

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2026
NAME OF PROVIDER OR SUPPLIER Autumn Woods Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 2911 Green Valley Rd New Albany, IN 47150	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interview, the facility failed to ensure glucometers (portable device used to measure blood sugar levels) were cleaned per manufacturer guidelines for infection control when obtaining blood sugar readings for 3 of 3 residents observed. (Residents 11, 39, and 34) Findings include: 1. During an observation, on 4/29/26 at 8:14 a.m., Licensed Practical Nurse (LPN) 4 obtained Resident 11's blood sugar reading, using the glucometer. After the resident's blood sugar reading was completed, LPN 4 returned to the medication cart with the glucometer. She obtained the bleach wipe, and the glucometer was wrapped in the bleach wipe for two minutes, without cleaning or wiping down the glucometer. The LPN removed the glucometer from the wipe and placed the glucometer on the bottom of the top drawer of the medication cart to dry. There was no barrier placed on the drawer bottom. During an interview, on 4/29/26 at 8:20 a.m., LPN 4 indicated she cleaned the glucometer for two minutes, then let it dry. 2. During an observation, on 4/29/26 at 11:30 a.m., LPN 6 wiped down the glucometer for ten seconds, disposed of the wipe, and laid the glucometer down on a paper towel to dry for two minutes. The LPN obtained Resident 39's blood sugar reading. The LPN returned to the medication cart and wiped down the glucometer for nine seconds, disposed of the wipe, and laid the glucometer on the paper towel to dry. During an interview, on 4/29/26 at 11:45 a.m., LPN 6 indicated she allowed the glucometer to dry for two minutes after wiping it down for 30 to 60 seconds. 3. During an observation, on 4/30/26 at 11:15 a.m., Registered Nurse (RN) 5 obtained Resident 34's blood sugar reading with the glucometer. Then the glucometer was wiped down on the front and back for a total of five seconds. The wipe was discarded and the glucometer was laid in the top drawer of the medication cart on a napkin to dry. During an interview, on 4/30/26 at 11:20 a.m., RN 5 indicated she was trained to wipe up and down the front and up and down the back of the glucometer. She wasn't sure of the exact time the glucometer was to be wiped down. She let the glucometer dry for two minutes. During an interview, on 4/30/26 at 12:39 p.m., the Director of Nursing (DON) indicated the staff should clean the glucometer per manufacturer guidelines. She indicated the staff should do two minutes of wiping down the glucometer. The current glucometer manufacturer guidelines for Cleaning and Disinfecting Procedures, included, but was not limited to, . 3. Wipe the entire surface of the meter 3 times horizontally and 3 times vertically using one towelette to clean blood and other body fluids. 4. Dispose of the used towelette in a trash bin. The meter should be cleaned prior to each disinfection step. 7. Allow exteriors to remain wet for the corresponding contact time for each disinfectant. Super Sani-Cloth Germicidal Disposable Wipe. EPA registration number 9480-4. Contact time 2 minutes. 410 IAC (Indiana Administrative Code) 16.2-3.1-18(b)(2)</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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(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>Based on observation, record review, and interview, the facility failed to ensure a resident with Urinary Tract Infection (UTIs) was provided proper management of the urinary catheter drainage system by maintaining the drainage system off the floor for 1 of 3 residents reviewed for bowel and bladder. (Resident 25) Findings include: During an observation, on 4/28/26 at 10:02 a.m., Resident 25's indwelling urinary catheter and tubing were lying flat directly on the floor. The tubing was coiled up around the catheter. The resident was lying asleep in bed. During an observation, on 4/30/26 at 9:20 a.m., the resident was in bed and the resident's indwelling urinary catheter was hanging on the bedrail with the bottom slightly off the floor. Licensed Practical Nurse (LPN) 7 lifted the resident's catheter bag up for the resident to roll onto her right side and placed it onto the resident's bed. The indwelling urinary catheter bag slid from the bed, and the LPN attempted to catch it. The LPN lifted the resident's indwelling urinary catheter bag above the level of the resident's bladder to place it onto the resident's bed again. During an observation, on 5/1/26 at 8:50 a.m., the resident was lying in bed toward her right side with the resident's indwelling urinary catheter bag, scrunched up, sitting on the floor. The record for Resident 25 was reviewed on 4/28/26 at 2:46 p.m. The diagnosis included, but was not limited to, chronic kidney disease (long term progressive loss of kidney function). The care plan, dated 3/26/26, indicated the resident used an indwelling urinary catheter. The interventions, dated 3/26/26, included, but were not limited to, maintain a closed system with urinary bag below the resident's bladder and cover and observe the tubing and avoid any obstructions. The nurse's note, dated 4/22/26 at 12:24 p.m., indicated the urine culture was received and reported to the physician. A new order was received for the resident to start Augmentin (antibiotic used for urinary tract infection). During an interview, on 5/1/26 at 8:52 a.m., Certified Nurse Aide (CNA) 8 indicated the indwelling urinary catheter bags and tubing should not be on the floor. The staff tried to keep it off the floor for this resident. During an interview, on 5/1/26 at 9:05 a.m., the IP/LPN indicated that if an indwelling urinary catheter bag was on the floor, it could cause infections or possible leaks. Staff could place a bath basin on the floor to prevent the indwelling urinary catheter from touching the floor. The Patient with a Foley Catheter policy, revised 8/5/22, included, but was not limited to, . 1. Indwelling catheter is present, hold and support catheter tubing to one side to avoid traction or unnecessary movement during transferring from one place to another. 3. Do not let catheter tubing to touch floor (prevent infection). 1. Make sure catheter tubing is secure to leg to avoid any unnecessary pulling on bladder. 2. Do not let catheter tubing or drainage bag touch floors. (Avoids infection). 3. Always keep drainage bag below level of bladder to prevent old urine in drainage bag from going back to bladder (avoids urinary infection). 410 IAC (Indiana Administrative Code) 16.2-3.1-41(a)</p>		