

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

PRINTED: 08/19/2024  
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 07/11/2024	
NAME OF PROVIDER OR SUPPLIER  TERRACE AT SOLARBRON THE				STREET ADDRESS, CITY, STATE, ZIP COD 1701 MCDOWELL RD EVANSVILLE, IN 47712			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00437051, IN00437789, IN00435664, IN00438377.</p> <p>This visit included the Investigation of Residential Complaint IN00436509, IN00436054.</p> <p>Complaint IN00437051 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437789 - Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00435664- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00438377- Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00436509-No deficiencies related to allegations are cited.</p> <p>Complaint IN00436054-No deficiencies related to allegation are cited.</p> <p>Survey dates: July 8, 9, 10, 11, 2024.</p> <p>Facility number: 010930 Provider number: 155773 AIM number: 201274710</p> <p>Census Bed Type: SNF/NF: 77 Residential: 25 Total: 102</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>Solarbron respectfully requests desk review for this citation.</p>		

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 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 0677 SS=E Bldg. 00	<p>Census Payor Type: Medicare: 4 Medicaid: 47 Other: 26 Total: 77</p> <p>This deficiency reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 18, 2024.</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on interview and record review, the facility failed to provide ADL's (activities of daily living) care to 4 of 4 resident's reviewed for bathing. Bathing was not provided to residents. ( Resident L, Resident N, Resident P, Resident Q)</p> <p>Findings include:</p> <p>1. On 7/8/24 at 9:22 a.m., Resident L indicated sometimes bathing is hard to get, sometimes it is not done.</p> <p>7/9/24 at 10:19 a.m., Resident L indicated she did not get a shower yesterday, new shower schedules are supposed to start today.</p> <p>On 7/11/24 at 6:13 a.m., Resident L's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, age-related physical debility, unspecified abnormalities of gait and mobility.</p>			F 0677	<p><b>F 677 ADL Care Provided for Dependent Residents</b></p> <p><b>I. The corrective actions to be accomplished for those residents found to have been affected by the practice.</b></p> <p>The identities of residents L, N, P, and Q were kept confidential.</p> <p><b>II. The facility will identify other residents that may potentially be affected by the practice.</b></p> <p>Other residents have been observed and reviewed to ensure provision of bathing per plan of care.</p> <p><b>III. The facility will put into</b></p>		08/12/2024

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	<p>A Quarterly MDS (Minimum data Set) assessment dated 6/11/24, indicated cognition intact, shower/bathe self- partial/moderate assistance.</p> <p>Care plans included, but were not limited to: CNA assignment sheet resident has specific needs related to their care: Approach : Resident prefers a shower/bath on Tuesday/Friday day shift, start date 9/19/23, edited date 7/8/24.</p> <p>A facility grievance form dated 6/25/24 was reviewed and included, but was not limited to: Nature of concern: " Showers not getting Done. They had care conference a few weeks ago. Have already changed Shower days several times" Concern received from: Family. Department Head review and action taken: " Spoke w/resident revamped shower schedule, educated staff."</p> <p>Current shower schedules were reviewed and indicated Resident L's shower days were Tuesday and Friday day shift.</p> <p>Resident L's POC (Point Of Care) history was reviewed for bathing for May, June, July, 2024 and included the following:</p> <p>POC May 2024: 5/2- shower 5/4- PBB (partial bed bath) 5/13- shower 5/16- shower 5/22- shower 5/24- PBB 5/30- shower</p> <p>Shower sheets were reviewed and indicated a shower was provided that was not documented in the POC for bathing:</p>				<p><b>place the following systematic changes to ensure that the practice does not recur.</b></p> <p>Licensed nurses, QMA's, and CNA's are being educated regarding provision bathing per plan of care.</p> <p><b>IV. The facility will monitor the corrective action by implementing the following measures.</b></p> <p>The DON, or designee, will review bathing documentation for each resident to ensure provision of bathing per plan of care daily for 4 weeks, then weekly for 8 weeks, then monthly for 9 months for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p><b>V. Plan of Correction completion date.</b></p> <p>Date of Compliance : 8/12/24 The Administrator will be responsible for ensuring the facility is in compliance by date of</p>		

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	5/6  The following days were not recorded that any type of bathing was provided in the POC for non- shower days:  5/1 5/3 5/5 5/7 5/8 5/9 5/10 5/11 5/12 5/13 5/15 5/17 5/18 5/19 5/20 5/21 5/23 5/25 5/26 5/27 5/28 5/29  June 2024 POC: 6/6- shower 6/10- shower 6/26- shower 6/30- PBB  Shower sheets were reviewed and indicated a shower was provided that was not documented in the POC for bathing: 6/3 6/6 6/13		compliance listed.		

