

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

PRINTED: 10/17/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155837		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/20/2024	
NAME OF PROVIDER OR SUPPLIER VILLAGES AT OAK RIDGE, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1694 TROY ROAD WASHINGTON, IN 47501			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00441261 and IN00442088. This visit included the Investigation of Residential Complaint IN00441261.</p> <p>Complaint IN00441261 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442088 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited at F-690.</p> <p>Survey dates: September 17, 18, 19, 20, 2024</p> <p>Facility number: 013332 Provider number: 155837 AIM number: 201305040</p> <p>Census Bed Type: SNF/NF: 33 SNF: 15 Residential: 30 Total: 78</p> <p>Census Payor Type: Medicare: 8 Medicaid: 32 Other: 8 Total: 48</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 26, 2024.</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by The Villages at Oak Ridge 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 The Villages at Oak Ridge. 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>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Emily Farris

RN

10/11/2024

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 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 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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F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI</p> <p>Based on observation, interview, and record review, the facility failed to ensure that appropriate treatment and services were provided to prevent UTIs (urinary tract infections) for a resident with a nephrostomy tube (a flexible tube that drains urine from the kidney into a bag outside the body) for 1 of 1 residents reviewed for UTI. A resident's MDS (Minimum Data Set) Assessment was incorrectly coded, the clinical record lacked a resident centered care plan, an antibiotic was ordered for 5 days and given for 6 days, and the resident did not follow up with specialists. (Resident B)</p> <p>Findings include:</p> <p>During an observation on 9/20/24 at 1:50 P.M., Resident B was in bed. At that time, Resident B indicated she had a nephrostomy tube for 2 years and she was in and out of the hospital often due to UTIs. She indicated she occasionally sat in a wet brief until staff came to assist. Resident B indicated the nursing facility would only change the dressing on the nephrostomy tube on shower days or when the dressing fell off.</p> <p>On 9/18/24 at 10:59 A.M., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, urinary tract infection, anemia, diabetes mellitus, liver transplant, and obstructive uropathy.</p> <p>The most recent Quarterly MDS (Minimum Data Set) Assessment, dated 8/24/24, indicated Resident B was cognitively intact and required an extensive assist of 1 staff member for bed mobility, transfers, and toileting. The MDS Assessment failed to indicate Resident B had a UTI in the last</p>			F 0690	<p>1. Resident B suffered no ill effects from the alleged deficient practice. Resident was assessed with no concerns. Licensed nurse was immediately educated on nephrostomy tube care and verifying orders for care are present. Licensed nurse was immediately educated on following discharge instructions and follow up appointments. MDS coordinator was immediately educated on MDS coding accuracy and resident centered care plans. Care plan was updated. MDS was modified to reflect accuracy.</p> <p>2. All residents have the potential to be affected. All like residents have been audited to ensure specialist appointments have been made per hospital discharge instructions. Licensed nursing staff educated on following discharge instructions. License nursing staff educated on required follow up with specialists. Licensed nursing staff educated on electronic record end dates for medications as appropriate. Licensed nursing staff educated on verifying urinary device care orders to ensure the orders are present on admission, readmission, and as warranted. Nursing staff educated on providing appropriate infection</p>		10/16/2024

