

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

PRINTED: 01/20/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155753		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/20/2022	
NAME OF PROVIDER OR SUPPLIER HAMPTON OAKS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 966 N WILSON RD SCOTTSBURG, IN 47170			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: December 13, 14, 15, 16, 19, and 20, 2022.</p> <p>Facility number: 004902 Provider number: 155753 AIM number: 200813130</p> <p>Census Bed Type: SNF/NF: 41 SNF: 12 Residential: 20 Total: 73</p> <p>Census Payor Type: Medicare: 10 Medicaid: 31 Other: 12 Total: 53</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 22, 2022.</p>			F 0000			
F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including</p>						

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

TITLE

(X6) DATE

Jennifer Rogers

RN/Clinical Support

01/10/2023

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 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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	<p>injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to ensure an allegation of misappropriation of resident funds was reported to the State Agency for 1 of 3 resident's reviewed for reporting of alleged violations. (Resident 40)</p> <p>Findings include:</p> <p>The clinical record for Resident 40 was reviewed on 12/14/22 at 1:00 p.m. The diagnosis included, but was not limited to, depression.</p> <p>The Annual MDS Assessment, dated 9/8/22, indicated the resident was cognitively intact.</p> <p>During an interview on 12/13/22 at 2:06 p.m.,</p>			F 0609	<p>On December 13th-20th Hampton Oaks Health Campus 966 North Wilson Road Scottsburg, Indiana 47170 participated in annual survey, Event ID:Q96411. The submission of this Plan of Correction does not indicate an admission by Hampton Oaks Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Hampton Oaks Health Campus. This facility recognized its obligation to provide legally and</p>		12/30/2022

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	<p>Resident 40 indicated two to three months ago someone had taken his wallet out of his drawer and taken the money out of it and then put the wallet back. He told everyone about it and they all said they would keep an eye out, but nothing came of it. He didn't have a lock on his drawer prior, but after the incident happened the maintenance man put a lock on his drawer. He recalled talking to the Executive Director (ED) and one of the aides about it missing. The facility did not replace his money.</p> <p>The concern log, provided on 12/16/22 at 8:00 a.m., by the ED indicated the resident reported a concern on 9/15/22. The nature of the concern was lost property. The resident was missing \$65 from his wallet. The resident stated he knew about a month prior he had \$65 in his wallet. He had two twenty dollar bills, two ten dollar bills, and one five dollar bill. On 9/15/22, he looked in his wallet and the money wasn't there. He could not pinpoint when it came up missing, but knew it was in his wallet a month prior. The resolution indicated a lock was put on the resident's drawer so he could lock his money up. The facility offered for him to open an account with the business office but he wanted to lock his money up in his room and understood the risks of keeping it there. The facility offered to go buy him the things he needed to compensate for the money he lost but the resident stated he did not need anything, he just liked to have money on hand. The resident's family member was going to bring him \$25. The Executive Director discussed the issue and ensured the resident had a way to secure his money and discussed again with him the resident trust.</p> <p>During an interview on 12/15/22 at 2:07 p.m., the ED indicated she did recall the resident saying he</p>				<p>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 comprehensive health care facilities (for Title 18/19 programs). Attached you will find our Plan of Correction for Hampton Oaks Health Campus for our annual survey conducted on December 13th 2022- December 20th 2022. We initiated immediate interventions when concerns were identified on this date. We respectfully request paper review for this plan of correction. If you need any information or paperwork, please do not hesitate to contact us at (812)752-2694. Sincerely, Brandy Royalty, Executive Director.</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident (40) made allegation of missing money that he knew was present approximately a month ago that was documented on a concern log for follow-up by the Administrator on 9/15/22. Administrator was unable to confirm or deny allegation as to misappropriation of the resident's property. ISDH was made aware as to the alleged 		

