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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155508 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>12/16/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Transcendent Healthcare of Boonville |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>725 S Second St<br>Boonville, IN 47601 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39130</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications and syringes were stored safely and securely during a random observation during the survey. Discontinued medications along with an unsecured sharps container with unused syringes were stored in an unlocked conference room. (Resident J)</p> <p>Finding includes:</p> <p>During an observation on 12/13/24 at 12:30 P.M., a cardboard box that contained Resident J's medications included the following:</p> <p>Levofloxacin 500 mg (milligrams) - 19 tablets</p> <p>Vitamin D3 50,000 IU (International Unit) - 3 tablets</p> <p>1 bag of Juven Oral Packets (nutritional supplement) - 20 packets</p> <p>Scopolamine Base Patch 1.5 mg - 1 patch</p> <p>An unsealed sharps container was also observed next to the box of medications. The container held 30 unused syringes that were accessible through an opening at the top of the box.</p> <p>During an interview on 12/13/24 at 12:35 P.M., the Director of Nursing (DON) indicated the medications would be removed from the conference room.</p> <p>During an observation at 1:40 P.M., the medications were no longer stored in the unlocked conference room. An unsealed sharps container with 30 unused syringes that were accessible through an opening at the top of the box remained in the conference room.</p> <p>During an interview on 12/13/24 at 2:00 P.M., LPN 8 indicated that all medications and syringes should be stored securely either in a locked medication room or locked medication cart.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 12/13/24 at at 2:30 P.M., the Minimum Data Set (MDS) Nurse indicated the syringes had been placed in the conference room the day prior and that they should not be left unsecured.</p> <p>On 12/16/24 at 8:30 A.M., the Facility Administrator supplied an undated facility policy titled, Medication Labeling and Storage. The policy indicated, The facility stores all medications and biologicals in locked compartments under proper temperature humidity and light controls. Only authorized personnel have access to keys . 3. If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items .</p> <p>3.1-25(m)</p> |   |  |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39130</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe, sanitary, and homelike environment in 2 of 2 resident halls observed. Resident areas had holes in walls, floors were in disrepair, specimen collection hats were stored uncovered, resident trash receptacles were full, and odors were present during 2 of 2 days of the survey. (East Hall, [NAME] Hall, room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER])</p> <p>Finding includes:</p> <p>1. During an observation on 12/13/24 at 9:40 A.M., the flooring in front of the [NAME] Hall nurse's station near a wall mounted heating/air unit was cracked and uneven.</p> <p>During an observation and interview on 12/16/24 at 8:25 A.M., the Maintenance Director observed the uneven floor and indicated that the heating/air units had been leaking. The floor had already been repaired near the [NAME] Hall's nurse's station, but was not repaired well and that the floor was left uneven.</p> <p>2. During an observation on 12/13/24 at 9:45 A.M., room [ROOM NUMBER]'s shared restroom contained a hole in the drywall across from the commode and sink. The floor in front of the sink was soft and depressed when bearing weight.</p> <p>During an observation and interview on 12/16/24 at 8:30 A.M., the Maintenance Director indicated that she was unaware of the hole in room [ROOM NUMBER]'s shared restroom and that the floor has been an ongoing issue and that the facility is addressing the flooring soon. No specific details for how or when the flooring for room [ROOM NUMBER]'s shared restroom would be repaired were provided.</p> <p>3. During an observation on 12/13/24 at 9:15 A.M., the East hall had a damp/mildew odor.</p> <p>During an observation on 12/16/24 at 7:00 A.M., the East hall had a damp/mildew odor.</p> <p>During an observation and interview on 12/16/24 at 7:55 A.M., a resident in room [ROOM NUMBER] on the East Hall indicated that the hall smells like a sewer especially after a rain. The room was missing flooring near the room door with plywood exposed.</p> <p>During an interview on 12/16/24 at 8:10 A.M., the Maintenance Director indicated that part of the facility had a significant water leak and that repairs will be starting in January 2025. The maintenance director indicated that heating and air units had not been bled or drained routinely and many of the units had leaked and caused damage to the floors. The facility had quotes for repairs to be made to 5 resident rooms that were unoccupied. Those repairs were expected to extend into the resident halls and into other rooms currently occupied by residents.</p> <p>4. During an observation on 12/16/24 at 6:10 A.M., a service hall off the [NAME] hallway had a soft spot in the floor between an emergency food supply room and storage room door. The area depressed when bearing weight.</p> <p>(continued on next page)</p> |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>5. During an observation on 12/16/24 at 6:15 A.M. the doorway into part of the [NAME] Hall was damaged near the floor exposing drywall.</p> <p>6. During an observation and interview on 12/16/24 at 7:45 A.M., room [ROOM NUMBER]'s shared restroom contained an uncovered urine collection hat and an empty, uncovered basin on the floor next to the commode. Several napkins were on the floor around the commode, and the trash can was full with paper towels and briefs. The resident indicated the shared restroom is typically a mess.</p> <p>During an interview on 12/16/24 at 8:35 A.M., the Maintenance Director indicated she is also the head of housekeeping. The Maintenance Director indicated that old briefs should not be left in resident restroom trash and that bed pans and urine collection hats should be covered when stored.</p> <p>On 12/16/24 at 8:30 A.M., the Facility Administrator supplied an undated facility policy titled Homelike Environment. The policy indicated, Residents are provided with a safe, clean, comfortable and homelike environment . 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. The characteristics include: .f. pleasant, neutral scents .</p> <p>This citation relates to complaints IN00449097 and IN00446323.</p> <p>3.1-19(a)(4)</p> <p>3.1-19(f)(5)</p> |