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	<p>6/18</p> <p>6/20 marked refused d/t resident indicated she got a shower was done yesterday.</p> <p>6/24</p> <p>The following days were not recorded that any type of bathing was provided in the POC for non-shower days:</p> <p>6/1</p> <p>6/2</p> <p>6/4</p> <p>6/5</p> <p>6/7</p> <p>6/8</p> <p>6/9</p> <p>6/11</p> <p>6/12</p> <p>6/14</p> <p>6/15</p> <p>6/16</p> <p>6/17</p> <p>6/19</p> <p>6/21</p> <p>6/22</p> <p>6/23</p> <p>6/25</p> <p>6/27</p> <p>6/28</p> <p>6/29</p> <p>POC July 2024:</p> <p>7/1- shower</p> <p>7/4- shower</p> <p>7/8- PBB</p> <p>7/9- shower</p> <p>The following days were not recorded that any type of bathing was provided in the POC for non-shower days:</p> <p>7/2</p>						

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	<p>7/3</p> <p>7/5</p> <p>7/6</p> <p>7/7</p> <p>7/10</p> <p>No documentation of refusal was in the clinical record except on 6/20/24.</p> <p>2. On 7/11/24 at 7:25 a.m., Resident N was observed on the locked dementia unit, Resident N was non interviewable.</p> <p>On 7/11/24 at 7:40 a.m., Resident N's clinical record was reviewed. Diagnoses included, but were not limited to, Diabetes Mellitus, dementia. A MDS (Minimum Data Set) assessment, dated 4/24/24 indicated cognition severely impaired, shower/bathe self - supervision or touching assistance.</p> <p>A facility grievance form dated 5/6/24 was reviewed and included, but was not limited to: Nature of concern: "c/o 0 receiving showers..." Concern received from: Family. Department Head review: "Nursing/SS to meet w/family 5/21 @10:am."...</p> <p>Current shower schedules were reviewed and indicated Resident N's shower days were Wednesday &amp; Saturday day shift.</p> <p>Resident N's POC (Point Of Care) history was reviewed for bathing for May, June, July, 2024 and included the following:</p> <p>POC May 2024: 5/1-shower 5/2- PBB 5/4- shower</p>						

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	<p>5/6- PBB</p> <p>5/9- PBB</p> <p>5/11-shower</p> <p>5/13- PBB</p> <p>5/14- PBB</p> <p>5/15- shower</p> <p>5/18- shower</p> <p>5/19- PBB</p> <p>5/22- PBB</p> <p>5/23- PBB</p> <p>5/24- PBB</p> <p>5/25- shower</p> <p>5/28- PBB</p> <p>5/29- shower</p> <p>5/30- PBB</p> <p>Shower sheets were reviewed and indicated a shower was provided that was not documented in the POC for bathing:</p> <p>5/8</p> <p>5/13</p> <p>5/21</p> <p>The following days were not recorded that any type of bathing was provided in the POC for non-shower days:</p> <p>5/3</p> <p>5/5</p> <p>5/6</p> <p>5/7</p> <p>5/20</p> <p>5/26</p> <p>5/27</p> <p>5/31</p> <p>POC June 2024:</p> <p>6/1- shower</p> <p>6/5- shower</p> <p>6/10- PBB</p> <p>6/12- shower</p>						

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	6/13- PBB 6/15- shower 6/16- PBB 6/18- PBB 6/19- shower 6/20- PBB 6/22- shower 6/26- shower 6/29- shower 6/30- PBB  Shower sheets were reviewed and indicated a shower was provided that was not documented in the POC for bathing: 6/8  The following days were not recorded that any type of bathing was provided in the POC for non- shower days: 6/2 6/3 6/4 6/6 6/7 6/8 6/9 6/11 6/14 6/17 6/21 6/23 6/24 6/25 6/27 6/28  POC July 2024: 7/3- shower 7/9- PBB 7/10- shower				



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	<p>Shower sheets were reviewed and indicated a shower was provided that was not documented in the POC for bathing: 7/6</p> <p>The following days were not recorded that any type of bathing was provided in the POC for non-shower days: 7/1 7/2 7/4 7/5 7/7 7/8</p> <p>No documentation of refusal was observed in the clinical record.</p> <p>3. On 7/9/24 at 10:59 a.m., Resident Q indicated they sometimes do not receive showers/bathing.</p> <p>On 7/11/24 at 9:40 a.m., Resident Q's clinical record was reviewed. Diagnoses included, but were not limited to, unspecified abnormalities of gait and mobility, age-related physical debility, unspecified osteoarthritis. A Quarterly MDS (Minimum Data Set) assessment dated 6/5/24 indicated cognition intact, shower bathe self- substantial/maximal assistance.</p> <p>Care plans included, but were not limited to: CNA assignment sheet resident has specific needs related to their care. Approach: Resident prefers showers Wed/Sat evening, start date 6/27/23.</p> <p>A facility grievance form dated 5/3/24 was reviewed and included, but was not limited to: Nature of concern: "...Showers and time of shower...." Concern received from: Family.</p>						

