

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155693	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/02/2015
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NAME OF PROVIDER OR SUPPLIER SILVER OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2011 CHAPA STREET COLUMBUS, IN 47203
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: May 26, 27, 28, 29, June 1, & 2, 2015</p> <p>Facility number: 002955 Provider number: 155693 AIM number: 200346570</p> <p>Census bed type: SNF: 44 SNF/NF: 26 Residential: 32 Total: 102</p> <p>Census payor type: Medicare: 30 Medicaid: 18 Other: 22 Total: 70</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
F 0242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO			

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.

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Bldg. 00	<p>MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on observation, interview and record review, the facility failed to ensure that resident choices were honored regarding bathing preferences for 1 of 3 residents reviewed for choices of the 4 residents who met the criteria for choices. (Resident #90)</p> <p>Findings include:</p> <p>During an observation of and interview with Resident #90 on 05/27/2015 at 1:47 P.M., the resident indicated due to a stroke in the past, she needed assistance with bathing and her bathing preference was a bed bath. She further indicated she was "ashamed" to say how long it had been since she had a bath and had not had one this week or last week. The resident was observed to have clean hair. Resident #90 indicated she has the facility beautician wash and style her hair weekly.</p> <p>The clinical record for Resident #90 was reviewed on 05/29/2015 at 11:21 A.M. Diagnoses included, but were not limited</p>	F 0242	<p>F 242 Resident # 90 was re-interviewed regarding their personal preference for the number of showers or baths they would like to receive each week. Resident #90's Personal Preference Form has been updated, along with the resident profile / assignment sheets, to reflect the resident # 90's current preference. Resident #90 received a bed bath on 6/1/15 at 7:27pm. All residents on Health Center and TCS (100, 200, 300, 600 halls) have been re-interviewed by Social Services and Activities regarding personal preference for the number of showers or baths they would like to receive each week. Each resident's Personal Preference Form has been updated by DHS or designee with the resident profile / assignment, to include any changes in each resident's preference. This will be completed by 7/1/2015. DHS or designee will re-educate the Nursing staff and Activities Department on the following: 1). Bill of Residents Rights 2). Guidelines for Bathing Preference 3). Personal Preference Form.</p>	07/01/2015

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	<p>to, stroke with right side weakness and spinal stenosis. The annual MDS (Minimum Data Set) assessment, dated 02/19/2015, indicated the resident had a BIMS (Brief Interview for Mental Status) score of 15 and was alert and oriented. The MDS assessment further indicated it was very important for the resident to choose between a bed bath, tub bath, or shower, and needed extensive assistance with the help of two staff members for personal hygiene. The Care Plan for Resident #90 indicated the resident needed the assistance of 1-2 staff with ADL's (Activities of Daily Living).</p> <p>During an interview on 06/01/2015 at 9:35 A.M., the DON (Director of Nursing), indicated the facility has shower aides who generally give the baths and document the bath on a "Shower Sheet" record.</p> <p>On 06/01/2015 at 9:40 A.M. LPN (Licensed Practical Nurse) #3 provided a binder containing the "Shower Sheet" records for the months of April and May. The binder did not contain any "Shower Sheet" records for Resident #90.</p> <p>A document titled, "Health Center Shower Schedule", was provided by the DON on 06/01/2015 at 9:40 A.M. This document indicated Resident #90 was to</p>		<p>The following audits/observations will be conducted by the SSD or designee. 5 residents will be interviewed 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance. Based on interview results, the Personal Preference Form and Resident Plan of Care will be updated as indicated to ensure the residents preferences are being honored. The results of the audits/interviews will be reviewed in the daily Clinical Care meeting as well as being presented to the monthly Quality Assessment and Assurance Committee for review. Action plan will be developed for any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved times 90 days, as determined by the QA committee.</p>	