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	<p>was missing money. He had gotten a birthday card. He didn't put it in his bank account with the facility. It had been several months. They could not replace the money.</p> <p>A State reportable for the resident's allegation of missing funds could not be provided by the facility when requested on 12/16/22 at 12:05 p.m.</p> <p>During an interview on 12/16/22 at 12:06 p.m., the ED indicated she had not been reporting every time the resident's said they had missing property. They verified to make sure they didn't have anyone else missing anything. With Resident 40, they asked other residents and no one else had complaints of any money missing. She talked with the staff on the floor to see if they knew if he had money. Nobody was aware of any money that he had. She did not report the resident's allegation.</p> <p>The Reportable Event Guidelines policy, provided on 12/16/22 at 9:00 a.m. by the ED, included, but was not limited to, "Procedures... 1. Occurrences to be reported include... d. Misappropriation of funds... 2. The campus shall complete the appropriate 'State Reporting Form' and send to the State Agency within the time set forth in state and federal guidelines..."</p> <p>3.1-28(c)</p>				<p>incident whilst conducting the campuses Re-Licensure inspection.</p> <ul style="list-style-type: none"> The campus provided resident (40) a means of securing his valuables by installing a locked drawer on his nightstand for which he was provided a key on 9/16/22. Re-education provided to the Administrator and leadership team as to the ISDH definition of Misappropriation of Resident Property and the ISDH Reporting Guidelines for reporting of any alleged occurrences, and investigation into any such alleged events. <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. Executive Director/DHS educated with updated ISDH reporting guidelines on 12/30/22 Executive Director and DHS also reviewed the concern log for the last 3 months with no other findings regarding misappropriation of resident property or not reporting according to ISDH reporting guidelines. <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>		

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F 0692 SS=D Bldg. 00	483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic		<p>practice does not recur?</p> <ul style="list-style-type: none"> The DHS/Designee provided re-education with all staff regarding ISDH definition of Misappropriation of Resident Property and the ISDH Reporting Guidelines for reporting of any alleged occurrences. <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> The Executive Director/DHS/Designee will be responsible for reviewing any grievances/concern logs weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly to encompass all shifts until 100 percent compliance is achieved. The results of these audits will be reviewed by the QAPI committee overseen by the ED/DHS. Findings will be reviewed during the campuses monthly QAPI meeting to determine the frequency as to the monitoring plan. Findings suggestive of 100% compliance may result in cessation of the monitoring plan. <p>5. Date of completion: 12/30/22</p>		

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	<p>jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on observation, record review, and interview, the facility failed to ensure adequate monitoring of fluid status, including daily weights (Residents 3, 36, and 2) and application of compression hose (Resident 3) for 3 of 4 residents reviewed for fluid/hydration status.</p> <p>Findings include:</p> <p>1. The clinical record for Resident 3 was reviewed on 12/14/22 at 1:58 p.m. The diagnoses included, but were not limited to, hypertensive heart disease with heart failure, chronic diastolic CHF (congestive heart failure), and atrial fibrillation.</p> <p>The care plan, initiated on 7/11/22 and last revised on 11/10/22, indicated the resident had potential for complications related to CHF. The interventions included, but were not limited to, weight as ordered, observe for and report complications as needed.</p>			F 0692	<p>On December 13th-20th Hampton Oaks Health Campus 966 North Wilson Road Scottsburg, Indiana 47170 participated in annual survey, Event ID:Q96411. The submission of this Plan of Correction does not indicate an admission by Hampton Oaks Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Hampton Oaks Health Campus. This facility recognized 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</p>		12/30/2022

