(a)(4)</p>