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	<p>be bathed on Tuesday and Friday during the day shift.</p> <p>The "Resident Bathing Type Chart" was provided by the DON on 06/01/2015 at 10:00 A.M. This document indicated Resident #90 had a total of nine bed baths in the last 60 days from 04/02/2015 through 05/31/2015. The resident's last recorded bed bath was on 05/22/2015, during day shift.</p> <p>An interview was conducted on 06/01/2015 at 10:07 A.M. with CNA #1 (Certified Nursing Assistant) who was one of the shower aides. She indicated "Shower Sheets" were filled out for all residents and were used for informing the Unit Manager which residents had been bathed and any skin issues noted. The completed "Shower Sheets" were signed by the nurse and then given to the Unit Manager and were used for all bathing, including bed baths. CNA #1 further indicated if a resident refused a bath she would go back and try again later and if that did not work, she would have the nurse talk to the resident, to encourage them to bathe. She indicated "Shower Sheets" were filled out for every resident, even when the resident refused care.</p> <p>The "Resident Preference for Customary Routine and Activities Interview</p>			

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F 0278 SS=D Bldg. 00	<p>Worksheet", provided by Unit Manager #2 on 06/01/2015 at 11:20 A.M., indicated the resident preferred a bed bath in the late afternoon and the resident had paralysis in the right arm and hand.</p> <p>A current policy and procedure titled, "Guidelines for Bathing Preference", was provided by the Unit Manager #2 on 06/01/2015 at 11:09 A.M. This document indicated "...6. Bathing shall occur at least twice a week unless resident preferences state otherwise."</p> <p>3.1-3(u)(1)</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money</p>			

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	<p>penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on observation, record review and interview, the facility failed to ensure a dental assessment was accurate upon admission to the facility for 1 of 1 resident reviewed for Dental Status and Services of the 1 resident who met the criteria for Dental Status and Services. (Resident #172)</p> <p>Findings include:</p> <p>On 05/27/2015 at 8:54 A.M., Resident #172 was observed sitting in a wheelchair. During conversation, the resident's teeth were observed. The resident had deep, black holes in several teeth. During an interview at this time, Resident #172 indicated several dental fillings were loose and several were missing prior to admission to the facility. The resident indicated additional fillings had fallen out since admission and chewing had been difficult with the broken teeth and missing fillings.</p> <p>The clinical record for Resident #172 was</p>	F 0278	<p>F278 1. Resident #172's Nursing assessment has been reviewed and revised by the DHS to reflect an accurate dental assessment. This was conducted on 6/11/15. The dietician reassessed the dental condition for resident #172 on 6/15/15 and updated the Nutritional Assessment form to reflect the residents current dental status and condition. The MDS will be modified by the MDS Coordinator on 6/15/15 to reflect resident # 172's current dental condition. Dir. of Health Services and Social Services met with resident #172 in regards to scheduling a dental appointment to address her dental issues. The resident has a BIMS of 15. Resident #172 was examined by dentist on 6/17/15. Recommendations were made that resident #172 should visit a local dentist to evaluate #2 and #3 for likely extractions. Resident #172 refuses any intervention from an outside dentist to address these recommendations. Social Service explained potential for further decline in condition of oral</p>	07/01/2015

