

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155674	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER St Charles Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 3150 St Charles St Jasper, IN 47546	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>46882</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents that were self administering medications were assessed for the capability to self administer medications for 1 of 15 residents observed during medication administration and 1 of 1 random observation with medications in their room. (Resident 39, Resident 12)</p> <p>Findings include:</p> <p>1. On 6/17/24 at 11:03 A.M., while Registered Nurse (RN) 14 administered Azo Bladder Control 300 mg, 2 capsules, the following medications were observed sitting on the bedside table in Resident 39's room:</p> <ul style="list-style-type: none"> - Albuterol sulfate (a medication used to treat Asthma and Chronic Obstructive Pulmonary Disease) inhaler- 1 puff by mouth every 2 hours as needed on the label - Fluticasone (a nose spray for allergies) -label faded and unreadable - Asmanex (an inhaled medication used to treat asthma) 220 mcg-no label <p>At that time, RN 14 did not acknowledge the medications sitting on the bedside table.</p> <p>On 6/17/24 at 11:55 A.M., Resident 39's clinical records were reviewed. The diagnoses included, but were not limited to, asthma and COPD (Chronic Obstructive Pulmonary Disease).</p> <p>The most recent Quarterly MDS (Minimum Data Set) assessment, dated 5/28/24, indicated Resident 39 was cognitively intact.</p> <p>The Physician Orders included, but were not limited to the following:</p> <ul style="list-style-type: none"> - Fluticasone propionate over the counter spray, 50 mcg (micrograms), 1 spray nasally, once a day, start date 6/27/23. - Ventolin HFA (Hydrofluoroalkane) (albuterol sulfate) HFA aerosol inhaler, 90 mcg, one puff, every two hours, as needed, start date 11/16/22. <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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Asmanex Twisthaler (mometasone) aerosol powder breath activated, 220 mcg, one puff. May Keep At Bedside, discontinue when supply depleted, then start Pulmicort, twice a day, as needed, start date 8/10/23 and discontinued date 8/30/23</p> <p>The clinical records lacked a care plan for self administration of medications.</p> <p>During an interview on 6/17/24 at 11:27 A.M., RN 14 indicated as needed medications should be in the medication cart. Resident 39 did not have Self Administration of Medication Assessments completed. She was unsure how often residents were reassessed for self administration. At that time, she left the medications at the bedside.</p> <p>On 6/17/24 at 11:47 A.M., RN 14 provided a Self Administration of Medication Assessment, dated 7/27/23 for Asmanex inhaler, which was discontinued on 8/30/23. No other Self Administration of Medication Assessments were provided.</p> <p>During an interview on 6/18/24 at 10:03 A.M., Resident 39 indicated she used the inhalers she had in her room.</p> <p>46416</p> <p>2. On 6/13/24 at 10:04 A.M., one albuterol sulfate and one Ventolin hand held inhaler, one Flonase nasal spray bottle, and one bottle of Tums were observed lying on Resident 12's bedside table.</p> <p>On 6/17/24 at 10:58 A.M., one albuterol sulfate inhaler and one bottle of Flonase nasal spray was observed lying on Resident 12's bedside table.</p> <p>On 6/14/24 at 2:12 P.M., Resident 12's clinical record was reviewed. The diagnoses included, but were not limited to, pulmonary fibrosis, allergies, and gastroesophageal reflux disease (GERD) without esophagitis.</p> <p>The most recent Quarterly MDS assessment, dated 4/7/24 indicated Resident 12 was cognitively intact.</p> <p>Current Physician's Orders included, but were not limited to, the following:</p> <p>Flonase Allergy Relief (fluticasone) 50 micrograms (mcg), 2 sprays to both nostrils once daily, ordered 11/10/16</p> <p>Ventolin (albuterol sulfate) HFA aerosol inhaler; 90 mcg, 2 puffs as needed for cough/wheeze every 4 hours, ordered 4/19/23</p> <p>The current Physician's Orders lacked an order for Tums and the self administration of medications.</p> <p>A current Pulmonary Fibrosis Care Plan, revised 5/9/24, included, but was not limited to the following intervention:</p> <p>Medications per MD (Medical Doctor) order, initiated 5/27/22</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current Use of Nasal Spray Steroids Care Plan, revised 5/9/24, included, but was not limited to, the following interventions:</p> <p>Administer medication per MD order, initiated 2/20/20</p> <p>Notify MD of any adverse effects noted, initiated 2/20/20</p> <p>Observe and record effectiveness of drug treatment, initiated 2/20/20</p> <p>A current GERD Care Plan, revised 5/9/24, included, but was not limited to the following intervention:</p> <p>Administer medication as ordered by physician, initiated 12/28/17.