

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155759	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/14/2025
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NAME OF PROVIDER OR SUPPLIER GLEN OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 601 W CR 200 S NEW CASTLE, IN 47362
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00441949.</p> <p>This visit included the Investigation of Residential Complaint IN00450821.</p> <p>Complaint IN00441949 -- No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 13 and 14, 2025</p> <p>Facility number: 011187 Provider number: 155759 AIM number: 200838150</p> <p>Census Bed Type: SNF/NF: 34 SNF: 15 Residential: 28 Total: 77</p> <p>Census Payor Type: Medicare: 13 Medicaid: 26 Other: 10 Total: 49</p> <p>Glen Oaks Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00441949.</p> <p>Quality review completed on January 15, 2025.</p>	F 0000	<p>F000 INITIAL COMMENTS</p> <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Complaint Survey. Please accept this Plan of Correction as the provider's credible allegation of compliance as of January 29th,2025. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	
R 0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brandi McWhorter	RN DHS	01/29/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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Bldg. 00	<p>This visit was for the Investigation of Residential Complaint IN00450821.</p> <p>This visit included the Investigation of Nursing Home Complaint IN00441949.</p> <p>Complaint IN00450821 -- State deficiencies related to the allegations are cited at R0036 and R0214.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: January 13 and 14, 2025</p> <p>Facility number: 011187</p> <p>Residential: 28</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on January 15, 2025.</p>	R 0000	<p>F000 INITIAL COMMENTS</p> <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Complaint Survey. Please accept this Plan of Correction as the provider's credible allegation of compliance as of January 29th,2025. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	
R 0036 Bldg. 00	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency</p> <p>Based on interview and record review, the facility failed to notify a responsible party of a change in condition for 1 of 3 residents reviewed for skin issues. (Resident F)</p> <p>Findings include:</p> <p>The clinical record of Resident F was reviewed on 1-13-25 at 10:39 a.m. Her diagnoses included, but</p>	R 0036	<p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>Resident F family was notified for all changes in condition.</p> <p>2: How other residents having the potential to be affected by</p>	01/29/2025

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	<p>were not limited to, late onset Alzheimer's disease, diabetes with associated neuropathy, and hypertension. It indicated she had been a resident of the secured memory care unit for less than one year.</p> <p>In an interview with Licensed Practical Nurse (LPN) 2 on 1-13-25 at 11:32 a.m., he indicated Resident F currently had an open area to the left hip area and a blister to the left heel. He indicated she was currently followed by a local wound center for treatment of both areas.</p> <p>A review of Resident F's clinical record indicated the open area to the left hip was identified by the facility on 11-4-24. It indicated the blister to the left heel was identified by the facility on 1-6-25.</p> <p>A progress note, dated 11-4-24, indicated Resident F's son was notified of a new open area, located to the left hip. A progress note, dated 11-5-24, indicated the physician had provided a new order for an antibiotic for the new skin issue, but did not indicate the responsible party had been notified of the new order. A progress note, dated, 11-11-24, indicated the responsible party was notified of the new antibiotic order, six days after the original order was received. A progress note, dated 11-27-24, indicated yellow-green drainage was observed and the physician was notified, but did not indicate if the responsible party was notified. A progress note, dated 11-28-24, indicated the wound's edges were "irregular," and had minimal purulent drainage, but it did not indicate if the physician or responsible party were notified of the change. A progress note, dated 12-4-24, indicated the left hip wound had enlarged in size, had reddened wound margins and the wound bed appeared worsened. It indicated new physician orders were received</p>		<p>the same deficient practice will be identified and what corrective action will be taken.</p> <p>All residents have the potential to be affected. DHS or designee will educate the nursing staff on AL Communication guidelines.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>DHS or designee will be responsible for auditing residents to ensure responsible parties are notified of changes in condition per policy. An audit of 5 residents will be conducted weekly x 4 weeks than monthly times 2 months. The results of these audits will be reviewed by the QAPI committee overseen by the ED.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <p>5. Date of completion: 1/29/25</p>	