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	<p>30 days. The MDS Assessment indicated Resident B had a nephrostomy tube and was occasionally incontinent of bladder and frequently incontinent of bowels.</p> <p>Resident B's clinical record lacked any current orders related to the nephrostomy tube.</p> <p>Resident B's clinical record lacked an order for a follow up Nephrology (doctor who specialized in disorders and treatment of the kidneys) and a nephrostomy tube replacement appointments.</p> <p>Resident B's clinical record lacked any orders related to a follow up Urologist (doctor who specialized in disorders and treatment of the urinary system) appointment.</p> <p>Resident B's current care plans included, but were not limited to, resident required a nephrostomy tube for diagnosis of obstructive uropathy. Interventions included, but were not limited to, observe for signs of complication such as UTI, dated 1/25/23.</p> <p>Resident B's clinical record lacked a care plan and interventions related to prevention of recurrent UTIs.</p> <p>Resident B had the following UTIs since April 2024: UTI# 1. Progress notes on 4/1/24 indicated Resident B started Keflex 500 mg (milligrams) TID (three times a day) for 5 days due to a UTI. The facility failed to discontinue Keflex after 5 days and Resident B received Keflex 500 mg TID for 6 days (4/3/24, 4/4/24, 4/5/24, 4/6/24, 4/7/24, and 4/8/24).</p> <p>Resident B was hospitalized from 4/11/24 through</p>				<p>control practices during urinary device and perineal care. MDS coordinator educated on accuracy of MDS coding related to UTI accuracy. MDS coordinator educated on resident centered care plans.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will audit 5 admissions or readmissions to ensure discharge instructions, to include follow up appointments being scheduled, weekly x4 weeks, then every other week x2 months, then monthly x3 months.</p> <p>DHS or designee will audit 3 like residents to ensure end dates in EMAR are documented per resident order; audit to be conducted weekly x4 weeks, then every other week x2 months, then monthly x3 months.</p> <p>The DHS or designee will audit 3 residents for appropriate urinary device care orders weekly x4 weeks, then every other week x2 months, then monthly x3 months.</p> <p>The DHS or designee will audit perineal care to ensure appropriate infection control practices are followed per policy on 5 residents weekly x4 weeks, then every other week x2 months, then monthly x3 months.</p> <p>MDS support or designee will audit 3 like residents for accuracy of MDS weekly x4 weeks, then every other week x2 months, then monthly x3 months.</p>		

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	<p>4/16/24 for an AKI (acute kidney injury). Discharge instructions included, but were not limited to, follow up with (Urologist's Name) on 5/23/24 at 9:20 A.M.</p> <p>UTI # 2. Progress notes on 5/15/24 indicated Resident B returned from a Nephrologist appointment with orders to start IV (intravenous) Mere (antibiotic) 1g (gram) for 7 days for a UTI. A PICC (peripherally inserted central catheter) line was inserted on 5/16/24 after failed attempts of inserting a peripheral IV.</p> <p>Resident B's clinical record lacked documentation of following up with the urologist on 5/23/24.</p> <p>UTI# 3. Hospital notes on 7/9/24 indicated Resident B was sent to the ED (emergency department) by her Nephrologist with abnormal renal lab values. Resident B's creatinine was 3.55 mg/dL (deciliter) (normal value 0.52-1.04 mg/dL) and BUN (Blood Urea Nitrogen) was 45.0 mg/dL (normal value 7.0-17.0 mg/dL)</p> <p>Progress notes on 7/10/24 indicated Resident B returned from the hospital to the facility that day and was started on IV Merrem two times a day for 5 days due to a UTI. Resident B received one extra dose than ordered by the facility.</p> <p>UTI# 4. Resident B was hospitalized from 8/13/24 through 8/17/24 due to worsening renal function and a UTI due to a Klebsiella species. Discharge instructions included, but were not limited to, Augmentin (antibiotic) and to follow up with the Nephrologist on 9/4/24.</p> <p>UTI# 5. Progress notes on 8/25/24 indicated Resident B was complaining of pain on 8/24/24 around nephrostomy tube and when the nurse</p>				<p>MDS Support or designee will audit 3 random residents for resident centered care plans to ensure accuracy weekly x4 weeks, then every other month x2 months, then monthly x3 months. 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>assessed it, it was red and swollen. At 4:00 P.M. on 8/25/24, when that nurse came back on shift, the resident was still complaining of pain and the nephrostomy tube site was swollen, red, hot to touch, and had green drainage. The resident was sent to the ED and admitted. Resident B was hospitalized from 8/25/24 through 8/26/24 with a primary diagnosis of UTI due to an Enterobactor species. Discharge instructions included, but were not limited to, follow up with the Nephrologist on 9/4/24.</p> <p>UTI# 6. Progress notes on 8/26/24 indicated the Nephrologist followed up on lab work ordered and notified the facility Resident B had a UTI. The Urologist was notified for orders and indicated since the resident missed her last appointment and had not been seen in over a year, they would not give orders. On 8/29/24 the PCP (Primary Care Physician) ordered Ertapenem (antibiotic) 1 daily via PICC line for 10 days and a probiotic for 20 days. Resident B was transferred to the hospital on 8/30/24 due to nausea, vomiting, and abdominal pain and was readmitted to the facility on 9/9/24. Discharge instructions included, but were not limited to, Urology referral at discharge.</p> <p>During an interview on 9/20/24 at 10:01 A.M., Clinical Support RN (Registered Nurse) 1 indicated if a resident was scheduled to have an antibiotic for 5 days, they should not receive it for 6 days and staff counted the days incorrectly. All current appointments scheduled should have been in the resident's orders in the electronic charting system.</p> <p>During an interview on 9/20/24 at 10:55 A.M., LPN (Licensed Practical Nurse) 3 indicated Resident B had a nephrostomy tube and the last orders were to flush the nephrostomy and change the</p>						

