

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Transcendent Healthcare of Boonville		STREET ADDRESS, CITY, STATE, ZIP CODE 725 S Second St 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>39130</p> <p>Based on interview and record review, the facility failed to ensure residents were free from misappropriation for 1 of 1 residents reviewed for misappropriation. A resident's debit card was taken without consent and used by staff to make multiple unauthorized purchases. (Resident D)</p> <p>Finding includes:</p> <p>During a review of facility reported incidents on 5/21/25 at 11:15 A.M., an incident dated 5/2/25, indicated Resident D contacted local police to report a stolen debit card. Resident D identified on a bank statement several unauthorized transactions. The local police reviewed surveillance footage from the locations where the unauthorized purchases were made that showed CNA 13 had been responsible for the transactions. CNA 13 was placed on suspension during an investigation.</p> <p>During a review of the facility's investigation into the incident on 5/21/25 at 11:30 A.M., a facility grievance form, dated 4/30/25, indicated Resident D had a bank statement with unknown charges. Resident D claimed someone used her debit card without her permission.</p> <p>An undated and unsigned, typed, note in the facility investigation indicated on 5/1/25 at approximately 7:00 P. M., Resident D stated she was missing her entire wallet, however a few items from the wallet were located on her bed. The local police department were called and arrived to the facility. On 5/5/25, a local police detective indicated that CNA 13 was observed on camera with Resident D's debit card.</p> <p>During record review on 5/21/25 at 11:50 A.M., Resident D's diagnoses included, but were not limited to, dementia, anxiety, depression, and psychotic disorder.</p> <p>Resident D's most recent quarterly minimum data set (MDS) assessment, dated 4/8/25, indicated the resident had moderate cognitive impairment.</p> <p>During an interview on 5/21/25 at 12:35 P.M., Resident D indicated she had placed her purse at the foot of her bed and fell asleep, when she woke, her wallet and debit card was missing. Resident D indicted she called the local police to report the stolen wallet. She later reviewed a bank statement and noticed several unauthorized purchases made with her debit card. Resident D was unable to determine the total sum of fraudulent purchases, but indicated there were multiple transactions at a local gas station and a paid phone bill that was not hers.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/21/25 at 11:40 A.M., the Facility Administrator indicated the facility did not have a written policy related to shopping or making purchases for residents. The Facility Administrator indicated the CNA's and nursing staff were not permitted to make purchases for residents, and that only department heads or the facility Activity Director could make purchases on a resident's behalf, with the resident's permission.</p> <p>On 5/19/25 at 11:55 A.M., the Facility Administrator supplied an undated facility policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating. The policy included, All reports of . theft/misappropriation of resident property are reported to local, state and federal agencies .</p> <p>3.1-28(a)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>39130</p> <p>Based on interview, and record review, the facility failed to ensure the physicians orders were thoroughly followed and documented when completed for 2 of 3 residents reviewed for nursing services related to wound care. Routine dressing changes and skin assessments were not completed per the physician's orders. (Resident F, Resident G)</p> <p>Findings include:</p> <p>1. During record review on 5/21/25 at 9:15 A.M., Resident F's diagnoses included, but were not limited to peripheral vascular disease, morbid obesity, and lymphedema.</p> <p>Resident F's most recent admission MDS (Minimum Data Set) dated 3/12/25, indicated the resident had one unhealed venous ulcer.</p> <p>Resident F's physician orders included, but were not limited to,</p> <p>Right dorsal lateral foot:</p> <p>Cleanse with wound cleanser and pat dry, Apply collagen moistened with sodium chloride to wound bed. Cover with bordered foam dressing and apply three layer compression wrap every day shift, Monday, Wednesday, and Friday (started 5/9/25 and discontinued on 5/15/25),</p> <p>Right dorsal lateral foot:</p> <p>Cleanse with wound cleanser. Place collagen dressing as filler to wound bed. cover with alginate dressing. Cover with abdominal pad. Cover with absorbent wound dressing. Wrap with Kerlix (medical gauze). Apply medical tape, then wrap with four layer compression wrap. Wear post-operative shoe for offloading of wound. To bed done three times a week every day shift, every Monday, Wednesday, and Friday (started 5/15/25),</p> <p>Right medial foot:</p> <p>Cleanse area and peri-wound with wound cleanser, apply alginate border dressing every Monday, Wednesday, and Friday (discontinued 5/15/25),</p> <p>Right dorsal mid-foot:</p> <p>Cleanse area with wound cleanser, cover with Mepilex Transfer (wound dressing), cover with gauze, cover with abdominal pad, wrap with Kerlix and apply medical tape. Wrap with four layer compression wrap. Wound to be offloaded with post operative shoe. Three times a week, every Monday, Wednesday, and Friday (started 5/16/25), and weekly skin assessment every day shift, every Thursday.</p> <p>Resident F's care plan included, but was not limited to, resident has surgical wound on top/dorsal side of foot (initiated 4/19/25) with an intervention of; provide treatment as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident F's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for May 2025 lacked documentation indicating the resident received the following orders on the following dates and times:</p> <p>Right dorsal lateral foot: Cleanse with wound cleanser and pat dry, Apply collagen moistened with sodium chloride to wound bed. Cover with bordered foam dressing and apply three layer compression wrap every day shift, Monday, Wednesday, and Friday (started 5/9/25 and discontinued on 5/15/25) - not completed Monday 5/12/25.