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 04/19/2011
NAME OF PROVIDER OR SUPPLIER SILVER OAKS HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 2011 CHAPA DR COLUMBUS, IN47203	

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F0000	This visit was for the Investigation of Complaint IN00088716. Complaint IN00088716 - Substantiated. Federal/State deficiencies related to the allegations are cited at F241 and R406. Survey dates: April 17, 18, and 19, 2011 Facility number: 002955 Provider number: 155693 AIM number: 200346570 Survey team: Penny Marlatt, RN, TC Janie Faulkner, RN Diana Sidell, RN (April 18 and 19, 2011) Census bed type: SNF/NF: 25 SNF: 48 Residential: 34 Total: 107 Census payor type: Medicare: 33 Medicaid: 20 Other: 54 Total: 107 Sample: 8 Supplemental sample: 4	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Residential sample: 2 These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2. Quality review completed 4/28/11 by Jennie Bartelt, RN.			
F0241 SS=D	The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on observation, interview, and record review, the facility failed to ensure residents were treated with dignity in that 1 resident was observed with her legs and adult diaper exposed and 1 resident had sat with wet pants. This affected 2 of 4 residents reviewed for dignity in a sample of 8. (Resident #A and B) Findings included: A document for "Resident's Rights - Resident Rights Handbook" was provided by the Administrator in Training (AIT) on 4/17/11 at 5:25 p.m. The "Resident Rights Handbook" included, but was not limited to: "When you are undergoing an examination or treatment, the staff should conduct the examination and treatment in a manner that maintains the privacy of your body (i.e., room door should be	F0241	Submission of this plan of correction and credible allegations does not constitute an admission by the provider that the allegations are a true and accurate portrayal of the provisions of care in this facility. Please accept this plan as same and our credible allegation of compliance.Silver Oaks Health Campus submits this plan of correction as its letter of credible allegation and requests a desk review if possible. We are alleging our compliance on 05/09/2011.1. Resident #A reviewed by IDT, refuses to wear slacks, will request family to bring in alternate clothing to ensure resident remains covered.2. IDT audited all H.C. and TCS residents on 05/02/2011. No other residents were affected by cited deficiency.3. Nursing staff inserviced related to privacy on 05/02/2011.4. Ongoing monitoring for compliance will be achieved	05/09/2011

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	closed, privacy curtain should be pulled around the bed, etc.)...You should be granted privacy when going to the bathroom and in other activities of personal hygiene. (Note: If you need assistance, the staff should still respect your need for privacy.)...." 1. On 4/18/11 at 11:15 a.m., Resident #A was observed from the hallway lying in bed on her right side with her legs, the lower part of her adult diaper, and a wound drainage tube exposed. Physical Therapy Assistant (PTA) #5 indicated "She prefers to lay that way and it doesn't bother her." PTA #5 was outside the door while the privacy curtain between the two beds was not pulled across far enough to provide privacy. Resident #A's record was reviewed on 4/18/11 at 11:30 a.m. The record indicated Resident #A was admitted with diagnoses that included, but were not limited to, diabetes mellitus, chronic obstructive pulmonary disease, congestive heart failure, and depression. A significant change minimum data set assessment (MDS) dated 4/8/11 indicated Resident #A was moderately impaired in cognition and easily understood others while easily making others understand herself.		by daily rounds by the DHS or designee.5. Ongoing compliance will be monitored through the QA process x 3 months.1.Resident #B was reviewed by IDT, resident refuses at times to have attends changed related to desire to attend activities.2. IDT audited all H.C. and TCS residents on 05/02/2011. No other residents were affected by cited deficiency.3. Nursing staff inserviced related to Incontinence Care on 05/02/2011.4. Ongoing monitoring for compliance will be achieved by daily rounds by the DHS or designee daily for 1 week, 3x weekly x 1 week and then weekly x 3 months.5. Ongoing compliance will be monitored through the QA process x 3 months.	

