

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/23/2024
NAME OF PROVIDER OR SUPPLIER Cathedral Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 520 W 9th 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 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>39130</p> <p>Based on observation, interview, and record review, the facility failed to uphold professional standards of colostomy care for 1 of 1 residents reviewed for ostomy care. A resident's colostomy bag was adhered to the resident with duct tape in preparation for resident transport to a local hospital. (Resident D)</p> <p>Finding includes:</p> <p>During record review on 8/23/24 at 10:30 A.M., Resident D's diagnoses included, but were not limited to, acquired absence of other specified parts of digestive tract and schizoaffective disorder.</p> <p>Resident D's most recent Quarterly Minimum Data Set (MDS) assessment, dated 6/19/24, indicated Resident D had an ostomy, required supervision with activities of daily living (ADL's) including toileting, bathing, and personal hygiene, and had delusions one to three days during a seven day review period, and had severe cognitive impairment.</p> <p>Resident D's physician orders included, but were not limited to, provide right upper quadrant (RUQ) colostomy care and change every Monday and Thursday on night shift and as needed if soiled or due to dislodgment. Use Skin-Prep (protective wipes that form a barrier between the skin and adhesives to protect and maximize skin health) for every change (started 6/22/23), asses skin integrity in around stoma site during care (started 1/10/24), monitor unusual physical behavior such as sticking items in stoma (started 8/22/24), disrobing (started 2/17/24), and removing ostomy bag (started 7/29/24).</p> <p>Resident D's care plan included, but was not limited to, resident has colostomy and may need assist with ostomy care per staff. Interventions included, change bag after each bowel episode or when full, change wafer as ordered, place proper-fitting wafer around ostomy site, and provide proper fitting bags (initiated 6/21/23). Resident at risk for exhibiting behaviors such as pulling off colostomy bag and painting floors, walls, and furniture with content of bag (revised 8/6/24).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/23/2024
NAME OF PROVIDER OR SUPPLIER Cathedral Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 520 W 9th 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 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident D's nurse's progress notes included a behavior note, dated 7/26/24 at 3:47 P.M. The note indicated that the Director of Nursing (DON) and Facility Administrator were called to the second floor. Resident D was rolling around on the floor with fecal matter, she had pulled her colostomy bag off and was smearing it on the floor with her body. Resident has poor safety awareness for self and others. Staff cleaned resident with soapy washcloths and water basins and colostomy bag reapplied and taped for reinforcement. Resident trying to pull colostomy bag off. Order received to send resident to hospital for evaluation. Resident transported without difficulty and report was called into Emergency Department (ED) nurse.</p> <p>A hospital ED provider note dated 7/26/24 at 3:45 P.M., indicated resident was disoriented upon arrival from nursing facility. Facility reported that resident had been removing her ostomy. On arrival, ostomy site was duct taped to patient's abdomen.</p> <p>During an observation on 8/23/24 at 11:00 A.M., Resident D was observed in her room laying face down on a blanket on the floor without clothing. Resident D's room contained an odor of bowel movement (BM) and the blanket Resident D was lying on had areas with a visible brown substance. As staff assisted Resident D to her feet, an uncovered stoma was observed on the resident's abdomen. LPN 4 retrieved a colostomy bag as LPN 2 assisted Resident D in cleaning up and dressing. Staff applied the colostomy bag and dressed Resident D.</p> <p>At 11:30 A.M., LPN 4 indicated that Resident D had disrobed and removed her colostomy bag.</p> <p>During an interview on 8/23/24 at 11:40 A.M., LPN 2 indicated that Resident D often removed her colostomy bag herself. One way to help the bag adhere to the resident is to use Skin-Prep barrier wipes when applying the colostomy bag. LPN 2 indicated that duct tape should not be used to adhere a colostomy bag to a resident and would be inappropriate.</p> <p>During an interview on 8/23/24 at 1:10 P.M., the Facility Administrator indicated that staff had used duct tape on Resident D's colostomy bag to hold it in place during transportation from the facility to the hospital following a request from the ambulance service to secure Resident D's colostomy bag. The facility Administrator indicated that staff had tried medical grade adhesives without success and that the facility did not have an abdominal binder or other means to secure Resident D's colostomy bag.</p> <p>According to the U.S. Department of Health and Human Services, The Food and Drug Administration identifies medical adhesive tape and adhesive bandages as, a device intended for medical purposes that consists of a strip of fabric material or plastic, coated on one side with an adhesive, and may include a pad of surgical dressing without a disinfectant. The device is used to cover and protect wounds, to hold together the skin edges of a wound, to support an injured part of the body, or to secure objects to the skin (3/22/24).</p> <p>The EchoTape product catalog specification sheet, reviewed 8/26/24, indicated Industrial Strength Utility Grade Duct Tape applications for use include the following:</p> <p>General purpose construction use and repair</p> <p>Patching and seaming a wide variety of materials</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/23/2024
NAME OF PROVIDER OR SUPPLIER Cathedral Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 520 W 9th 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 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Temporary holding and bonding</p> <p>Hanging and patching polyethylene sheeting</p> <p>Sealing polyethylene waste disposal bags</p> <p>Duct work and contractor uses</p> <p>Multiple applications in manufacturing & Industrial environments</p> <p>Bundling and color coding</p> <p>On 8/23/24 at 1:40 P.M., the Facility Administrator supplied a facility policy titled Colostomy/Ileostomy Care, dated 09/2005. The policy included, The purpose of this procedure is to provide guidelines that will aid in preventing exposure of the resident's skin to fecal matter . 1. Review the resident's care plan to assess for any special needs of the resident . The following equipment and supplies will be necessary when performing this procedure: .4. Adhesives (if indicated) .</p> <p>This citation relates to complaint IN00440005.</p> <p>3.1-47(a)(3)</p>