

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155671	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/24/2023
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NAME OF PROVIDER OR SUPPLIER  OAKWOOD HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 1143 23RD ST TELL CITY, IN 47586
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00415572.</p> <p>Complaint IN00415572: Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Survey date: August 24, 2023</p> <p>Facility number: 002512 Provider number: 155671 AIM number: 200278690</p> <p>Census bed type: SNF: 17 SNF/NF: 59 Residential: 20 Total: 96</p> <p>Census payor type: Medicare: 11 Medicaid: 38 Other: 37 Total: 86</p> <p>This deficiency reflect States findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 29, 2023.</p>	F 0000	<p>The submission of this plan of correction does not indicate an admission by Oakwood Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Oakwood Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>	
F 0921 SS=E Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure a safe,</p>	F 0921	<p>1. Residents in room 114 and 306 were affected by the alleged</p>	09/29/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mary C. Blocker	Executive Director	09/14/2023

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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	<p>comfortable, and homelike environment during random room observations and including 4 of 7 resident restrooms reviewed for water temperatures. Water temperatures were greater than the maximum temperature of 120 degrees Fahrenheit (F), resident personal hygiene items were open to air or stored on the bathroom floor, and an air conditioning unit was leaking onto the carpet in a resident room. (Resident B, Resident C, Resident F, Resident G, Room 112, Room 113, Room 114, Room 104, Room 208, Room 211, Room 306, Room 410, Room 307, Room 308)</p> <p>Findings include:</p> <p>1. During an interview and observation on 8/24/23 at 9:45 A.M., Resident B indicated that the air conditioning unit in their room (114) does not work well. While observing the unit, a large wet spot directly under the air conditioner unit and in front of the bathroom door was noticed.</p> <p>During an observation of the shared bathroom in Room 114, a blue tooth brush was resting on the backside of the bathroom sink, unlabeled and open to air.</p> <p>During a review facility grievances on 8/24/23 at 12:15 P.M., a resident in Room 211 made a complaint on 7/24/23 that, "...the aides are not emptying the bath basin under the AC (air conditioner) unit and it is overflowing onto the carpet everyday..." and a resident in room 113 made a complaint on 7/24/23 that, "wet carpet - resident states 'I am tired of my carpet being wet all the time' carpet noted to be wet from AC unit..."</p> <p>During an interview on 8/24/23 at 11:55, the maintenance director indicated they had have problems with the air conditioning units building</p>		<p>deficient practice. No adverse effects noted. Room 114 toothbrush was discarded and new one labeled and placed in container. Room 306 personal hygiene items were replaced and appropriately stored. Clinical staff were immediately educated on appropriate storage and labeling of personal hygiene items.</p> <p>Residents in rooms 104, 208, 306, 307, 308, and 410 were affected by the alleged deficient practice. No adverse effects noted. Mixing valve in water heater replaced immediately. Department leaders educated on checking water temps daily.</p> <p>Residents in rooms 112, 113, 114, and 211 were affected by the alleged deficient practice. No adverse effects noted. Wash basins under the air conditioning units were immediately emptied. Staff to be educated to proper functioning of air conditioning units.</p> <p>2. All residents have the potential to be affected. Nursing staff to be educated on appropriate storage and labeling of personal hygiene items. Department leaders to be educated on water temperature policy. The Maintenance Director educated on checking water temps daily. Staff to be educated on proper functioning of air condition units.</p> <p>3. As a measure of ongoing compliance, the DHS or designee</p>	

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	<p>up condensation when it is hot outside. The units start to lean inward and drip onto the resident floors. The units have to be jacked up so the condensation will drain outside of the building. The maintenance director indicated she had a work order for the same problem in room 112, but was unaware of the issue in room 114.</p> <p>2. During an observation and interview on 8/24/23 at 10:00 A.M., Resident C indicated that the water gets hot in her bathroom (room 104). The bathroom sink water temperature was 121 degrees F.</p> <p>During an observation and interview on 8/24/23 at 11:20 A.M. the facility maintenance director along with the regional maintenance director checked the water temperature in room 104. A water temperature of 123 degrees was observed. At that time, the regional maintenance director indicated the water is too hot and that he would adjust the mixing valve.</p> <p>3. During an interview and observation on 8/24/23 at 10:15 A.M., Resident F's bathroom sink water temperature in room 208 tempted at 123 degrees F. Resident F indicated at times the water gets real cold, then gets real hot.</p> <p>4. During an interview and observation at 10:25 A.M., Resident G's bathroom sink water temperature in room 306 tempted at 123 degrees F. The shared bathroom in room 306 also contained a large bag of personal hygiene items and other belongings that were spilling out onto the bathroom floor. Resident G indicated that the her roommate needed a place to store her personal items so that they would not be on the bathroom floor.</p>		<p>will audit 5 rooms to ensure personal care items are stored appropriately and off the floor weekly x4 weeks, then every other week x2 months, then monthly x3 months.</p> <p>As a measure of ongoing compliance, the DPO or designee will audit 5 rooms to ensure air conditioning unit is functioning properly weekly x4 weeks, then every other week x2 months, then monthly x3 months.</p> <p>As a measure of ongoing compliance, the DPO or designee will audit to ensure water temps are documented and within requirements daily x4 weeks, then weekly x4 weeks, then every other week x2 months, then monthly x2 months.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p>		

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	<p>During an interview on 8/24/23 at 12:15 P.M., the DON (Director of Nursing) indicated the facility did not have a policy on the storage of resident personal hygiene items, but that the facility had recently purchased containers for residents to store their items in. Staff should observe for resident personal items being left out and should be sure that they are stored correctly.</p> <p>5. During an observation on 8/24/23 at 10:40 A.M., in room 410, the bathroom sink water was tempted at 121 degrees F. On 8/24/23 at 11:30 A.M., the facility maintenance director also tempted room 410's bathroom sink water at 121 degrees F.</p> <p>During an interview on 8/24/23 at 11:15 A.M., the regional maintenance director indicated that water temperatures in resident rooms should range between 100 - 120 degrees F. Room water temperatures should be checked daily.</p> <p>During a record review on 8/24/23 at 11:45 A.M., a weekly water temperature check included the following: 8/24/23 - Room 308: 120.9 degrees F 8/24/23 - Room 307: 120.8 degrees F</p> <p>During an interview on 8/24/23 at 12:00 P.M., the Facility Administrator indicated that the facility maintenance director had been checking room water temperatures weekly, but not daily as according to their policy.</p> <p>On 8/24/23 at 12:00 P.M., the facility Administrator supplied a facility policy titled, Water Temperature Testing - Life Safety, dated 8/20/18. The policy included, "It is [Facility] policy to test water temperatures daily. ...Testing must take place in the following areas: ...One resident room at the end of each wing, on a rotating basis...</p>			

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R 0000  Bldg. 00	<p>Patient room temperatures are specified by state requirements. ...Indiana 100 - 120 (degrees Fahrenheit)."</p> <p>This Federal tag relates to complaint allegation IN00415572.</p> <p>3.1-19(f)(5) 3.1-19(r)(1) 3.1-19(r)(2)</p> <p>This visit was for the investigation of complaint IN00415572.</p> <p>Complaint IN00415572: No deficiencies related to the allegations were cited.</p> <p>Survey date: August 24, 2023</p> <p>Facility number: 002512</p> <p>Residential Census: 20</p> <p>Oakwood Health Campus was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation into Complaint IN00415572.</p>	R 0000	<p>The submission of this plan of correction does not indicate an admission by Oakwood Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Oakwood Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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