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	<p>for the treatment of the wound, but it did not indicate the responsible party had been notified of the change in condition and new orders. A progress note, dated 1-6-25, indicated a new skin area to the left heel had been identified and the facility had received treatment orders from the attending physician. It did not indicate the responsible party had been notified of the new skin issue.</p> <p>In an interview on 1-14-25 at 11:42 a.m., with a family member of Resident F, they indicated they were "surprised" the facility had not notified them of the decline in Resident F's left hip wound, as the facility historically had been very prompt in notifying them of falls, changes to medications, or other concerns. They indicated in early November 2024; the facility had informed them of a "scratch" to the resident's left hip. They indicated they did not give the scratch much thought, as they assumed it would heal quickly. They indicated a family friend contacted him in early January 2025, with concerns and pictures of the left hip wound and a wound to the left heel of Resident F. "Was surprised at how bad they looked." They indicated they had not been updated in regards to the left hip wound worsening or the new area to the heel. They indicated he went to the facility around the same time and showed the pictures to Qualified Medication Aide (QMA) 3, who they indicated told them she was unaware of Resident F's heel problem.</p> <p>In an interview with LPN 2 on 1-14-25 at 2:15 p.m., he indicated as the manager of the assisted living portion of the building, he was responsible for ensuring families or responsible parties of residents were notified of any change in conditions, such as new areas or new care orders.</p>			

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R 0214 Bldg. 00	<p>This Residential tag relates to Complaint IN00450821.</p> <p>2.5-1.2(k)(1) 2.5-5(k)(2)</p> <p>410 IAC 16.2-5-2(a) Evaluation - Deficiency</p> <p>Based on interview and record review, the facility failed to develop service plans related to open areas to the skin for 2 of 3 residents reviewed for skin issues. (Residents F and G)</p> <p>Findings include:</p> <p>1. The clinical record of Resident F was reviewed on 1-13-25 at 10:39 a.m. Her diagnoses included, but were not limited to late onset Alzheimer's disease, diabetes with associated neuropathy, and hypertension. It indicated she had been a resident of the secured memory care unit for less than one year.</p> <p>In an interview with Licensed Practical Nurse (LPN) 2 on 1-13-25 at 11:32 a.m., he indicated Resident F currently had an open area to the left hip area and a blister to the left heel. He indicated she was currently followed by a local wound center for treatment of both areas.</p> <p>A review of Resident F's clinical record indicated the open area to the left hip was identified by the facility on 11-4-24. It indicated the blister to the left heel was identified by the facility on 1-6-25.</p> <p>A review of the service plans for Resident F failed to identify any documented concerns for</p>	R 0214	<p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice? Residents F and G have signed service plans.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. All residents have the potential to be affected. DHS or designee will educate the nursing staff on Evaluation and Service Plan guidelines.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? DHS or designee will be responsible for auditing residents to ensure service plans are signed per policy. An audit of 5 residents will be conducted weekly x 4 weeks than monthly times 2 months. The results of these audits will be reviewed by the</p>	01/29/2025

