

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Village Drive Lawrenceburg, IN 47025	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>50498</p> <p>Based on interview and record review, the facility failed to ensure a resident with urinary incontinence received services to maintain continence in a timely manner for 1 of 5 residents reviewed for urinary incontinence. (Resident B)</p> <p>Findings include:</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 11/15/24, indicated Resident B was cognitively intact. The resident's diagnoses included, but were not limited to, malnutrition, arthritis, and retention of urine. The resident was incontinent of bowel and bladder.</p> <p>Hospital Discharge Instructions, dated 11/11/24, indicated Resident B had an ongoing problem with urinary retention. The resident had a scheduled appointment with Urology for 12/04/24 at 2:00 P.M., as well as an ultrasound scheduled, of her abdomen, on 12/04/24 at 1:00 P.M.</p> <p>During an interview, on 02/19/2025 at 10:35 A.M., the Director of Nursing (DON) indicated that Resident B's appointments for 12/04/24 had all been rescheduled locally to accommodate family attending, and that she would provide appointment confirmations for appointments being rescheduled.</p> <p>A Provider Progress Note, dated 12/05/24, indicated that on discharge from the hospital Resident B was supposed to have a urology appointment, an upcoming abdominal ultrasound, cardiology appointment, and optometry appointment. The only one visualized as scheduled was a cardiology appointment for that day. The concern was brought to the DON's attention.</p> <p>An Appointment Detail Document, provided by the DON on 02/19/25 at 11:20 A.M., indicated that a new patient urology appointment for Resident B was scheduled on 12/05/24 at 3:25 P.M. The appointment was scheduled for 01/07/25 at 1:30 P.M.</p> <p>The clinical record lacked information regarding the urology appointment on 01/07/25 prior to 02/19/25.</p> <p>During an interview, on 02/19/25 at 11:20 A.M. , the DON indicated that due to weather conditions on 01/07/25 the urology office closed for the day resulting in cancellation of the resident's appointment.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An Appointment Detail Document, provided by the DON on 02/19/25 at 1:09 P.M., indicated that a urology appointment was rescheduled that day for 04/09/25 at 9:10 A.M.</p> <p>During an interview, on 02/19/25 at 1:35 P.M., the DON indicated that the facility scheduler had received a call from the urologist office today to reschedule the appointment for Resident B. When asked if there was proof of additional contact being made prior to today in the progress notes the DON was unsure.</p> <p>Progress notes for the past 90 days for Resident B were provided by the DON on 02/19/25 at 2:50 P.M. No progress notes were made prior to 02/19/25 about contact made with the urology office.</p> <p>During an interview with the Urology Office, on 02/19/25 at 1:36 P.M., they indicated that a new urology appointment for Resident B was scheduled today, and that the only other appointment they had scheduled prior to today was the 01/07/25 appointment.</p> <p>During an interview on 02/19/25 at 2:30 P.M., LPN 2 indicated that the facility would ensure residents made it to scheduled appointments, and if an appointment was canceled due to weather it should be rescheduled.</p> <p>The current facility policy, titled Physician Orders, with a revised date of 03/17/22, was provided by the DON on 02/19/25 at 3:02 P.M. The policy indicated, .The facility is obligated to follow and carry out orders of the prescriber in accordance with all applicable state and federal guidelines .</p> <p>The current facility policy, titled Urinary Tract Infections/Bacteriuria - Clinical Protocol, with a revised date of April 2018, was provided by the DON on 02/19/25 at 2:50 P.M. The policy indicated, .The physician and staff will identify individuals with a history of .risk factors (for example, an indwelling urinary catheter, kidney stones, urinary out-flow obstruction, ect.) .The Physician will help identify causes of, and factors contributing to . bladder outlet obstruction, .and medications that can cause urinary retention .1. The physician will order appropriate treatment . based on a pertinent assessment .</p> <p>This citation relates to Complaint IN00451861.</p> <p>3.1-41(a)(2)</p>		