

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  01/08/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to maintain infection control practices for 1 of 2 resident's observed for catheter care and during 2 of 3 observations of care. A residents catheter tubing was left dragging the floor following care, staff failed to don (put on) required personal protection equipment (PPE) for a resident in enhanced barrier precautions (EBP), and staff failed to perform hand hygiene between glove changes. (Resident D, Resident K) Findings include: 1. During an observation on 1/7/26 at 10:20 A.M., signage hanging outside of Resident D's room indicated a resident in the room required EBP. During an observation on 1/7/25 at 11:25 A.M., Resident D was up in a wheelchair in his room. Resident D's catheter drainage bag was clipped to the wheelchair with the catheter tubing resting on the floor. CNA 4 donned gloves, knelt next to the resident's wheelchair, and emptied the catheter bag into a urinal. CNA 4 closed the catheter bag and disposed of the urine in the resident's restroom. CNA 4 then exited the resident's room with the catheter tubing resting on the floor. During an observation on 1/7/25 at 2:00 P.M., Resident D was up in a wheelchair in the dining room. The resident's catheter tubing was resting on the dining room floor. A record review on 1/7/26 at 12:50 P.M. indicated Resident D's diagnoses included, but were not limited to, neuromuscular dysfunction of the bladder and prostatic hyperplasia. Resident D's physician orders included but were not limited to catheter care every shift (started 9/19/25) and enhanced barrier precautions (EBP) due to a Foley catheter (started 9/22/25). On 1/8/25 at 10:20 A.M., RN 7 supplied facility policies titled, Catheter, Emptying Foley (dated 2/2/25) and Isolation - Initiating Transmission-Based Precautions (dated 11/11/21). The Catheter, Emptying Foley policy included, 1. Foley catheter drainage bags will be emptied using standard precautions and aseptic technique by trained staff at designated intervals or as clinically indicated. 4. As ordered by the physician. The Isolation - Initiating Transmission-Based Precautions policy included, 5. When Transmission-Based Precautions are implemented, the Infection Control Preventionist shall: a. Ensure that protective equipment (i.e., gloves, gowns, goggles/eyewear masks, etc.) is maintained near the resident's room so that everyone entering the room can access what they need. During an interview on 1/8/25 at 10:30 A.M., the Infection Control Preventionist (ICP) indicated the resident's catheter tubing should be kept up off the floor whenever possible, and staff should don gloves and a gown whenever providing catheter care for residents with EBP due to their Foley Catheter. 2. During an observation on 1/7/25 at 11:10 A.M., Resident K was being assisted to the restroom by CNA 8. CNA 8 removed and disposed of a soiled brief from the resident while the resident sat on the commode. CNA 8 removed the gloves and donned a new pair of gloves after retrieving them from a container without performing hand hygiene. On 1/8/25 at 10:00 A.M., the Facility Administrator supplied an undated facility policy titled, Handwashing/Hand Hygiene. The policy included, The facility considers hand hygiene the primary means to prevent the spread of infections. 6. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: g. after</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:  155502	Facility ID:  155502

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>removing gloves; .Applying and Removing Gloves 1. Perform hand hygiene before applying non-sterile gloves. During an interview on 1/8/25 at 10:30 A.M., the ICP indicated staff should perform hand hygiene before donning new gloves and in between glove changes. This citation relates to intake 2703214.3.1-18(b)3.1-18(j)3.1-18(l)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on interview and record review, the facility failed to ensure that annual influenza immunizations were offered to 2 of 5 residents reviewed for immunizations. Residents who had given consent to receive the influenza immunization had no record that they had received the immunization or that the immunization was medically contraindicated. (Resident D, Resident G) Findings include: 1. During record review on 1/7/26 at 12:50 P.M., Resident D's immunization consent form, signed and dated 7/16/25, indicated the resident gave consent to receive the influenza immunization. Resident D's immunization history indicated the resident's last influenza immunization was received on 10/27/21. Resident D's record contained no indication that the resident had received, refused, or was medically contraindicated to receive the influenza immunization during 2025. 2. During record review on 1/7/26 at 10:30 A.M., Resident G's immunization consent form, signed and dated 10/30/25, indicated the resident gave consent to receive the influenza immunization. Resident G's immunization history indicated the resident's last influenza immunization was received on 10/7/19. Resident D's record contained no indication that the resident had received, refused, or was medically contraindicated from receiving the influenza immunization during 2025. On 1/8/26 at 10:00 A.M., the Facility Administrator provided an undated facility policy titled, Vaccination of Residents. The policy included, All residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated or the resident has already been vaccinated. 7. Certain vaccines (e.g., influenza and pneumococcal vaccines) may be administered per the physician-approved facility protocol (standing orders) after the resident has been assessed by the physician for medical contraindications for each vaccine. During an interview on 1/8/26 at 10:30 A.M., the Infection Control Preventionist (ICP) indicated that after a resident has given consent to receive the influenza vaccine, a physician's order should be obtained, and the order would be filled and delivered by the pharmacy. The resident's record should contain documentation that the vaccine was administered or if the resident refused. The facility generally offered the annual influenza vaccine during September/October. During an interview on 1/8/26 at 11:00 A.M., RN 7 indicated the influenza vaccines were offered while the previous Director of Nursing (DON) was there and that they had no record that indicated the influenza vaccine was offered to Resident D or Resident G. This citation relates to intake 2703214.3.1-13(a)</p>		