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	<p>The Physician's note, dated 8/11/22 at 8:56 p.m., indicated the resident had worsening leg edema. A chest x-ray was consistent with pulmonary congestion. She had acute on chronic CHF and was started on lasix 40 mg daily.</p> <p>The physician's order, dated 10/17/22, indicated to obtain the residents weight upon waking for accurate documentation daily between 6:00 a.m. and 12:00 p.m. The order did not specify any parameters for physician notification.</p> <p>The review of the November TAR (Treatment Administration Record) for the resident's daily weight documentation indicated the following:</p> <p>-On 11/11/22 the resident's weight was not obtained and it was not documented why.</p> <p>-On 11/13/22 the resident weighed 188.2 lbs.</p> <p>-On 11/14/22 the resident weighed 192 lbs, which was a 3.8 lbs increase in weight in a day. There was no documentation of notification to the physician of the gain.</p> <p>The IDT note, date 11/21/22 at 9:00 a.m., indicated the resident had an increase in edema and a productive cough. She was COVID and flu tested and was negative. She had just recently recovered from COVID a little over 30 days ago.</p> <p>The IDT note, dated 11/26/22 at 3:03 p.m., indicated the resident had 4+ (plus) edema to the bilateral lower extremities and feet. The physician was notified with new orders to give Lasix 40 mg (milligrams) twice daily for one week.</p> <p>The physician's order, dated 11/28/22, indicated to apply TED (compression) hose to the resident's bilateral lower extremities every morning and remove at bedtime.</p>				<p>comprehensive health care facilities (for Title 18/19 programs). Attached you will find our Plan of Correction for Hampton Oaks Health Campus for our annual survey conducted on December 13th 2022- December 20th 2022. We initiated immediate interventions when concerns were identified on this date. We respectfully request paper review for this plan of correction. If you need any information or paperwork, please do not hesitate to contact us at (812)752-2694. Sincerely, Brandy Royalty, Executive Director.</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>It is the practice of this provider to provide care/services for highest wellbeing in accordance with State and Federal law.</p> <ul style="list-style-type: none"> TED hose application will be followed per MD order. If TED hose not available, staff have been educated to notify DHS/Designee to obtain TED hose or acceptable replacement with consent of MD. Residents that have daily weights, MD will be notified to initiate parameters for notification, nursing staff will be educated on MD notification parameters for daily weights. MDS/Designee to review all 		

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	<p>The review of the December TAR (Treatment Administration Record) for the resident's daily weight documentation indicated the following:</p> <p>-On 12/2/22 the resident weighed 193.8.</p> <p>-On 12/3/22 the resident weighed 197.8 lbs which was a 4 lb weight gain with no documentation of physician notification.</p> <p>-On 12/7/22 the resident weighed 198.4 lbs.</p> <p>-On 12/8/22 the resident weighed 202.4 lbs which was a 4 lb weight gain with no documentation of physician notification.</p> <p>-On 12/13/22 the resident weighed 200 lbs.</p> <p>-On 12/14/22 the resident weighed 205 lbs which was a 5 lb weight gain with no documentation of physician notification.</p> <p>During an observation on 12/16/22 at 11:09 a.m., Resident 3 was sitting up in her wheelchair wearing jeans and socks. Her legs were very edematous with the swelling extending over the cuffs of her socks. She did not have any compression hose in place.</p> <p>The review of the TAR indicated RN 5 had marked the resident's order for compression hose as applied on the morning of 12/16/22. On 12/15/22 they were marked as not applied due to the item being unavailable.</p> <p>During an interview on 12/16/22 at 11:14 a.m., RN 5 indicated they had ordered the resident compression hose but they were the wrong size and they had ordered them again. They had been putting the large on her but they were too tight on her calves. She requested the extra large be ordered earlier last week. She did not have it documented anywhere. She did not know when the last the last time she recalled putting the</p>				<p>admission/readmissions for order accuracy and will verify with second nurse for order accuracy.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. A review of all residents with TED hose and daily weight orders, new admission/readmission orders for residents residing at Hampton Oaks on 12/30/22 with no other concerns referencing documented out of range daily weights, TED hose not being applied per order or missing orders upon admission/readmission. <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> DHS and/or Designee provided re-education to staff regarding our policy and procedures for daily weight monitoring and MD notification, TED hose application, new orders, admission or re admission orders. <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> The DHS/designee will be 		

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	<p>compression hose on the resident was. She attempted the day prior and the resident hollered they were too tight and painful. She may have documented they were applied that morning, but she did not attempt to apply them because of the previous interaction with her the day prior. It could take a week or longer to get the hose in. She talked to supply about ordering them, she requested it from them a week ago. She did not talk to anyone yesterday when she went to apply them and she had not seen any boxes come in.</p> <p>The central supply and laundry room were toured with the DON (Director of Nursing), on 12/16/22 at 11:20 a.m. There were no extra large compression hose available.</p> <p>During an interview on 12/16/22 at 11:23 a.m., QMA (Qualified Medication Aide) 6 indicated she was in charge of ordering supplies and she had not been asked to order any extra large compression hose and was not aware Resident 3 needed a pair. When she ordered them they could be in usually within one day.</p> <p>During an interview on 12/19/22 at 11:17 a.m., RN 5 indicated for a resident with an order for daily weights she would notify the physician of a weight gain of 3 lbs. within a day or 5 lbs in a week. That was the typical standard. If she noticed a weight gain she would notify the DON, get ahold of the doctor, and see if they had any orders.</p> <p>2. The clinical record for Resident 36 was reviewed on 12/15/22 at 10:05 a.m. The diagnoses included, but were not limited to, hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease and chronic diastolic CHF.</p>				<p>responsible for reviewing daily weights, admissions/readmissions and residents who wear TED hose to ensure they are in place, weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. Findings will be reviewed during the campuses monthly QAPI meeting in to determine the frequency as to the monitoring plan. Findings suggestive of 100% compliance may result in cessation as to the monitoring plan.</p> <p>5: Date of Completion: 12/30/2022</p>		

