

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

PRINTED: 03/07/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155773		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/20/2025	
NAME OF PROVIDER OR SUPPLIER TERRACE AT SOLARBRON THE				STREET ADDRESS, CITY, STATE, ZIP COD 1701 MCDOWELL RD EVANSVILLE, IN 47712			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00453495, IN00453438 and IN00453757.</p> <p>Complaint IN00453495 - Federal/State deficiencies related to the allegations are cited at F-635.</p> <p>Complaint IN00453438 - Federal/State deficiencies related to the allegations are cited at F-635.</p> <p>Complaint IN00453757- Federal/State deficiencies related to the allegations are cited at F-635.</p> <p>Survey dates: February 17, 18, 20, 2025.</p> <p>Facility number: 010930 Provider number: 155773 AIM number: 201274710</p> <p>Census Bed Type: SNF/NF: 77 Residential: 30 Total: 107</p> <p>Census Payor Type: Medicare: 7 Medicaid: 43 Other: 27 Total: 77</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 21, 2025.</p>			F 0000	<p>The plan of correction is to serve as Solarbron's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Solarbron or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>The facility respectfully requests desk review for the following citations.</p>		
F 0635 SS=D	483.20(a) Admission Physician Orders for Immediate						

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

TITLE

(X6) DATE

Danielle McClarnon

Clinical Specialist

03/04/2025

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>Care</p> <p>Based on interview and record review, the facility failed to ensure a newly admitted resident had immediate orders for the care of a colostomy for 1 of 1 residents reviewed for ostomies. (Resident D)</p> <p>Finding included:</p> <p>On 2/17/25 at 9:45 a.m., Resident D indicated he had a colostomy bag, the nurses took care of it, the Certified Nursing Aides (CNA) generally run from it if he needs care to it.</p> <p>On 2/18/25 at 10:13 a.m., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, colostomy status, age -related physical debility.</p> <p>An admission MDS (Minimum Data Set) assessment dated 1/22/25, indicated Resident B's cognition was intact, he had an ostomy. Resident D admitted to the facility on 1/16/25.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>Resident requires care and assistance related to ostomy; potential for complications, created date 1/17/25. Approaches included, but were not limited to: change wafer and ostomy as ordered, provided ostomy care as ordered and as needed (PRN), approach start date 1/17/25.</p> <p>January and February physician orders were reviewed and contained no orders for the care of Resident D's colostomy.</p> <p>On 2/20/25 at 2:37 p.m., Licensed Practical Nurse (LPN) 2 indicated a resident who was admitted</p>			F 0635	<p>F 635 Admission Physician orders for Immediate Care</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the practice.</p> <p>Orders for the care of a colostomy for Resident D were obtained and transcribed.</p> <p>II. The facility will identify other residents that may potentially be affected by the practice.</p> <p>Other residents with ostomies were reviewed to ensure orders for the care were present.</p> <p>III. The facility will put into place the following systematic changes to ensure that the practice does not recur.</p> <p>Licensed nurses are being educated regarding obtaining orders for the care of ostomies upon admission.</p> <p>IV. The facility will monitor the corrective action by implementing the following measures.</p> <p>The DON, or designee, will review newly admitted residents with</p>		03/03/2025

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	with a colostomy would need orders for the care of it. Depending on the resident, the colostomy would be changed every 2 to 3 days, the order goes in pretty quickly after the resident is admitted to the facility. No policy was provided for admitting physician orders. This citation relates to Complaint IN00453438, IN00453757, IN00453495. 3.1-30(a)				ostomies to ensure orders for care are present daily for 4 weeks, then weekly for 8 weeks, then monthly for 3 months. V. Plan of Correction completion date. March 3, 2025		