

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155768	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2025
NAME OF PROVIDER OR SUPPLIER  Evansville Protestant Home		STREET ADDRESS, CITY, STATE, ZIP CODE  3701 Washington Ave Evansville, IN 47714	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interview, the facility failed to implement infection control practices to ensure the proper use of Enhanced Barrier Protocol (EBP) and Personal Protective Equipment (PPE) for 2 of 2 random observations of wound care. (Resident T and Resident D)</p> <p>Findings include:</p> <p>1. On 3/26/25 at 11:44 A.M., Resident T's clinical record was reviewed. Diagnoses includes, but were not limited to, Parkinson's Disease.</p> <p>The most current Quarterly Minimum Data Set (MDS) Assessment, dated 1/13/25, indicated that the resident was severely cognitively impaired and was dependent on staff for eating, transferring, hygiene, and toileting. During that assessment, the resident was considered a risk for pressure wounds and had a stage 4 pressure wound present.</p> <p>Current physician orders included, but were not limited to:</p> <p>Skin preparation to bilateral heels every shift for protection dated 9/6/22.</p> <p>Wound: Coccyx Stage 4, clean area with wound cleanser and pat dry with 4 x 4 gauze. Cut a strip of calcium alginate (wound dressing) into a thin long strip and pack loosely into the 11 o'clock tunnel and spread to cover wound bed and pack wound also, skin prep peri wound and cover with 4 x 4 Foam border dressing PRN (As Needed) dislodgment or soiling, dated 3/7/25.</p> <p>Care plan conference notes indicated the care plan was reviewed on 1/13/25.</p> <p>The current care plan for infection indicated that the resident had a need for EBP related to wound care. Interventions included, but were not limited to:</p> <p>Enhanced Barrier Precautions Signs will be hung on the appropriate rooms, dated 4/10/24</p> <p>PPE will be placed outside of rooms for staff use, dated 4/10/24.</p> <p>Staff will use appropriate PPE during resident care, dated 2/21/25.</p> <p>On 3/27/25 at 11:02 A.M., Registered Nurse (RN) 16 and RN 12 were observed performing wound care without a gown as noted on the Enhanced Barrier Protocol sign posted outside the resident's door.</p> <p>During an interview on 3/27/25 at 11:15 A.M., RN 12 indicated that she forgot to put on the gown</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155768
		If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155768	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2025
NAME OF PROVIDER OR SUPPLIER  Evansville Protestant Home		STREET ADDRESS, CITY, STATE, ZIP CODE  3701 Washington Ave Evansville, IN 47714	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>prior to wound care.2. On 3/26/25 at 9:20 A.M., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, unspecified ulcer on right buttock.</p> <p>The most current Minimum Data Set (MDS) Assessment, dated 1/12/25, indicated Resident D was cognitively intact, was dependent on staff (staff does all of the effort) for toileting, bathing, and transferring, and had no pressure injuries.</p> <p>Current physician orders included, but were not limited to:</p> <p>Cleanse area to buttocks with wound cleanser and apply thin layer of hydrophilic wound paste (Coloplast) and cover with a large sacral foam border dressing daily and as needed when soiled, once a day every three days, dated 2/14/25</p> <p>A current pressure ulcer care plan, initiated 12/12/24, indicated Resident D had a pressure ulcer on her buttock.</p> <p>A care conference was most recently completed on 1/10/25. Care plan conference notes indicated that all current care plans were reviewed.</p> <p>A wound management report, dated 2/4/25 at 4:14 P.M., indicated an unspecified ulcer that was not present on admission was identified on Resident D's right buttock. The ulcer measured 1 centimeter (cm) in length and 0.8 cm in width.</p> <p>The most current wound management report, dated 3/22/25 at 9:00 A.M., indicated the ulcer on Resident D's right buttock measured 0.7 cm in length by 0.3 cm in width.</p> <p>The clinical record lacked an order or care plan that indicated Resident D was on Enhanced Barrier Precautions (EBP) due to the wound.</p> <p>On 3/27/25 at 10:31 A.M., Registered Nurse (RN) 16 and RN 5 were observed performing wound care on Resident D's ulcer on her right buttock. RN 16 and RN 5 were not wearing gowns during wound care. There was not an EBP sign observed in or near the resident's room.</p> <p>On 3/28/25 at 8:31 A.M., the Director of Nursing (DON) provided a list of all residents on EBP, and Resident T was listed. Resident D's name was not on the list.</p> <p>During an interview on 3/28/25 at 8:40 A.M., the DON indicated EBP was used for residents who had an indwelling catheter, wound, or open surgical incision. At that time, she indicated Resident D should be on EBP and staff should be wearing a gown and gloves while providing wound care to the resident.</p> <p>During an interview on 3/28/25 at 10:36 A.M., the Infection Preventionist (IP) indicated that staff should use EBP with direct patient care if the resident had a wound or an indwelling catheter.</p> <p>On 4/1/25 at 11:00 A.M., the Administrator provided a current undated Enhanced Barrier Precautions for Skilled Nursing Facilities policy that indicated .nursing staff ensures that the resident and staff are aware of need to use EBP and the necessary supplies are provided .EBP signage outside resident's room and provide readily available personal protective equipment (PPE), including gowns and gloves .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155768	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2025
NAME OF PROVIDER OR SUPPLIER  Evansville Protestant Home		STREET ADDRESS, CITY, STATE, ZIP CODE  3701 Washington Ave Evansville, IN 47714	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This citation relates to complaint IN00451230.</p> <p>3.1-18(b)(2)</p>		