STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155696	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgepointe Health Campus	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to ensure residents that required assistance with incontinence care and feeding received assistance timely for 1 of 3 residents reviewed for Activities of Daily Living (ADLs). A newly admitted resident was found in bed, by a family member, saturated in urine, and without having had breakfast. (Resident B) Finding includes:During an observation on 4/30/26 at 11:25 A.M., Resident B was sitting in a wheelchair in the restorative dining room receiving assistance eating from a family member. During an interview on 4/30/26 at 12:15 P.M. Resident B's family member indicated Resident B had moved to the facility's skilled nursing unit the day prior and the past night was her first night on the skilled care unit. The family member arrived at approximately 9:45 A.M. to find the resident in bed saturated from her shoulders to her feet in urine. The family member indicated the resident had not yet been out of bed and appeared to have not received routine incontinence care. The resident had not received breakfast and indicated her breakfast and lunch were the same meal. During an interview on 4/30/26 at 12:35 P.M., LPN 4 indicated Resident B required assistance with feeding and ate in a restorative dining room. During an interview on 4/30/26 at 12:40 P.M., the Dietary Manager (DM) indicated Resident B did receive a breakfast tray to her room that morning, but the resident required assistance with feeding. Since the resident was not yet out of bed, the breakfast tray was brought back to the kitchen so it would not get cold. The CNA on the hall was asked if she could assist the resident with her breakfast and she indicated that she did not have time. During an interview on 4/30/26 at 1:15 P.M., CNA 6 indicated she assisted Resident B with incontinence care that morning after a family member notified staff the resident was wet. CNA 6 indicated the resident was wet from head to toe. CNA 6 indicated she had wanted to get the resident up earlier in the morning, but the resident required a lift and two staff members to assist, and a second staff member was busy at the time. CNA 6 indicated she did not receive any information from the night shift CNA in the morning report, and the facility did not always have enough staff to assist the residents during mealtimes.Resident B's clinical record was reviewed on 5/1/26 at 11:30 A.M. Resident B's diagnoses included, but were not limited to, hemiplegia and hemiparesis affecting left non-dominant side, dementia, anxiety, schizophrenia, and cerebral infarction. Resident B's care plan included but was not limited to, Resident is malnourished or at risk for malnutrition (initiated 4/30/26) with an intervention of, assist with meals as needed. Resident B's nurses progress notes included, but was not limited to:4/30/26 at 10:15 A.M. - Perineal/buttock/trunk/extremities assessed following incontinence episode. After incontinent episode skin cleansed and dried. Fresh linens placed to bed.During an interview on 5/1/26 at 12:40 P.M., CNA 6 indicated she checked in on Resident B around 6:30 A.M on 4/30/26 and the resident did not indicate she needed assistance. CNA 6 indicated she did not provide any assistance or incontinence care until after family arrived on 4/30/26 at approximately 9:45 A.M.On 5/1/26 at 10:56 A.M., the Facility Administrator supplied a facility policy titled Perineal Care for Incontinence, dated 12/16/14. The policy included, Overview . To provide incontinence care that will keep skin from being exposed to prolonged periods or urine and feces .On 5/1/26 at 10:59 A.M., the Facility Administrator supplied a facility policy titled Guidelines for Meal Service, dated 12/12/25. The policy included, .Staff will be available to assist with meal service and eating .This citation relates to Intakes 2995042 and 2729564.410 IAC (Indiana Administrative Code) 16.2-3.1-38(a)(3)

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