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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155801 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                           | (X3) DATE SURVEY COMPLETED<br><br>03/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Transcendent Healthcare of Boonville - North |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>305 E North St<br>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.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>39130</p> <p>Based on observation, interview, and record review, the facility failed to implement the plan of care for 1 of 1 residents observed for catheter care. Catheter care orders and treatments were not completed per the physician orders and the plan of care. (Resident C)</p> <p>Finding includes:</p> <p>During an observation on 3/24/25 at 12:30 P.M., Resident C was observed in the dining room in a wheelchair. Catheter tubing connected to a catheter drainage bag was clipped to the side of the wheelchair.</p> <p>During record review on 3/24/25 at 1:45 P.M., Resident C's diagnoses included, but were not limited to, neuromuscular dysfunction of bladder, prostatic hyperplasia with lower urinary tract symptoms, and dementia.</p> <p>Resident C's most recent quarterly MDS (Minimum Data Set) assessment, dated 1/4/25, indicated the resident had moderate cognitive impairment and had an indwelling catheter.</p> <p>Resident C's physician orders included, but were not limited to, monitor Foley catheter output each shift, (ordered 11/18/24), acetic acid irrigation solution 60 milliliters (ml) via irrigation on time a day every Friday for catheter maintenance (ordered 2/25/25), Foley catheter with 60 ml normal saline flush for blockage every shift (ordered 11/20/24), and change catheter 20 Fr (French) coude (curved tip) one time a day starting on the 20th (day of the month) (ordered 3/11/25).</p> <p>Resident C's care plan included, but was not limited to, resident has indwelling Foley catheter in place for urinary retention (initiated 11/7/24). Interventions included, catheter care as ordered, intake and output as ordered, empty catheter bag at least three times daily (initiated 11/7/24).</p> <p>Resident C's Treatment Administration Record (TAR) for the month of March 2025 indicated the following regarding the completion and documentation of catheter care orders:</p> <p>Change catheter 20 Fr coude one time a day starting on the 20th (ordered 3/11/25) not completed 3/20/25.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Foley catheter with 60 ml normal saline flush for blockage every shift (ordered 11/20/24) not completed on day shift of 3/11/25, 3/13/25, 3/14/25, 3/18/25, 3/19/25, and 3/20/25.</p> <p>Monitor Foley catheter output each shift (ordered 11/18/24) not completed on day shift 3/11/25, 3/15/25, day and night shift 3/17/25 &amp; 3/18/25, day shift 3/20/25, and 3/22/25.</p> <p>During an interview on 3/25/25 at 8:40 A.M., LPN 4 indicated being unsure if Resident C had catheter care orders every shift.</p> <p>During an interview on 3/25/25 at 9:55 A.M., CNA 6 indicated Resident C's catheter care should be completed every shift and documented.</p> <p>On 3/25/25 at 10:40 A.M., RN 8 supplied a facility policy titled, Catheter Care, Urinary. The policy included, . Input/Output 1. Observe the resident's urine level for noticeable increases or decreases . 2. Follow the facility procedure for measuring and documenting input and output . 5. Catheter irrigation may be ordered to prevent obstruction in residents at risk for obstruction .</p> <p>This citation relates to complaint IN00455471.</p> <p>3.1-35(a)</p> <p>3.1-35(g)(2)</p> |

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| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>39130</p> <p>Based on interview and record review, the facility failed to provide Registered Nurse (RN) coverage of at least 8 hours daily. Weekend RN coverage did not include at least eight (8) hours on two occasions.</p> <p>Finding includes:</p> <p>On 3/25/25 at 10:00 A.M., during a review of the facility's nursing schedule from 3/10/25 through 3/24/25, eight (8) hours of RN coverage was not indicated by the schedule on 3/22/25 or 3/23/25. An RN was scheduled to be in the facility on 3/22/25 from 12:00 A.M. to 7:00 A.M. and on 3/23/25 from 6:30 P.M. to 12:00 A.M.</p> <p>During an interview on 3/25/25 at 10:20 A.M., LPN 15 indicated she worked the weekend of 3/22/25 and 3/23/25 and did not recall that the DON was in the building. LPN 15 indicated the DON was on call during the weekends but did not typically come to the facility to work a full shift.</p> <p>On 3/25/25 at 10:40 A.M , RN 8 provided an undated facility policy titled, Staffing, Sufficient and Competent Nursing. The policy included, .A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week .</p> <p>This citation relates to complaint IN00455471.</p> <p>3.1-17(b)(3)</p> |