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	<p>reviewed on 05/28/2015 at 1:37 P.M., and indicated the following:</p> <p>"The Nursing Admission Assessment" form, dated 04/28/2015, indicated Resident #172 had no obvious or likely cavity, loose, or broken natural teeth.</p> <p>The Minimum Data Set (MDS) assessment, dated 05/05/2015, indicated Resident #172's Brief Interview for Mental Status (BIMS) score was 15, indicating the resident was alert and oriented. The Oral/Dental Status indicated no issues of obvious or likely cavity, and no broken, chipped or cracked teeth fragments.</p> <p>The "Nutrition Assessment and Data Collection" form, dated 05/05/2015, signed by the Registered Dietitian, indicated Resident #172's oral condition was good.</p> <p>During an interview on 05/28/2015 at 2:25 P.M., the Director of Nursing (DON) indicated she had assessed Resident #172's dental status and the resident had multiple cavities and loose fillings. The DON indicated Resident #172's nursing assessment for dental status should have been documented as obvious or likely cavity or broken natural teeth.</p>		<p>cavity and the resident still declined intervention. Social Service will meet with resident again in 1 week to verify the resident still does not want intervention from an outside dentist. Facility will continue to address dental condition in resident care conference quarterly. 2. All residents dental assessment will be reviewed to ensure MDS assessment is coded accurately. This will be conducted by the MDS Coordinator. All residents nursing admission dental assessments will be reviewed by the DHS/ADHS to ensure the assessments reflect the residents accurate dental conditions. DHS/ADHS will review dental assessments during morning clinical meeting as new admissions are reviewed to ensure assessment is accurate. 3. MDS coordinators will be re-educated by Administrative Clinical MDS Clinical Support on accurate coding of residents dental conditions by 7/1/2015. All Licensed nursing staff will be re-educated by the DHS/ADHS on accurate completion of the Nursing Admission Assessment Form, including the Dental Assessment portion. 4. The DHS/ADHS/MDS Coordinator will conduct an audit of MDS assessments and Nursing Admission Assessments for 10 residents/week for 4 weeks then 5 residents/week for 8 weeks to</p>	

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F 0371 SS=F Bldg. 00	<p>On 06/02/2015 at 10:58 A.M., the DON provided the current policy titled, "Clinical Documentation Systems, Admission Nursing Assessment and Data Collection". This policy indicated, "...the purpose was to complete and document a comprehensive assessment of the resident's current medical status, identify risk factors for additional complications or safety concerns and implement a temporary plan of care to address problem areas...3. The assessment shall include identification of risk factors through assessment, observation, and review of pertinent documentation that may contribute to additional complications, medical decline or safety concerns."</p> <p>3.1-31(c)(9)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p>		<p>verify ongoing compliance. The results of the audits/interviews will be reviewed in the daily Clinical Care meeting as well as being presented to the monthly Quality Assessment and Assurance Committee for review. Action plan will be developed for any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved x90 days as determined by the QA committee.</p>	

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	<p>Based on observation, interview and record review, the facility failed to dispose of garbage and store and serve food in a sanitary manner related to trash can lids, sugar and flour scoops, carts, and hand washing for 2 of 2 kitchen and dining observations. This had the potential to affect 4 of 36 residents who dined in the main dining room and 104 of 104 residents who received food from the kitchen . (Residents #10, 12, 39, and 165)</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 05/26/2015 at 10:20 A.M., the following was observed:</p> <ol style="list-style-type: none"> Four large trash cans containing garbage were observed without lids. No lids were noted in the kitchen area and no active use of the garbage cans for food preparation was occurring at that time. On the floor in the dry storage room, two large bins with wheels were observed. One bin contained sugar and had three plastic cups laying inside the bin directly touching the sugar. One bin contained flour and had a plastic bowl laying inside the bin directly touching the flour. A large black open cart by the dishwasher contained stacks of clean 	F 0371	<p>F 371 The four large trash cans had lids placed to cover them on June 29th, by the Director of Food Service. The plastic cups inside the sugar bin were removed and the plastic bowl was removed from the flour bin. The black cart containing the clean dishes has been cleaned. The trash cans by the main door have a sturdy liner and are covered with lids when not in use . All residents had the potential to be affected by the practice. All nursing staff and dietary staff will be re-educated on hand hygiene utilizing the Guidelines for Handwashing/Hand Hygiene policy. Education will be conducted by the DHS/ADHS. The dietary staff will be re-educated by the DFS/ADHS on the Kitchen Storage Procedure, Garbage and Refuse Policy and Procedure, and following of the kitchen cleaning schedule process. DFS/DHS/ED/meal manager will do random observations of staff to ensure proper hand hygiene is occurring 8 X weekly X 1 month, then 8 X per month X 3 months. The Kitchen Cleaning Schedule will be reviewed daily in the Clinical Care meeting to ensure compliance. The results of the audits/interviews will be reviewed in the daily Clinical Care meeting as well as being presented to the monthly Quality Assessment and Assurance Committee for review. Action plan will be developed for</p>	07/01/2015