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	<p>dressing daily. At that time, she indicated she did not receive any in-services related to nephrostomy tubes, and Resident B got UTIs often due to sitting in a soiled brief too long.</p> <p>During an interview on 9/20/24 at 12:08 P.M., Clinical Support RN 1 indicated all orders related to the nephrostomy tube were discontinued when Resident B was discharged to the hospital. When she returned on 9/9/24, the facility failed to add the orders back in. At that time, she indicated Resident B did not see the Nephrologist on 9/4/24 due to being in the hospital, and the appointment was not rescheduled.</p> <p>During an interview on 9/20/24 at 12:21 P.M., the MDS Coordinator indicated she was responsible for MDS Assessments and updating care plans. At that time, she indicated Resident B had a UTI in the last 30 days prior to the most recent Quarterly MDS Assessment and it should have been marked that way, the nephrostomy tube care plan should have interventions specific for Resident B, and she would expect a care plan to be implemented related to Resident B's recurrent UTIs.</p> <p>During an interview on 9/20/24 at 3:06 P.M., Clinical Support RN 1 indicated if the discharge summary from the hospital recommended a follow up with a specialist such as a Nephrologist or Urologist, she would expect an order to be put in and an appointment made.</p> <p>On 9/20/24 at 3:36 P.M., a request for a policy that would include following physicians orders was not provided prior to the exit of the survey.</p> <p>On 9/20/24 at 3:40 P.M., Clinical Support RN 1 provided a current Comprehensive Care Plan</p>						

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R 0000 Bldg. 00	<p>Guideline policy, dated 5/22/18, that indicated, "...Address problems that become ongoing or chronic with a new comprehensive care plan..."</p> <p>On 9/20/24 at 3:40 P.M., Clinical Support RN 1 provided a current, undated Admission Checklist that indicated the admitting nurse would verify the follow up appointments that needed to be scheduled as well as a second nurse.</p> <p>On 9/20/24 at 3:40 P.M., Clinical Support RN 2 provided a current Urinary Catheter Care policy, reviewed 12/31/23, that indicated, "OVERVIEW. To prevent infection of the resident's urinary tract..."</p> <p>3.1-41(a)(2)</p> <p>This visit was for the Investigation of Complaint IN00441261. This visit included the Investigation of Nursing Home Complaint IN00442088</p> <p>Complaint IN00441261- No deficiencies related to the allegations are cited.</p> <p>Survey date: September 17, 18, 19, 20, 2024</p> <p>Facility number: 013332</p> <p>Residential Census: 30</p> <p>The Villages at Oak Ridge was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00441261.</p>			R 0000	<p>The submission of this plan of correction does not indicate an admission by The Villages at Oak Ridge 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 The Villages at Oak Ridge. 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</p>		