</p> <p>Resident 12's clinical record lacked a care plan for self administration of medications and which medications were to be self administrated.</p> <p>A Self Administration of Medication form, dated 1/1/23, indicated the resident could not properly dispense eye drops, inhalers, nebulizers, nasal sprays, etc, that the self administered medications should be stored in the nursing medication cart, and did not indicate which medications the resident could self administer.</p> <p>During an interview on 6/14/24 at 12:51 P.M., Resident 12 indicated she used the inhalers, nasal spray, and Tums on her bedside table when she needed them. The inhalers were used every 4 hours or so and she did not get help from staff and did not tell staff when she used them.</p> <p>During an interview on 6/17/24 at 11:03 A.M., Licensed Practical Nurse (LPN) 12 indicated she thought Resident 12 self administered eye drops and nasal spray. She indicated that the Social Services Director (SSD) did assessments on residents every 90 days and the Brief Interview for Mental Status (BIMS) had to be high, like 15 or above and if the BIMS changed she was to let the nurses know. At that time, she indicated Resident 12's last assessment was done in January of 2023 for self administering medications. At that time, she indicated there should be care plan for self administration of medications in the resident's clinical record but she was not sure if there had to be a specific order to self administer medications.</p> <p>During an interview on 6/17/24 at 3:04 P.M., the Director of Nursing (DON) indicated the Self Administration Assessment was done by nursing staff initially if the resident wanted to self administer medications, when their cognition status changed, and/or as needed. When the SSD did her quarterly BIMS Assessment, she was to let the nurses, Assistant Director of Nursing (ADON), or DON know if something had changed so they could reassess the resident for self administering medications. If the resident's cognition was intact and the medications were PRN (as needed), staff did not keep track of resident's medication use.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/18/24 at 8:45 A.M., a current Self Administration of Medications Policy, revised 5/22/18, was provided by the DON and indicated . ensure the safe administration of medication for residents who request to self medicate or when self medication is a part of their plan of care . Residents requesting to self medicate or has self medication as a part of their plan of care shall be assessed using the [name of company] Self Administration of Medication . results of the assessment will be presented to the physician for evaluation and an order for self medication . the order should include the type of medication[s] the resident is able to self medicate . The medication will be kept in a locked drawer in the residents' room. The resident will maintain the key, as well as, a key will be maintained by the licensed nurse and or QMA [Qualified Medication Aide] . periodic verification of administration compliance will be observed by nursing staff. A self medication plan of care will be initiated and updated as indicated. The assessment will be reviewed quarterly, and PRN with change of condition .</p> <p>3.1-11(a)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>45933</p> <p>Based on interview and record review, the facility failed to provide necessary documentation to ensure a resident or responsible party was issued a Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) and Notice of Medicare Non-Coverage (NOMNC) before the proposed end of services for 1 of 3 beneficiary notices reviewed. (Resident 46)</p> <p>Findings include:</p> <p>On 6/13/24 at 2:25 P.M., during review of the Medicare Part A discharge notices, Resident 46's notice stated the last day covered for Part A was 5/10/24 and indicated, Other .Facility initiated and family agreed duet [sic] to lack of progress/participation in therapy related to overall decline in condition. At that time the Social Service Director (SSD) indicated a SNFABN form and NOMNC was not provided due to the resident declining and the family was considering hospice services.</p> <p>On 6/13/24 at 2:30 P.M., Resident 46's clinical record was reviewed and indicated a hospice evaluation was ordered on 5/17/24.</p> <p>On 6/18/24 at 8:45 A.M., the Director of Nursing (DON) provided a NOMNC Completion policy, revised 10/24/22, that indicated, .For residents being notified of discontinuation of their Medicare coverage, the NOMNC is required to be issued 2 calendar days prior to the actual discharge from Medicare . and a SNFABN should be issued, when the resident intends to continue services and the campus believes services may not be covered under Medicare .