STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155667	A. BUILDING 00 B. WING	07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
OAK GROVE CHRISTIAN RETIREMENT VILLAGE	221 W DIVISION ST DEMOTTE, IN 46310

(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	This visit was for the Investigation of Complaint IN00439002. Complaint IN00439002 - Federal/state deficiencies related to the allegations are cited at F842. Survey dates: July 24, 2024 Facility number: 010823 Provider number: 155667 AIM number: 200236630 Census Bed Type: SNF/NF: 42 SNF: 10 Residential: 28 Total: 80 Census Payor Type: Medicare: 10 Medicaid: 26 Other: 16 Total: 52 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 7/25/24.	F 0000	This Plan of Correction shall serve as this facility's credible allegation of compliance. Completion and implementation of this plan is not a confirmation of the statements set out in this survey, but rather an effort to continually improve services to our residents. Please consider allowing submission of education and audits as proof of compliance. Respectfully Submitted, Beth Ingram VP of Operations Oak Grove Christian Retirement Village	
F 0842 SS=D Bldg. 00	483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Beth Ingram	Administrator	08/08/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.			

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	§483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.			
	Based on record review and interview, the facility failed to ensure medical records were complete and accurately documented, related to oxygen administration and saturation levels, for 2 of 3 residents reviewed for oxygen. (Residents B and C). Findings include: 1. A record review for Resident B was completed on 7/24/24 at 10:41 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), hypertension, and dementia. The Quarterly Minimum Data Set (MDS) assessment, dated 4/22/24, indicated the resident was cognitively impaired. The resident received oxygen therapy.	F 0842	Step One: Staff members were counseled, and documentation corrected. Step Two: All O2 documentation was audited for accuracy, and none were found lacking. Step Three: Nursing staff were re-educated to the need to Complete all documentation to assure an accurate medical record. Step Four: The Director of Nursing or her designee will audit All Oxygen Documentation four times weekly during weeks 1-4, then all	08/16/2024

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	A Care Plan, dated 5/4/24, indicated the resident had chronic respiratory failure, COPD, and used oxygen. An intervention included to check oxygen saturation every shift. A Resident Experience Form, dated 7/15/24, indicated the resident's daughter had a concern with the resident's portable oxygen tank not being turned on. The summary of the investigation indicated the portable oxygen tank was full but not turned on. The facility spoke with the Nurse Practitioner who then gave an order to check the oxygen saturation every shift. The July 2024 Physician's Order Summary (POS) included the following orders: - oxygen at 3 liters per nasal cannula continuously - check oxygen saturation every shift The July 2024 Medication Administration Summary (MAR) indicated the oxygen administration and oxygen saturation level was not documented on the following dates and shifts: - 7/19/24: 11:00 p.m. - 7:00 a.m. shift - 7/20/24: 3:00 p.m. - 11:00 p.m. shift - 7/21/24: 11:00 p.m. - 7:00 a.m. shift There was a lack of any documentation in the resident's record regarding the oxygen administration and saturation levels on the above dates and shifts. During an interview on 7/24/24 at 3:00 p.m., the Director of Nursing (DON) indicated she could not provide anything further related to the oxygen administration and saturation levels being documented on the above dates and shifts. 2. A record review for Resident C was completed		Oxygen documentation three times weekly for weeks 5-8, then all documentation twice weekly week 9-12, then all Oxygen documentation once weekly week 12-24. Results will be reported monthly to QAPI. The QAPI team will determine the need to amend or discontinue the plan of correction.	

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	on 7/24/24 at 12:56 p.m. Diagnoses included, but were not limited to, COPD, diabetes mellitus, hypertension, and dementia. The Quarterly MDS assessment, dated 5/24/24, indicated the resident was moderately cognitively impaired. The resident received oxygen therapy. A Care Plan, dated 2/26/24, indicated the resident had a diagnosis of COPD and required oxygen use. An intervention included for oxygen as ordered. The July 2024 POS included the following order: - oxygen at 2 liters per nasal cannula continuously The July 2024 MAR indicated the oxygen administration was not documented on the following date and shift: - 7/19/24: 11:00 p.m. - 7:00 a.m. shift There was a lack of any documentation in the resident's record regarding the oxygen administration or saturation level on the above date and shift. During an interview on 7/24/24 at 3:00 p.m., the Director of Nursing (DON) indicated she could not provide anything further related to the oxygen administration and saturation level being documented on the above dates and shift. A facility policy titled, "Oxygen Administration" and received as current from the facility indicated, "...3. Staff shall document the initial and ongoing assessment of the resident's condition warranting oxygen and the response to oxygen therapy..." This citation relates to Complaint IN00439002.			

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	3.1-50(a)(1)			