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	<p>The physician's order, dated 5/4/22, indicated to obtain a weight on the resident once daily between 6:00 a.m. and 2:00 p.m. The order lacked documentation of any parameters for physician notification.</p> <p>The care plan, initiated on 5/12/22 and last revised on 12/8/22, indicated the resident had chronic kidney disease related to renal failure. The interventions included, but were not limited to, assess for fluid excess which included weight gain and monitor weight per order.</p> <p>The review of the May TAR (Treatment Administration Record) for the resident's daily weights indicated the following:</p> <p>-On 5/7/22 the resident weight 215 lbs. -On 5/8/22 the resident weighed 220 lbs, which was a 5 lb. weight gain. There was no documentation of physician notification of the gain. -On 5/10/22 the resident weighed 225 lbs. There was no documentation of physician notification of the gain. -On 5/13/22 the resident's weight was not obtained. -On 5/14/22 the resident weighed 229.2 lbs. There was no documentation of physician notification of the gain.</p> <p>The review of the June TAR for the resident's daily weights indicated the following:</p> <p>-On 6/1/22 the resident weighed 213.4 lbs. -On 6/2/22 the resident weighed 218 lbs, which was a 4.6 lb weight gain. There was no documentation of physician notification of the gain.</p>						

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	<p>-On 6/5/22 the resident weighed 216.2 lbs. -On 6/6/22 the resident weighed 220.6 lbs, which was a 4.4 lb weight gain. There was no documentation of physician notification of the gain. -On 6/14/22 the resident weighed 210.4 lbs. -On 6/15/22 the resident weighed 214.2 lbs, which was a 3.8 lb weight gain. There was no documentation of physician notification of the gain. -On 6/24/22 the resident weighed 211 lbs. -On 6/25/22 the resident weighed 221.2 lbs, which was a 10.2 lb weight gain.</p> <p>A nurse's note, dated 6/25/22 at 12:16 a.m., indicated the resident had 4+ edema to her right leg and 2+ edema to her left leg. The physician was notified that her medication were not helping with her edema, however the note did not indicate the physician was notified of the resident's weight gain.</p> <p>The review of the July TAR for the resident's daily weights indicated the following:</p> <p>-On 7/3/22 the resident weighed 208.4 lbs. -On 7/4/22 the resident weighed 212.8 lbs., which was a 4.4 lb weight gain. There was no documentation of physician notification of the gain.</p> <p>The review of the August TAR for the resident's daily weights indicated the following:</p> <p>-On 8/6/22 the resident weighed 207.8 lbs. -On 8/7/22 the resident weighed 214.4 lbs, which was a 3.6 lb gain. There was no documentation of physician notification of the gain. -On 8/10/22 the resident weighed 212.8 lbs. -On 8/11/22 the resident weighed 215.8 lbs, which</p>						

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	<p>was a 3 lbs weight gain. There was no documentation of physician notification of the gain.</p> <p>The review of the September TAR for the resident's daily weights indicated the following:</p> <p>-On 9/13/22 the resident weighed 213.1 lbs. -On 9/14/22 the resident weighed 217.8 lbs, which was a 4.7 lb weight gain. There was no documentation of physician notification of the gain. -On 9/28/22 the resident weighed 213.5 lbs. -On 9/29/22 the resident weighed 219.2 lbs, which was a 5.7 lb weight gain. There was no documentation of physician notification of the gain.</p> <p>The review of the November TAR for the resident's daily weights indicated the following:</p> <p>-On 11/18/22 the resident weighed 214.2 lbs. -On 11/19/22 the resident weighed 218 lbs, which was a 3.8 lb weight gain. There was no documentation of physician notification of the gain. -On 11/20/22 the resident weighed 217 lbs. -On 11/21/22 the resident weighed 220 lbs, which was a 3 lb weight gain. There was no documentation of physician notification of the gain. -On 11/24/22 the resident's weight was not obtained.</p> <p>3. The clinical record for Resident 2 was reviewed on 12/13/22 at 11:08 a.m. The diagnoses included, but were not limited to, hypertensive heart disease with heart failure, acute on chronic diastolic CHF, atrial fibrillation, cardiomegaly, hypokalemia, hypomagnesemia, and presence of cardiac</p>						