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	<p>Department Head review and action taken: "...Shower time has been addressed and enforced..."</p> <p>Current shower schedules were reviewed and indicated Resident Q's shower days were Wednesday &amp; Saturday evening shift.</p> <p>Resident Q's POC (Point Of Care) history was reviewed for bathing for May, June, July, 2024 and included the following:</p> <p>POC May 2024: 5/9- PBB 5/12- shower 5/13- PBB 5/14- PBB 5/16- PBB 5/17- PBB 5/18 -shower 5/20- PBB 5/21- PBB 5/22- PBB 5/25- shower 5/27- PBB 5/29- PBB 5/30- PBB 5/31- PBB</p> <p>Shower sheets were reviewed and indicated a shower was provided that was not documented in the POC for bathing: 5/8 5/6 5/11 5/15 5/22- type of bathing not marked 5/29</p> <p>The following days were not recorded that any</p>						

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	<p>type of bathing was provided in the POC for non-shower days:</p> <p>5/1 5/2 5/3 5/4 5/5 5/7 5/10 5/19 5/23 5/24 5/26 5/28</p> <p>POC June 2024:</p> <p>6/1- shower 6/4- PBB 6/6- shower 6/8- shower 6/9- PBB 6/10- PBB 6/11- PBB 6/12- PBB 6/13- PBB 6/14- PBB 6/17- PBB 6/19- shower 6/28- shower 6/29- shower</p> <p>Shower sheets were reviewed and indicated a shower was provided that was not documented in the POC for bathing:</p> <p>6/12 6/15</p> <p>The following days were not recorded that any type of bathing was provided in the POC for non-shower days:</p>				

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	<div>6/2</div> <div>6/3</div> <div>6/5</div> <div>6/7</div> <div>6/16</div> <div>6/18</div> <div>6/20</div> <div>6/21</div> <div>6/22</div> <div>6/23</div> <div>6/24</div> <div>6/25</div> <div>6/26</div> <div>627</div> <div>POC July 2024:</div> <div>7/1- PBB</div> <div>7/3- shower</div> <div>7/4- PBB</div> <div>7/6- shower</div> <div>7/7- shower</div> <div>7/9- PBB</div> <div>7/10- shower</div> <div>7/11- shower</div> <div>The following days were not recorded that any type of bathing was provided in the POC for non-shower days:</div> <div>7/2</div> <div>7/5</div> <div>7/8</div> <div>No documentation of refusal was observed in the clinical record.</div> <div>4. On 7/11/24 at 10:00 a.m., Resident P's clinical record was reviewed. Diagnoses include but were not limited to, age-related debility, Multiple Sclerosis. An Admission MDS (Minimum Data Set) assessment dated 5/27/24, indicated</div>						

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(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
	<p>cognition intact, shower bathe self- substantial/maximal assistance. Resident P discharged from the facility on 6/10/24.</p> <p>Care plans included, but were not limited to: CNA assignment sheet resident has specific needs related to their care. Approach: Resident prefers a shower/bath on (left blank) , days and (left blank) shift, start date 5/21/24.</p> <p>A facility grievance form dated 6/10/24 was reviewed and included, but was not limited to: Nature of concern: " [resident name] would like to have a shower before she discharges today. It's been 2 weeks " Concern received from: Resident. Department Head review and action taken. " Shower was given to resident as soon as we received (sic) concern."</p> <p>Resident P's POC (Point Of Care) history was reviewed for bathing for May, June, July, 2024 and included the following:</p> <p>May 2024: 5/21- PBB 5/22- PBB 5/30- PBB 5/31- PBB</p> <p>The following days were not recorded that any type of bathing was provided in the POC for non- shower days: 5/23 5/24 5/25 5/26 5/27 5/28 5/29</p>						

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

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	<p>No shower sheets were observed for May 2024.</p> <p>POC June 2024: 6/1- CBB 6/4- PBB 6/6- PBB 6/8- PBB 6/9- PBB 6/10- shower</p> <p>The following days were not recorded that any type of bathing was provided in the POC for non-shower days: 6/2 6/3 6/5 6/7</p> <p>On 7/11/24 at 11:50 a.m., CNA 2 indicated showers are documented on shower sheets, also in the computer. On non shower days bathing is not provided, care is washing face, brushing teeth, if a resident asked something specific, like washing arm pits, she does it.</p> <p>On 7/11/24 at 12 p.m., the DON provided the current policy on Activities of Daily Living with a revision date of March 2018. The policy included, but was not limited to: ...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene...2. Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care)...</p>						

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R 0000  Bldg. 00	<p>This citation relates to Complaint IN00437789 and IN00438377.</p> <p>3.1-38(b)(2)</p> <p>This visit was for the Investigation of Residential Complaint IN00436509, IN00436054. This visit included the Investigation of Nursing Home Complaint IN00437051, IN00437789, IN00435664, IN00438377.</p> <p>Complaint IN00436509-No deficiencies related to allegations are cited.</p> <p>Complaint IN00436054-No deficiencies related to allegation are cited.</p> <p>Complaint IN00437051 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437789 - Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00435664- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00438377- Federal/State deficiencies related to the allegations are cited at F677</p> <p>Survey dates: July 8, 9, 10, 11, 2024.</p> <p>Facility number: 010930</p> <p>Residential census: 25</p> <p>The Terrace At Solarbron was found to be in compliance with 410 IAC 16.2-5 in regard to the</p>			R 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>Solarbron respectfully requests desk review for this citation.</p>		