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	<p>dishes on the top shelf and a stack of silver baking trays on the bottom shelf, several crumbs littered the bottom shelf.</p> <p>During a dining room observation on 05/28/2015 at 12:27 P.M., the following was observed:</p> <p>3. The RN (Registered Nurse) #4 scratched her ear and then scratched her face, without washing her hands or using hand gel. RN #4 then delivered Resident #12's lunch plate, picked up two cups, walked over to the juice dispenser, filled the cups, and returned to Resident #12. After placing the cups in front of Resident #12, RN #4 tapped the resident's leg, touched the handle on the resident's wheelchair, pulled the resident's wheelchair closer to the table, and then locked the wheelchair. RN #4 picked up the resident's spoon and put the spoon down on the side of the resident's dish. RN #4 scratched her face and walked back to the serving area. RN #4 picked up a tray with three plates and delivered the plates to Resident #10, #39 and #165. No hand hygiene practices were observed in between residents.</p> <p>A second observation of the kitchen was conducted on 05/29/2015 at 2:30 P.M.</p>		any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved x90 days as determined by the QA committee.	

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	<p>The following was observed:</p> <p>4. Four large trash cans were observed without lids. No active food preparation was being conducted and no lids were noted in the immediate areas surrounding the trash cans. Two trash cans were located near the door to the main dining room and each trash can was one-third full of food scraps. One trash can was at the end of a prep table across from the stove. It was three-quarters full of plastic bags. One trash can was located near the three-sink dish station and was one-third full of discarded food containers.</p> <p>5. On the floor in the dry storage room, two large bins with wheels were observed. One bin contained only sugar. One bin contained flour and had a paper cup laying inside the bin directly touching the flour. Two large black open carts were noted with crumbs littering both the top and bottom shelves. One of the two carts was located by the dishwasher. The cart had a stack of plates and silverware on the top shelf and a stack of silver baking trays on the bottom shelf. The second cart was next to a food prep table and was empty. The DFS (Director of Food Services) was present during the observation and indicated the carts were "clean carts" for clean dishes. He further indicated the empty cart was used to transport clean</p>			

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	<p>dishes to the Transitional Care Dining Room.</p> <p>During an interview on 05/29/2015 at 10:20 A.M. the DFS (Director of Food Services) indicated the two trash cans near the door to the main dining room were used to scrape plates into and the other trash cans usually contained bags from food preparation.</p> <p>The current policy and procedure titled, "Garbage and Refuse" was provided by the DFS on 05/29/2015 at 3:01 P.M. This document indicated "1. Garbage receptacles will be lined with sturdy garbage bags and covered at all times, except during active use, and when being transported to the dumpster area."</p> <p>The current policy and procedure, titled "Kitchen Storage Procedures" was provided by the DON (Director of Nursing) on 06/02/2015 at 10:48 A.M. and indicated scoops were to be stored separately in a covered, protected area.</p> <p>The current document titled, "Kitchen Cleaning Schedule", provided by the DON on 06/02/2015 at 10:48 A.M. indicated push carts were to be cleaned after each meal.</p> <p>The current policy, titled "Guideline for Handwashing/Hand Hygiene", was provided</p>			

