

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2025
NAME OF PROVIDER OR SUPPLIER  Bridgepointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE  1900 College Ave Vincennes, IN 47591	

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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39130</p> <p>Based on interview and record review, the facility failed to ensure physician orders were obtained and implemented following readmission for 1 of 3 residents reviewed for wound care. A resident readmitted to the facility with a new pressure wound without treatment orders and treatment order was not obtained for 2 days following readmission. (Resident F)</p> <p>Finding includes:</p> <p>During record review on 3/20/24 at 1:35 P.M., Resident F's diagnoses included, but was not limited to, heart disease, anemia, weakness, and dysphagia.</p> <p>Resident F's admission minimum data set (MDS) assessment dated [DATE], indicated the resident had no cognitive impairment, and had no unhealed pressure wounds.</p> <p>Resident F's nurse's progress notes included, but were not limited to:</p> <p>2/28/25 at 8:44 A.M. - Resident stated he is very weak and clammy. Orders were received to send to emergency department and emergency medical services (EMS) was notified. Report was called to (hospital) emergency department.</p> <p>3/4/25 at 7:00 P.M. - Resident returned from hospital via ambulance service.</p> <p>An admission observation and data collection, dated 3/4/25 at 7:02 P.M., included a skin observation that indicated the resident had skin impairment that was unable to be observed due to a dressing that was clean and intact. A note indicated the wound care nurse would evaluate the impairment. A Braden scale assessment indicated the resident was at risk for pressure and included, Resident will not develop a pressure ulcer, or if a pressure ulcer present it will not worsen. An intervention included, provide routine skin care per current order.</p> <p>Resident F's wound assessments indicated the resident had a pressure ulcer to the sacrum identified on 3/4/25 at 10:16 P.M.</p> <p>Resident F's physician orders included, but were not limited to, cleanse wound to sacrum with wound cleanser or normal saline, apply skin prep to peri-wound, apply Santyl (ointment to remove dead tissue from wounds) to wound bed, cover with island foam dressing, and change daily (received 3/6/25).</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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident F's treatment administration record (TAR) for the month of March, 2025 indicated the order, cleanse wound to sacrum with wound cleanser or normal saline, apply skin prep to peri-wound, apply Santyl to wound bed, cover with island foam dressing, and change daily was not started until 3/7/25.</p> <p>During an interview on 3/20/25 at 2:40 P.M., RN 4 indicated she documented the first observation of Resident F's sacral wound after readmitting from the hospital on 3/4/25. RN 4 indicated a (unordered) treatment was applied to the wound and the physician was not notified of the wound at that time.</p> <p>During an interview on 3/20/25 at 3:20 P.M., LPN 6 indicated if a new wound is observed on a resident, the physician should be notified to obtain an order for treatment and the order should be entered into the resident record at that time.</p> <p>On 3/20/25 at 4:40 P.M., RN 7 supplied a facility policy titled, Guidelines for Physician Services, dated 12/17/24. The policy included, 1. The resident's attending physician shall participate in the resident's assessment . and provide consultation or treatment as required by resident condition . when consulted/called by the campus. 2. The resident's attending physician is responsible for prescribing new therapy . to ensure that the resident receives quality care and medical treatments .</p> <p>This citation relates to complaint IN00454560.</p> <p>3.1-30(a)</p>		