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	On 4/18/11 at 4:44 p.m., Resident #A was observed from the hallway sitting in a wheelchair beside her bed with a short gown on and her bare legs and adult diaper exposed. 2. Resident #B's record was reviewed on 4/18/11 at 9:30 a.m. The record indicated Resident #B was admitted with diagnoses that included, but were not limited to, cerebral palsy, diabetes, high blood pressure, debility, and muscle spasms. A quarterly MDS assessment dated 3/16/11 indicated Resident #B had no cognitive impairment, required extensive assist of two for transfers, did not ambulate, was frequently incontinent of bowel and always incontinent of bladder. Resident #B had a care plan with an initial start date of 2/18/09, and a last review date of 3/2/11 that included, but was not limited to; "ADL (activities of daily living) self-care deficit or potential for...needs assistance or is dependent in...toilet use, personal hygiene...goals: will not develop any complications related to decreased mobility...interventions...assist with personal hygiene as needed...." During an interview on 4/18/11 at 10:58			

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	a.m., Resident #B indicated he has had wet pants several times and it's a problem that has "bothered" him. This federal tag related to complaint number IN00088716. 3.1-(3)(t)			
R0000	The following residential findings were cited in accordance with 410 IAC 16.2-5.	R0000		
R0406	(a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. Based on observation, interview, and record review the facility failed to ensure Glucometers used for checking blood sugar were cleaned after each use for 1 of 2 residents observed during blood sugar checks from a sample of 2. (Resident #I) This had the potential to affect all 7 residents identified as diabetic by the	R0406	1. All residents with accuhecks on Residential audited to ensure they have their own glucometers. No other residents were affected by cited deficiency.2. All glucometers will be cleaned weekly.3. Nursing staff inserviced related to cleaning of glucometer and lancet pens per manufacturers guidelines on 05/02/2011.4	05/09/2011

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	facility in the assisted living area of the facility. Findings included: On 4/17/2011 at 4:28 P.M. an observation of blood glucose testing on resident #I performed by QMA #1. QMA #1 donned gloves, cleaned the resident's finger with an alcohol prep pad, and used a pen type lancet device to stick resident's finger. She then put a test strip in the glucometer and applied the resident's blood to the test strip with a glucose result of 236. QMA#1 cleaned the lancet device with an alcohol prep pad after she used it. QMA #1 then removed gloves, used alcohol gel on hands, and placed the glucometer on the top of the medication cart. QMA #1 indicated, "All residents use the same glucometer." QMA #1 indicated, "I don't clean the glucometer." On 4/17/2011 at 5:48 P.M. during an interview with the AIT [Administrator in Training] regarding glucometers, she indicated that all residents are to have their own glucometer, including the residential side residents and they have single use lancets to prick the diabetics fingers for blood glucose testing. "We don't have a written policy and procedure for glucometer cleaning, except for the manufacturer's recommendations which		Ongoing monitoring for compliance will be achieved by auditing weekly x 4 months.5. Ongoing compliance will be monitored through QA process x 3 months.	

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	are in the owner's booklet." Review of the"Truebalance Owner's Booklet" provided by the AIT on 4/17/11 at 5:37 P.M. indicated, "Meter Care *Wipe Meter with clean, lint-free cloth dampened with one of the following: -Mild detergent or mild soap and water, -10% household bleach and water *Do not use alcohol to clean Meter. Cleaning Meter with alcohol will cause damage. *Never put Meter in liquids or allow any liquids to enter Test and Data Ports." On 4/19/2011 at 1:58 P.M. during the exit conference concerns were expressed regarding lack of a policy on cleaning of the glucometers after use. The Director of Health Services indicated they (facility), "Do not have to clean glucometers after each use, because each resident has their own meter just like at home." The Director of Health Services indicated they do not have a routine cleaning schedule and they calibrate machines when they open a new bottle of test strips. This State tag is related to complaint number IN00088716.			

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