</p> <p>Right dorsal lateral foot: cleanse with wound cleanser. Place collagen dressing as filler to wound bed. cover with alginate dressing. Cover with abdominal pad. Cover with absorbent wound dressing. Wrap with Kerlix (medical gauze). Apply medical tape, then wrap with four layer compression wrap. Wear post-operative shoe for offloading of wound. To bed done three times a week every day shift, every Monday, Wednesday, and Friday (started 5/15/25) - not completed Monday 5/19/25.</p> <p>Right medial foot: Cleanse area and peri-wound with wound cleanser, apply alginate border dressing every Monday, Wednesday, and Friday (discontinued 5/15/25) - not completed Friday 5/2/25 and Monday 5/12/25.</p> <p>Right dorsal mid-foot: Cleanse area with wound cleanser, cover with Mepilex Transfer (wound dressing), cover with gauze, cover with abdominal pad, wrap with Kerlix and apply medical tape. Wrap with four layer compression wrap. Wound to be offloaded with post operative shoe. Three times a week, every Monday, Wednesday, and Friday (started 5/16/25) - not completed Monday 5/19/25.</p> <p>Weekly skin assessment every day shift, every Thursday - not completed Thursday 5/8/25.</p> <p>2. During record review on 5/21/25 at 10:00 A.M., Resident G's diagnoses included, but were not limited to pressure ulcer to right heel, type II diabetes, and edema.</p> <p>Resident G's most recent admission MDS (Minimum Data Set) dated 4/11/25, indicated the resident admitted to the facility with one unhealed stage IV pressure wound.</p> <p>Resident G's physician orders included, but were not limited to; Right Heel: Cleanse with wound cleanser, pat dry. Cover with bordered gauze dressing, initial and date every day shift for wound care (started 4/11/25 and discontinued 4/19/25), Right Heel: Cleanse with wound cleanser, pat dry. Cover with bordered gauze dressing. Initial and date every day shift for wound care (started 4/20/25 and discontinued 5/20/25), and Check placement of dressing to right heel every shift and replace if not present every shift (started 4/19/25).</p> <p>Resident G's care plan included, but was not limited to; resident has ulcer of the right foot/heel (initiated 4/16/25). Interventions included, but were not limited to, monitor placement of dressing every shift. Replace if soiled/dislodged, and provide treatment as ordered.</p> <p>Resident G's MAR/TAR for April and May 2025 lacked documentation that indicated the resident received the following orders on the following dates:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Right Heel: Cleanse with wound cleanser, pat dry. Cover with bordered gauze dressing, initial and date every day shift for wound care (started 4/11/25 and discontinued 4/19/25) - not completed 4/11/25, 4/15/25, and 4/19/25.</p> <p>Right Heel: Cleanse with wound cleanser, pat dry. Cover with bordered gauze dressing. Initial and date every day shift for wound care (started 4/20/25 and discontinued 5/20/25) - not completed 4/20/25, 4/21/25, 4/29/25, 4/30/25, 5/4/25, 5/12/25, and 5/18/25.</p> <p>Check placement of dressing to right heel every shift and replace if not present every shift (started 4/19/25) - 4/20/25 (day shift), 4/21/25 (day shift), 4/29/25 (day shift), 4/30/25 (day shift), 5/4/25 (day shift), 5/12/25 (day shift), 5/14/25 (nightshift), and 5/18/25 (day shift).</p> <p>During an interview on 5/21/25 at 12:30 P.M., the Director of Nursing (DON) indicated some of the uncompleted treatment orders were due to the resident having an order completed by an outside source, however could not provide a rational for not providing all treatment orders.</p> <p>During an interview on 5/21/25 at 1:20 P.M., LPN 4 indicated a residents routine treatment orders should be documented as completed in the resident's record or if the treatment was not provided, a reason should be documented.</p> <p>On 5/21/25 at 1:25 P.M., the Facility Administrator provided an undated facility policy titled, Medication and Treatment Orders. The policy included, Orders for medications and treatments will be consistent with principles of safe and effective order writing.</p> <p>This Federal tag relates to complaint IN00458151.</p> <p>3.1-35(a)</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>39130</p> <p>Based on interview and record review, the facility failed to ensure adequate pharmaceutical services were available to provide physician prescribed routine treatments for 1 of 3 residents reviewed for pharmaceutical services. A facility did not have a treatment on hand and could not provide proof that the treatment (ointment) had been delivered by the pharmacy. (Resident C)</p> <p>Finding include:</p> <p>During an interview on 5/21/25 at 12:50 P.M., Resident C indicated that he typically received his ordered medications, however he had not been receiving a routine hemorrhoid cream and had asked for multiple times.</p> <p>During record review, Resident C's diagnoses included, but were not limited to, anxiety, irritable bowel syndrome, and hypertension.</p> <p>Resident C's physician orders included but were not limited to; 2-BAD Cream Baclofen/Diltiazem/Amitriptyline topical: apply to hemorrhoids twice a day to reduce inflammation/pain related to rectal fissure (started 3/20/25).</p> <p>During an interview on on 5/21/25 at 1:00 P.M., the Assistant Director of Nursing (ADON) indicated Resident C's hemorrhoid cream was not in the medication cart but should be in the treatment cart on the front hall of the building. The ADON indicated that she had not administered the resident's routine dose yet that shift. The ADON then searched the treatment cart and could not locate the resident's hemorrhoid cream.</p> <p>During an interview on 5/21/25 at 1:45 P.M., the Director of Nursing (DON) indicated she was unable to locate a pharmacy delivery receipt for Resident C's ordered hemorrhoid cream.</p> <p>On 5/21//25 at 1:25 P.M., the Facility Administrator supplied an undated facility policy titled, Medication and Treatment Orders. The policy included, .11. Drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three (3) days prior to the last dosage being administered to ensure that refills are readily available .</p> <p>This citation relates to complaint IN00459395.</p> <p>3.1-25(a)</p>		