

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155801	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/03/2024
NAME OF PROVIDER OR SUPPLIER  Transcendent Healthcare of Boonville - North		STREET ADDRESS, CITY, STATE, ZIP CODE  305 E North St Boonville, IN 47601	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>35733</p> <p>Based on interview and record review, the facility failed to provided RN coverage for 8 a day. The nursing schedule reviewed lacked RN coverage for at least 8 hours a day for 3 of 5 weekends reviewed.</p> <p>Finding includes:</p> <p>On 9/3/24 at at 5:30 p.m., the nursing schedule was reviewed for the dates of 8/2/24- 9/3/24. The following dates lacked RN coverage for at least 8 hours a day: 8/3/24, 8/17, 8/31/24.</p> <p>On 9/3/24 the Administrator indicated the schedule provided did not provide RN coverage for at least 8 hours a day every day.</p> <p>On 9/3/24 at 12: 21 p.m., the Administrator provided the current undated policy for departmental supervision, nursing. The policy included, but was not limited to: .2. A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week .</p> <p>3.1-17(b)(3)</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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