

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155674	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER ST CHARLES HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 3150 ST CHARLES 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)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a resident's representative of a new medication, for 1 of 3 residents reviewed for notification of a change in condition. (Resident B) Findings include: The closed clinical record of Resident B was reviewed on 5/29/20 at 11:00 A.M. The resident's face sheet indicated Family Member C was the resident's responsible party. Family Member C's spouse was also listed as an emergency contact. An admission Minimum Data Set (MDS) assessment, dated 3/26/20, indicated Resident B had a mild memory impairment. A Speech Therapy note, dated 4/1/20, indicated, Patient at a moderate level of cognitive impairment. Patient had previously been at a mild level. Resident Progress Notes, dated 4/3/20 at 12:55 P.M., indicated, N/O (new order) received for [MEDICATION NAME] 0.1 % gtts (drops). 2 gtts sl (sublingual, or under the tongue) tid (three times daily) r/t (related to) increased salivation. Documentation that the resident or the responsible party was notified of the new medication was not found in the clinical record. On 5/29/20 at 12:05 P.M., Family Member C was interviewed. Family Member C indicated neither he nor his wife was informed of the resident's order for [MEDICATION NAME] on 4/3/20. He indicated if he would have been notified, he would have informed the facility that the resident was unable to receive [MEDICATION NAME]. The family member indicated he was unaware of the new order until a staff member informed him on 4/5/20 that Resident B had fallen, and that the [MEDICATION NAME] was to be discontinued. On 5/29/20 at 2:20 P.M., during an interview with the Administrator, Director of Nursing (DON), and the Corporate Nurse, the DON indicated she had spoken with the nurse who had taken the [MEDICATION NAME] order. The reason the family had not been notified was that the resident was cognitively intact, and so there was no reason to call the family. On 5/29/20 at 2:50 P.M., the DON provided the current facility policy, Notification of Change in Condition, dated 5/23/18. The policy included, Purpose: To ensure appropriate individuals are notified of change in condition. The facility must inform the resident, consult with the resident's physician and if known notify the resident's legal representative when .2. A significant change in the resident's physical, mental or psychosocial status. 3. A need to alter treatment significantly .Procedures: .2. The responsible party should be notified of change in condition or diagnostic testing results in a timely manner. 3. If the responsible party is unable to be reached a message may be left if this person has given their permission to do so .Documentation of notification or notification attempts should be recorded in the resident electronic record. This Federal tag relates to Complaint IN 832. 3.1-5(a)(3)		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.