

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Transcendent Healthcare of Owensville		STREET ADDRESS, CITY, STATE, ZIP CODE  7336 W State Road 165 Owensville, IN 47665	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>39130</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse was reported to the state agency for 1 of 1 allegations of abuse reviewed. After being made aware of an allegation of abuse the facility failed to report the incident and findings to the state agency. (Resident D)</p> <p>Finding includes:</p> <p>During record review on 6/25/24 at 9:15 A.M., Resident D's diagnoses included, but was not limited to, anxiety, bipolar disorder, dementia with agitation, and senile degeneration of brain.</p> <p>Resident D's most recent Quarterly MDS (Minimum Data Set) assessment, dated 5/8/24, indicated the resident had severe cognitive impairment.</p> <p>Resident D's nurses' progress notes included the following:</p> <p>6/3/24 at 5:08 A.M. - Resident took self to bathroom, CNA tried to help the resident and resident yelled and punched the CNA several times with fists. Resident has skin tears to bilateral hands, bandaged left hand to help stop bleeding.</p> <p>6/3/24 at 4:09 P.M. - Residents family notified regarding incident during night shift. Residents alarm began to sound around 5:00 A.M., CNA entered room and found that Resident D was in the bathroom. CNA made her presents known to resident and when resident laid eyes on CNA he began yelling because he thought she was a man. Resident stated, I was going to fight that man, he was in my house. Resident D began thrashing and attempted to hit CNA. CNA told resident she was a woman and called for help. Another CNA and nurse on duty entered Resident D's room and noted resident thrashing and observed skin tears to bilateral hands. Resident stated to the nurse on duty that he was agitated due to thinking the CNA was a man but that he knows she is a woman because she showed her breast.</p> <p>During a review on 6/25/24 at 10:10 A.M. of the facility's investigation of the incident that occurred on 6/3/24, an Employee Warning Notice, dated 6/3/24 and signed as received by CNA 7 included that CNA 7 received a 3-day suspension due to an abuse complaint that included, Complaint of alleged abuse from a family member.</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/25/24 at 10:30 A.M., the DON (Director of Nursing) indicated that Resident D's family thought that CNA 7 may have exposed her breasts to Resident D during the incident that occurred on 6/3/24 and that the allegation was found to be unfounded and was not reported to the state agency.</p> <p>On 6/25/24 at 11:00 P.M., the facility administrator supplied an undated facility policy, titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating. The policy included, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management .</p> <p>This Federal tag relates to complaint allegation IN00435912.</p> <p>3.1-28(c)</p>		