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F 0411 SS=D Bldg. 00	<p>by the DON on 06/02/2015 at 10:48 A.M. The policy indicated hand hygiene should be performed before and after serving meals, drinks, and direct physical contact with a resident.</p> <p>3.1-21(i)(2) 3.1-21(i)(3) 3.1-21(i)(5)</p> <p>483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on interview, record review and observation, the facility failed to ensure routine dental services were obtained and provided for 1 of 1 resident with cavities, missing and loose dental fillings in multiple teeth for 1 resident reviewed for Dental Services of the 1 resident who met the criteria for Dental Status and Services. (Resident #172)</p>	F 0411	F411 Resident #172's Nursing assessment has been reviewed and revised by the DHS to reflect an accurate dental assessment. This was conducted on 6/11/2015. The dietician reassessed the dental condition for resident #172 on 6/15/15 and updated the Nutritional Assessment form to reflect the residents current dental status	07/01/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155693	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/02/2015
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NAME OF PROVIDER OR SUPPLIER SILVER OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2011 CHAPA STREET COLUMBUS, IN 47203
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	<p>Findings include:</p> <p>During an interview on 05/27/2015 at 8:54 A.M., Resident #172 indicated chewing had been difficult due to several broken teeth and missing dental fillings. The resident further indicated no dental services had been provided or offered by the facility.</p> <p>Resident #172's oral cavity (mouth) was observed on 05/27/2015 at 8:54 A.M. Dark, black, deep, holes involving five or more teeth of the lower jaw and four or more of the upper jaw were noted. Several of the lower molars had only small jagged tooth fragments left.</p> <p>During an observation on 05/28/2015 at 2:25 P.M., the Director of Nursing (DON) entered Resident #172's room and assessed the resident's teeth. The DON indicated the resident had multiple cavities and loose fillings.</p> <p>During an interview on 06/02/2015 at 10:48 A.M., LPN (Licensed Practical Nurse) #3 indicated the dental status of all residents was assessed upon entry to the facility and also when there was a change in dental condition. LPN #3 indicated when dental issues were identified, or when a resident's family</p>		<p>and condition. The MDS will be modified by the MDS Coordinator on 6/15/15 to reflect resident # 172's current dental condition. Social Services met with resident # 172 on 6/15/15 in regard to scheduling a dental appointment to address her dental issues. The resident has a BIMS of 15. Resident #172 was examined by dentist on 6/17/2015. Recommendations were made that resident #172 should visit a local dentist to evaluate #2 and #3 for likely extractions. Resident #172 refuses any intervention from an outside dentist. Social Services explained potential for further decline in condition of oral cavity and resident still declined intervention. Social Services will meet with resident again in 1 week to verify the resident still does not want intervention. Will continue to address dental condition in resident care conferences quarterly. 2. All residents dental assessments will be reviewed to ensure MDS assessment is coded accurately. This will be conducted by the MDS Coordinators. All residents nursing admission dental assessments will be reviewed by the DHS/ADHS to ensure the assessments reflect accurate dental conditions of the residents. This will be done with the daily chart reviews in morning clinical meeting as new assessments are reviewed. In addition, all current residents will receive an oral</p>	

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R 0000	<p>requested, a dental visit was arranged by the Social Service Director (SSD).</p> <p>During an interview on 06/02/2015 at 10:50 A.M., the SSD indicated she had not been advised of any issues with Resident #172's oral cavity. The resident had not been seen and was not currently scheduled to be seen by a dentist.</p> <p>Resident #172's clinical record was reviewed on 05/28/2015 at 1:37 P.M., and indicated no dental consultations had occurred and no dental service appointments were scheduled. The admission Minimum Data Set (MDS) assessment dated 05/05/2015 indicated Resident #172's Brief Interview for Mental Status (BIMS) score was 15, and was alert and oriented.</p> <p>3.1-24(a)(1) 3.1-24(a)(2)</p>		<p>inspection by the licensed nurse to ensure accurate assessments are reflected. Social Services will be made aware of all residents who's dental conditions or issues indicate the need for dentist intervention and or followup based on the results. 3. MDS coordinators will be re-educated by Administrative Clinical MDS Clinical Support on accurate coding of residents dental conditions by 7/2/2015. All Licensed nursing staff will be re-educated by the DHS/ADHS on accurate completion of the Nursing Admission Assessment Form. 4. The DHS/ADHS/MDS Coordinator will conduct an audit of MDS assessments and Nursing Admission Assessments for 10 residents/week for 4 weeks then 5 residents/week for 8 weeks to verify ongoing compliance. The results of the audits/interviews will be reviewed in the daily Clinical Care meeting for follow up to include Social Services, as well as being presented to the monthly Quality Assessment and Assurance Committee for review. Action plan will be developed for any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved x90 days as determined by the QA committee.</p>		

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Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Residential Census: 32 Sample: 7</p> <p>Silver Oaks Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>	R 0000			