

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Southpointe Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4904 War Admiral Drive Indianapolis, IN 46237	

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 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>44849</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident with urinary incontinence received care in accordance with professional standards of care for 1 of 4 residents reviewed for incontinence care. (Resident B)</p> <p>Findings include:</p> <p>On 2/11/25 at 7:52 p.m., observed Resident B's call light on. At that time, Resident B indicated that she felt nasty because she needed her incontinence brief changed.</p> <p>On 2/11/25 at 7:56 p.m., LPN 1 was notified that Resident B wanted to have her incontinence brief changed and felt nasty.</p> <p>On 2/11/25 at 7:58 p.m., observed LPN 1 enter Resident B's room.</p> <p>On 2/11/25 at 8:04 p.m., observed LPN 1 exit Resident B's room, push the medication cart to another resident's room, and started preparing medications again. At that time, Resident B indicated LPN 1 told Resident B she couldn't change her incontinence brief because she had call lights to answer. Resident B indicated she had turned on her call light at approximately 7:00 p.m.</p> <p>During an interview on 2/11/25 at 8:11 p.m., LPN 1 indicated she shouldn't have told Resident B she needed to come back to change her incontinence brief. LPN 1 should have changed Resident B's incontinence brief.</p> <p>On 2/11/25 at 8:15 p.m., no staff were observed to assist Resident B with incontinence care.</p> <p>The clinical record for Resident B was reviewed on 2/12/25 at 8:23 a.m. The diagnoses included, but were not limited to, diabetes, chronic kidney disease, and anxiety.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/4/25, indicated Resident B was cognitively intact, was dependent for toileting hygiene, and required substantial/maximal assistance to be able to roll left to right. Resident B was always incontinent of bladder.</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
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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>A care plan, dated 5/10/24, indicated Resident B was at risk for adverse effects of incontinence due to incontinent of urine related to need for assistance with bed mobility, transfers and toileting. The interventions included, but were not limited to, check Resident B for incontinence. Wash, rinse, and dry the perineum.</p> <p>On 2/12/25 at 11:06 a.m., the Administrator provided a copy the nurse's job description, dated 6/25/05, and indicated this was the current job description for the nurse. A review of the job description indicated the nurse provides personal nursing care for residents and assures that care standards are met, and the highest degree of quality resident care is provided at all times.</p> <p>This citation relates to Complaint IN00452156.</p> <p>3.1-41(a)(2)</p>