

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155484	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER SOUTHWOOD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2222 MARGARET AVE TERRE HAUTE, IN 47802	
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 0561 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on record review, and interview, the facility failed to ensure residents received showers as they preferred for 3 of 3 residents reviewed for choices (Residents E, F, and D). Findings include: 1. Resident E's record was reviewed on 7/22/20 at 9:46 a.m. An annual Minimum Data Set (MDS) assessment, dated 4/23/20, indicated the resident was cognitively intact. A bathing preference document, dated 1/21/20, indicated the resident preferred to bathe on Monday, Wednesday, and Friday. The document lacked documentation of what type of bath the resident preferred. Bathing documentation, dated July 2020, indicated the resident received a bed bath on 7/10/20, 7/13/20, and 7/15/20. The record lacked documentation the resident was offered, refused, or received a shower or any other bed baths during the month of July. Nurses' notes, dated July 2020, lacked documentation the resident was offered, refused, or received a shower or any other bed baths during the month of July. 2. Resident F's record was reviewed on 7/21/20 at 11:44 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 6/12/20, indicated the resident had a moderate cognitive impairment. A bathing preferences document, dated 3/27/19, indicated the resident preferred to bathe on Tuesday and Thursday. The document lacked documentation of what type of bath the resident preferred. Bathing documentation, dated July 2020, indicated the resident received a bed bath on 7/4/20, 7/7/20, 7/14/20, and 7/16/20. The record lacked documentation the resident was offered, refused, or received a shower or any other bed baths during the month of July. Nurses' notes, dated July 2020, lacked documentation the resident was offered, refused, or received a shower or any other bed baths during the month of July. 3. Resident D's record was reviewed on 7/21/20 at 2:48 p.m. An annual Minimum Data Set (MDS) assessment, dated 5/8/20, indicated the resident had a severe cognitive impairment. A bathing preferences document, dated 6/6/19, indicated the resident preferred to bathe every day. The document lacked documentation of what type of bath the resident preferred. Bathing documentation, dated July 2020, lacked documentation the resident was offered or received a bath or shower on 7/6/20, 7/7/20, and 7/20/20. Nurses' notes, dated July 2020, lacked documentation the resident was offered, refused, or received a bath on 7/6/20, 7/7/20, or 7/20/20. During an interview, on 7/22/20, at 11:20 a.m., the Regional Nurse indicated residents may have refused showers or bed baths. Refusals sometimes were documented on bathing sheets. According to the bathing documentation, none of the three residents reviewed were documented as having received a shower during the month of July. During an interview on 7/22/20 at 12:02 p.m., the Director of Nursing (DON) indicated she was unable to find any additional bathing documentation for the three residents reviewed. On 7/22/20 at 1:42 p.m., the DON provided a document titled, Personal Bathing and Shower, and indicated it was the policy currently being used by the facility. The policy indicated, .Policy: It is the policy of this facility to provide resident centered care .Bathing preferences should be care planned including type and schedule .Procedure: 1. Preferences: a. Determine resident preference for shower or bathing at bedside This Federal tag relates to Complaint IN 741. 3.1-3(u)(1)		
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.