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	<p>alterations in her skin on her most recent evaluation, dated 8-9-24, or updates since that time. In an interview with the Corporate Nurse on 1-14-25 at 3:35 p.m., she indicated she was unable to locate any service plans for Resident F's open areas.</p> <p>2. The clinical record of Resident G was reviewed on 1-13-25 at 10:39 a.m. Her diagnoses included, but were not limited to, unspecified dementia, a history of a stage 4 pressure ulcer to the sacral region and unspecified protein-caloric malnutrition. It indicated she had been a resident of the secured memory care unit for over one year.</p> <p>In an interview with LPN 2 on 1-13-25 at 11:32 a.m., he indicated Resident G currently had an open area to the coccyx area. He indicated she was currently receiving physician-ordered daily dressing changes to the area.</p> <p>A review of Resident G's clinical record indicated the open area to the coccyx was identified by the facility on 1-10-25. A review of the service plans for Resident G failed to identify any documented concerns for alterations in her skin on her most recent evaluation, dated 10-22-24, or updates since that time. In an interview with the Corporate Nurse on 1-14-25 at 3:35 p.m., she indicated she was unable to locate any service plans for Resident G's open areas.</p> <p>On 1-14-25 at 3:40 p.m., the Corporate Nurse provided a copy of a policy entitled, "Assisted Living Evaluation and Service Plan Guidelines," with a review date of 12-16-24. This policy indicated, "Upon admission, semi-annually and with significant change to health status or functioning, the licensed nurse shall evaluate the resident's physical, mental, psychosocial</p>		<p>QAPI committee overseen by the ED.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <p>5. Date of completion: 1/29/25</p>	

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R 0247 Bldg. 00	<p>functioning and care needs. Significant changes include but not limited to...an acquired or worsened wound...A service plan shall be identified and implemented in response to the resident's evaluation and in collaboration with the resident and/or responsible party."</p> <p>This Residential tag relates to Complaint IN00450821.</p> <p>2.5-2(a) 2.5-2(c)(1) 2.5-2(d)</p> <p>410 IAC 16.2-5-4(e)(7) Health Services - Deficiency</p> <p>Based on interview and record review, the facility failed to initiate an order for an antibiotic in a timely manner, related to a new skin issue, for 1 of 3 residents reviewed for skin issues. (Resident F)</p> <p>Findings include:</p> <p>The clinical record of Resident F was reviewed on 1-13-25 at 10:39 a.m. Her diagnoses included, but were not limited to late onset Alzheimer's disease, diabetes with associated neuropathy and hypertension. It indicated she had been a resident of the secured memory care unit for less than one year.</p> <p>In an interview with Licensed Practical Nurse (LPN) 2 on 1-13-25 at 11:32 a.m., he indicated Resident F currently had an open area to the left hip area and a blister to the left heel. He indicated she was currently followed by a local wound center for treatment of both areas.</p>	R 0247	<p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice? Resident F orders for antibiotics entered and completed.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. All residents have the potential to be affected. DHS or designee will educate the nursing staff on AL Medication Administration guidelines.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? DHS or designee will be</p>	01/29/2025

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	<p>A review of Resident F's clinical record indicated the open area to the left hip was identified by the facility on 11-4-24.</p> <p>A progress note, dated 11-4-24, indicated Resident F's physician and son were notified of a new open area, located to the left hip. A progress note, dated 11-5-24, indicated the physician had provided a new order for an antibiotic of cephalexin 500 milligrams three times daily for seven days, for the new skin issue, but did not indicate the responsible party had been notified of the new order. The next progress note, dated, 11-11-24, indicated, "Antibiotic date was entered into [name of electronic health record system] on the wrong date. [Name of electronic health record system] updated with new orders. Resident family and md [medical doctor] made aware."</p> <p>In an interview with the Corporate Nurse on 1-14-25 at 3:25 p.m., she indicated she had spoken with the nurse who entered the original antibiotic order, on 11-5-24, who shared she had inadvertently entered the start and stop dates for the antibiotic as the same date, which was the end date of when the antibiotic would have been completed. She indicated when the physician was made aware of the error, she ordered for the medication to be administered as a full regimen, as it had originally been ordered, but to start on 11-11-24 and continue three times daily for seven days.</p> <p>2.5-4(e)(7)</p>		<p>responsible for auditing residents with new antibiotic orders for timely start date per policy. An audit of all residents on new antibiotics will be conducted 2 times weekly x 4 weeks than monthly times 2 months. The results of these audits will be reviewed by the QAPI committee overseen by the ED.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <p>5. Date of completion: 1/29/25</p>	