

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 10/14/2025
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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observation, interview, and record review, the facility failed to provide prominent access to the most recent annual survey. Signage near the front business office window indicated the most recent survey results were available in a cabinet near an entrance doorway, however the most recent survey results were not found. Findings include: During an observation and record review on 10/14/25 at 1:30 P.M., signage that indicated the most recent IDOH survey results were contained in a cabinet near an entryway. A drawer in the cabinet contained two file folders with survey reports. A review of the IDOH survey reports indicated that the most recent survey available was dated June 2024. No other survey reports were found in the cabinet. During an interview on 10/14/25 at 1:35 P.M., LPN 4 indicated the facility's most recent annual survey was completed in August 2025. During an interview on 10/14/25 at 2:40 P.M., LPN 4 indicated the facility did not have a written policy regarding the availability of the most recent survey results, but indicated the facility followed the regulations regarding the posting of survey results. 3.1-3(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
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