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	<p>pacemaker.</p> <p>The care plan, initiated on 1/7/21 and last revised on 8/15/22, indicated the resident was at risk for malnutrition. Interventions included, but were not limited to, obtain weight as ordered by the physician.</p> <p>The physician's note, dated 9/9/22 at 11:48 a.m., indicated the resident was started on minoxidil for her hypertension.</p> <p>The nurse's note, dated 9/20/22 at 12:13 p.m., indicated the resident was weaker than normal and required assist of 2 for transfers. Her heartrate was running between 74-124. The physician was notified related to the resident being on the new order for minoxidil but she indicated that would not be the cause. She referred the resident to her cardiologist.</p> <p>The BMP result, dated 9/12/22, indicated the resident's potassium was 3.6 mmol/L (millimole per liter) (normal value 3.5 to 5.1).</p> <p>The BMP results, dated 10/5/22, indicated the resident potassium was low at 3.3 mmol/L (normal value 3.5 - 5.1)</p> <p>The nurse's note, dated 10/7/22 at 12:25 a.m., indicated the nurse entered the resident's room and found her talking about a skeleton and laughing to herself. She was having involuntary muscle movements and erratic breathing. Her oxygen was 85% (percent) on room air, her blood pressure was 176/95, and her heartrate was 110. The physician was notified of the resident's condition along with her recent lab values. The physician gave no new orders and indicated to monitor the resident's condition and notify her if it</p>						

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	<p>worsened.</p> <p>The nurse's note, dated 10/7/22 at 10:00 a.m., indicated the resident was not acting right, was having difficulty taking medications and shortness of air. She had edema to her upper extremities, bilateral arms, face and neck. Her blood pressure was 170/80, her pulse was 116. The physician ordered to send the resident to the hospital.</p> <p>The nurse's note, dated 10/8/22 at 9:04 p.m., indicated the resident was admitted for observation related to a CHF exacerbation, hypomagnesemia, and hypokalemia. Electrolytes being replaced and and the resident was pleasant at that time.</p> <p>The hospital discharge summary, dated 10/10/22, indicated the resident was admitted to the hospital on 10/7/22 for congestive heart failure, chest pain, and hypomagnesemia. The resident was returning to the facility from the hospital in stable condition with instruction to return to the hospital if symptoms reoccurred. The resident was instructed to weigh herself daily every morning when she got up before she ate. She was to call her doctor when she had a gain of more than 2 lbs in a day or 5 lbs in a week.</p> <p>The nurse's note, dated 10/10/22 at 11:20 a.m., indicated the resident returned to the facility.</p> <p>The nurse's note, dated 10/12/22 at 12:11 a.m., indicated the resident did not seem right. She was in bed with eyes closed and having involuntary jerky arm movements and saying things that didn't make any sense. When asked what her name was and where she was, the resident would just laugh or say something that made no sense. The</p>						