</p> <p>3.1-4(f)(3)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46416</p> <p>Based on observation, interview, and record review, the facility failed to ensure a clean and homelike environment for 1 of 1 shower rooms and 2 of 13 bathrooms observed for environment. Tiles were broken, grout was soiled, build up was around the toilet base, doorknobs were loose, handrails were wrapped with frayed duct tape, paint was missing, and odors were present. (room [ROOM NUMBER], room [ROOM NUMBER], Shower Room on 200 Hall)</p> <p>Findings includes:</p> <p>1. During an observation on 6/13/24 at 10:13 A.M., a strong odor of bowel movement and missing paint by the toilet paper holder was observed in the bathroom of room [ROOM NUMBER].</p> <p>On 6/17/24 at 10:55 A.M., the same was observed.</p> <p>2. During an observation on 6/13/24 at 10:04 A.M., in the bathroom of room [ROOM NUMBER], the handrail on the wall by the toilet had a red Dycem (non-slip pad) and a blue Dycem duct taped to the hand rail. There was also duct tape at the back of the rail. The duct tape was frayed.</p> <p>On 6/17/24 at 10:58 A.M., the same was observed.</p> <p>3. During an observation on 6/18/24 at 10:50 A.M., in the 200 Hall shower room, the door to enter the shower room was black on the bottom. Inside, to the left where the first shower stall wall met the floor, there were cracked and missing pieces of tile. Between the first and second shower stalls, there was a cracked tile with the piece missing. Inside the second shower stall by the drain on the floor, there were cracked floor tiles. In both showers, along the wall where it met the floor there was a dark brown substance along the quarter round and the grout halfway up all shower walls and the floors was soiled. The wall by the bathroom had a cracked and missing tile. The doorknob to the bathroom was loose and there was a brown substance around the base of the toilet. There was no string on the call light in the bathroom.</p> <p>On 6/19/24 at 8:58 A.M., the same was observed.</p> <p>During an anonymous interview on 6/13/24 at 8:40 A.M., they indicated there were odors of urine and bowel movement in the facility.</p> <p>During an interview on 6/18/24 at 10:41 A.M., the Director of Nursing (DON) indicated the duct tape and Dycems that were taped to the handrail in the bathroom of room [ROOM NUMBER] was from a previous resident in that room and was used to keep hands from slipping on the rail. Neither resident currently in the room indicated they used it. The most recent admission in that room was 4/1/24. At that time, she indicated she was not aware it was there and she had taken them off and cleaned the rail.</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 - Few</p>	<p>During an interview on 6/19/24 at 9:11 A.M., the Maintenance Director indicated they had been working on painting throughout the facility. Their process was to go through the rooms and bathrooms and apply plaster if needed, let the plaster dry, and paint the areas in the next couple days. At that time, he indicated he was aware of the cracked and missing tiles in the shower room and they were getting replacement tiles. Their staff should pressure wash the shower rooms, especially the dirty grout every 3 months. He was not aware the door knob was loose but those were to be checked monthly and retightened as needed. He indicated staff would either tell him verbally and/or place a work order in the maintenance electronic work order system (TELS) to let him and his assistant know if something needed their attention. They did rounds everyday and the work orders were checked right away in the morning, at lunch, and possibly in the afternoons too. They worked very closely with housekeeping when things need repaired or replaced.</p> <p>During an interview on 6/19/24 at 9:12 A.M., Housekeeper 3 indicated every room gets cleaned everyday and they always looked to see if something needed picked up, pull trash and put plenty of trash bags in the trash can, put cleaning spray on and in the toilet and sink in the bathroom, refill paper towels and soap if needed, wipe everything down, and do the floors. She indicated there was a housekeeping sheet that they were responsible for filling out with the room number and what they did in the room.</p> <p>On 6/19/24 at 9:54 A.M., a current non dated Room Cleaning Policy, was provided by Administrator 2 and indicated Health Center resident rooms are cleaned daily and deep cleaned monthly . If there are any maintenance issues generate a work order in TELS .</p> <p>On 6/19/24 at 9:54 A.M., a current Floor Care Policy, revised 2/5/18, was provided by Administrator 2 and indicated It is the goal of the ES [Environmental Services] Department to maintain the floor and achieve a long useful life and great appearance .</p> <p>On 6/19/24 at 9:54 A.M., a current Preventative Maintenance Policy, dated 2/6/24, was provided by Administrator 2 and indicated Preventative maintenance is an integral part of the Director of Plant Operations duties .</p> <p>3.1-19(f)</p>		