

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER Bertha D Garten Ketcham Memorial Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 E Race St Odon, IN 47562	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a baseline care plan included pertinent information regarding a newly admitted resident's health care needs for 1 of 2 residents reviewed for ostomy care. The baseline care plan included no mention of a newly acquired colostomy. (Resident B)Finding includes:A record review on 12/3/25 at 11:30 A.M., indicated Resident B's diagnoses included but were not limited to diverticulitis of the large intestine with perforation and abscess without bleeding and encounter for attention to colostomy (admission [DATE]). Resident B's most recent admission Minimum Data Set (MDS) assessment, dated 10/15/25, indicated the resident received pressure injury care, surgical wound care, and had an ostomy. Resident B's physician orders included but were not limited to change the stoma wafer and bag every Monday, Wednesday, and Friday (started 10/13/25), ostomy care daily: observe the stoma for peri-stomal skin breakdown and circulation. Check that the stoma is pink or red, moist, and functioning. Monitor output of colostomy for: hardness of stool, liquid stool, blood, mucus, etc. Notify the physician of any abnormal findings every day and night shift for colostomy use (started 10/9/25). Resident B's nurse's progress notes included, but were not limited to: 10/8/25 at 3:34 P.M. - admission note - Resident arrived by ambulance. The resident was confused and lethargic. Colostomy present. Stoma within normal limits. Resident B's care plan contained no mention of an ostomy or colostomy and contained no focus on ostomy care. During an interview on 12/2/25 at 10:40 A.M., the Director of Nursing (DON) indicated that any resident with an ostomy should have a plan of care developed with a focus on ostomy care. During an interview on 12/2/25 at 12:45 P.M., the DON indicated that Resident B's initial admission assessment did not include that the resident had a colostomy present. The baseline care plan was created based on the information obtained during the initial assessment. On 12/2/25 at 11:15 A.M., the DON supplied a facility policy titled, Colostomy/Ileostomy care, dated 10/2010. The policy included, .Preparation 1. Review the resident's care plan to assess for any special needs of the resident.This citation relates to intake 2677676.3.1-35(a)(1)3. 1-35(b)(1)</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: 155539	Facility ID: 155539 If continuation sheet Page 1 of 1