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	<p>residents blood pressure was 132/75 and he heart rate was 110. She didn't seem short of air or have any trouble breathing but was very jerky and having what seemed like involuntary muscle spasms in her arms and body. The physician was notified in detail of the resident's current status and said that since she was not in pain or discomfort to just monitor the resident.</p> <p>The nurse's note, dated 10/12/22 at 4:20 a.m., indicated the resident was still having involuntary jerking movements of the face and extremities. She seemed very anxious and was breathing a little more heavy than earlier. When asked if she was in pain the resident said she was hurting all over and in her right arm and shoulder. She seemed to have not gotten any better and maybe even worse than last time The physician was notified and ordered to send the resident to the hospital.</p> <p>The nurse's note, dated 10/12/22 at 7:56 p.m., indicated the emergency room nurse reported the resident's potassium level was 2.7 They were replacing her potassium and were going to recheck her levels soon to see if she needed more.</p> <p>The hospital discharge summary, dated 10/16/22, indicated the resident presented to the hospital from the nursing facility with altered mental status. Her assessment and plan indicated she likely had worsening congestive heart failure, hypokalemia, and hypomagnesemia. The heart failure discharge care plan and goals indicated, "Weight yourself every morning on the same scale when you get up -- before you eat but after you use the bathroom... write down your weight every day on a chart so that you can keep track of it..." She was to call her doctor when she had a gain of more than 2 lbs in a day or 5 lbs in a week.</p>						

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	<p>The clinical record lacked documentation of any daily weights or any physician's orders for daily weights upon the resident's return to the facility on 10/15/22.</p> <p>During an interview on 12/19/22 at 11:30 a.m., RN 7 indicated if a resident had a gain of more than 5 lbs in a day they would notify the physician. If it was more than 8 to 10 lbs they would reweigh the resident to be certain and then would definitely notify the physician. That was a standard of what to do. If a resident had an order for compression hose and they did not have the right size, he would talk to QMA 6 and get the right size ordered for them.</p> <p>During an interview on 12/19/22 at 12:06 p.m., Resident 3 and Resident 2's physician indicated for CHF patients she did not have standards for weight monitoring. With someone with daily weights, if she ordered daily weight she would give an order for parameters. If a resident had a weight change she would say 5 lbs a day she was sure they would notify her.</p> <p>During an interview on 12/19/22 at 11:38 a.m., the DON indicated if they saw a significant weight change she would expect staff to reweigh the resident and ensure it was an accurate weight. Typically the physician ordered weight parameters. In her own standard she would say if a resident had a weight gain greater than 5 lbs, if they had reweighed and assessed the resident, she would notify the physician. She was not sure offhand why they did not continue the daily weights on Resident 2 upon her return from the hospital.</p> <p>Guidance titled "Managing Heart Failure Symptoms" was obtained from the American</p>						

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F 0745 SS=D Bldg. 00	<p>Heart Association website on 12/18/22. The guidance included, but was not limited to, "... Your healthcare team will tell you which heart failure symptoms you should track. The most common symptoms to track are... Daily weight Many people are first alerted to worsening heart failure when they notice a weight gain of more than two or three pounds in a 24-hour period or more than five pounds in a week...It's a good idea to track your weight and check in with your doctor if you notice sudden changes. Make sure you know the amount of weight gain your healthcare provider considers to be a problem for you..."</p> <p>The Guidelines for Weight Tracking policy, provided on 12/16/22 at 9:00 a.m. by the ED, included, but was not limited to, "... Purpose... To ensure resident weight is monitored for weight gain and/or loss to prevent complications arising from compromised nutrition/hydration... 7. Resident's who have a weight that seem out of normal range shall be re-weighted to determine the accuracy of the original weight..."</p> <p>3.1-46(a)(1)</p> <p>483.40(d) Provision of Medically Related Social Service §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.</p> <p>Based on record review and interview, the facility failed to ensure appropriate social services follow-up and monitoring resident with a feeling of hopelessness and stating they were better off dead for 1 of 5 residents reviewed for social services. (Resident 43)</p>			F 0745	<p>On December 13th-20th Hampton Oaks Health Campus 966 North Wilson Road Scottsburg, Indiana 47170 participated in annual survey, Event ID:Q96411. The submission of this Plan of</p>		12/30/2022

