STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155649	A. Building B. Wing	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McCormick's Creek Rehabilitation and Healthcare	210 State Hwy 43 Spencer, IN 47460

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 38312 Based on observation, interview, and record review, the facility failed to keep the urinary catheter (flexible tubing which drains urine from the bladder) drainage bag and tubing from touching the floor for a resident being treated for an urinary tract infection (UTI) for 1 of 4 residents reviewed for urinary catheter. (Resident 70) Findings include: On 1/27/25 at 2:34 p.m., Resident 70 was observed to be resting in her bed with her urinary catheter tubing touching the floor. On 1/28/25 at 2:46 p.m., Resident 70 was observed to be resting in her bed with the urinary catheter tubing touching the bottom of the rolling table beside her bed. On 1/29/25 at 9:32 a.m., Resident 70 was observed to be resting in her bed with the urinary catheter tubing touching the floor. On 1/29/25 at 1:40 p.m., Resident 70 was observed to be sitting in her wheelchair with her urinary catheter tubing touching the floor. On 1/30/25 at 2:10 p.m., Resident 70 was observed to be resting in her bed with the urinary catheter drainage bag touching the floor. On 1/30/25 at 2:15 p.m., Resident 70's clinical record was reviewed. The diagnoses included, but were not limited to, UTI, weakness, and neuromuscular dysfunction of the bladder (a condition where the bladder muscles and nerves do not function properly). Resident 70's January 2025 Physician Order indicated the following: - 18 French 5-30 ml (milliliters) (size of catheter) catheter for neuromuscular dysfunction, initiated on 12/8/24. - Provide catheter care each shift and maintain the drainage bag below the bladder. Do not allow the tubing or the bag to drag/touch the floor, initiated 12/10/24. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Amoxicillin-Pot Clavulante (antibiotic) 875-125 mg (milligrams) by mouth two times a day for UTI, initiated 1/27/25. The care plan, revised 1/25/25, indicated Resident 70 had a UTI. The interventions were to administer medications and treatments as ordered and to observed to side effects of the antibiotic. The care plan lacked documentation of placement of the catheter tubing or drainage bag. The Hospital Discharge Instructions, dated 1/22/25, indicated Resident 70 had been in the hospital with a diagnosis of UTI. The Infection Charting, dated 1/30/25 at 10:17 p.m., indicated Resident 70 was on Amoxicillin-Pot Clavulante for a UTI. The progress notes indicated the following: - On 1/28/25 at 1:29 p.m., Resident 70 continued to be on an antibiotic for UTI. - On 1/28/25 at 5:55 p.m., Resident 70 continued to be on an antibiotic for UTI. - On 1/29/25 at 7:38 a.m., Resident 70 continued to be on an antibiotic for UTI. Her urine was dark with no sediment. - On 1/30/25 at 1:45 p.m., Resident 70 continued to be on an antibiotic for UTI. Her urine was amber (color of urine) with no sediment. During an interview on 1/30/25 at 2:20 p.m., Licensed Practical Nurse (LPN) 1 indicated Resident 70 had a urinary catheter due to urinary retention and Resident 70 had a history of UTI's. During an interview on 1/30/25 at 2:23 p.m., CNA 1 indicated Resident 70 had a catheter. When Resident 70 was in bed, the catheter bag or tubing should not touch the floor. CNA 1 observed Resident 70's drainage bag touching the floor and indicated it should not touch the floor. On 1/31/25 at 12:14 p.m., the Administrator provided the facility's policy, Indwelling Catheter Use and Removal, undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated, .4. If an indwelling catheter is in use, the facility will provide appropriate care for the catheter in accordance with current professional standards of practice and resident care policies and procedures . 3.1-41(a)(2)