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	<p>Findings include:</p> <p>The clinical record for Resident 43 was reviewed on 12/13/22 at 1:38 p.m. The diagnoses included, but were not limited to, major depressive disorder, anxiety disorder and altered mental status.</p> <p>The 5-Day MDS (Minimum Data Set) assessment, dated 11/17/22, indicated the resident was moderately cognitively intact.</p> <p>The care plan, dated 11/29/22 and revised on 12/12/22, indicated the resident had a history of a traumatic experience or event. She had experienced the recent death of a child. Interventions included, but were not limited to, assist the resident to identify and avoid triggers from the traumatic experience, provide supportive contacts to the resident as needed, offer the resident choices in daily routine and involve the resident in the plan of care, offer psychiatric and supportive services to the resident and/or the resident representative, and observe for signs and symptoms of re-traumatization (examples given included anxiety, avoidance, depression, disassociation, intrusive thoughts, new or worsening behaviors, and sleep disturbances.)</p> <p>The Social Services note, dated 11/29/22 at 3:48 p.m., indicated the resident came to the social service office to talk and she voiced that she felt like she wanted to go home, but she knew she needed help right now, and the Social Service Director (SSD) explained to the resident about some different options, including assisted living with Medicaid waiver and the facility wasn't going to keep her here against her will. The resident indicated she wanted to give it a little bit longer because she said she loved it at the facility, and it</p>				<p>Correction does not indicate an admission by Hampton Oaks Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Hampton Oaks Health Campus. This facility recognized 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 comprehensive health care facilities (for Title 18/19 programs). Attached you will find our Plan of Correction for Hampton Oaks Health Campus for our annual survey conducted on December 13th 2022- December 20th 2022. We initiated immediate interventions when concerns were identified on this date. We respectfully request paper review for this plan of correction. If you need any information or paperwork, please do not hesitate to contact us at (812)752-2694. Sincerely, Brandy Royalty, Executive Director.</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>· The Social Service Director</p>		

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	<p>was just a hard adjustment. The resident was open to speaking with talk therapy and have psychiatric care follow her as she felt she may need some medicines adjusted. She did feel anxious at times, and she did feel depressed. The resident indicated her family member committed suicide less than a year ago and that, along with her health issues had affected her.</p> <p>The nurse's note, dated 12/2/22 at 1:32 p.m., indicated the resident was tearful during the am while staff assisted her to the bathroom. Stating so many things were wrong, and she felt "out of sorts", and wanted to go home but she knew she couldn't. The resident indicated she was having a tough morning. Staff encouraged the resident to utilize call light for assistance to help avoid falls.</p> <p>The IDT (Interdisciplinary Team) note, dated 12/10/22 at 3:35 p.m., indicated the resident was assessed with depression symptoms on 12-8-22, and was currently receiving Duloxetine 60 mg po (oral) daily for depression. She was not wanting to participate in her usual routine of going dining room. She was staying in bed more and showed no interest. Staff would continue to monitor the resident's mood state and keep the physician aware.</p> <p>The nurse's note, dated 12/10/22 at 8:46 p.m., indicated the resident had been crying most of the shift. The resident's roommate came to the nurse and stated the resident was telling her that she didn't want to be alive anymore and that she wished she could just die. The nurse went in to talk to the resident and asked the resident what was bothering her. The resident indicated she was upset over her family members recent death and that her whole life was gone because she had no more children, and her sister was moving away.</p>				<p>interviewed and documented within the resident's medical record a psychosocial evaluation on 12/19/2022 for resident (43). Resident denies any suicidal ideation however expresses feeling depressed due to recent loss of a loved one.</p> <ul style="list-style-type: none"> DHS opened a "New or Worsening Behavior Event" to monitor resident's feelings of depression from recent loss, and to evaluate effectiveness of antidepressant. Resident (43) continues to be seen by psych services and is currently receiving medications to assist with feelings of depression related to a recent loss. Re-education provided to Social Service Director as to our policy and procedures for behavioral management, suicidal ideation, and documentation regarding follow-up. <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. A review of residents with behaviors was completed for the current residents residing at Hampton Oaks on 12/30/22 with no other concerns referencing documented suicidal and/or worsening behaviors that were not 		

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	<p>The resident was very distraught during the conversation and was stating that she wasn't doing good at the facility and that she felt like she was failing. She was assured that her progress was improving day by day, and the resident calmed down after the conversation and thanked the nurse for talking to her.</p> <p>The clinical record lacked documentation of any psychosocial follow-up by the SSD.</p> <p>During an interview on 12/15/22 at 2:47 p.m., the SSD (Social Service Director) indicated she did a mood assessment for MDS on 12/13/22. She did not see a follow-up for the incident on 12/10/22 when the resident expressed, she wanted to die. There should have been a follow-up with the resident. The nurse should have reached out to the Director of Nursing or the physician. The resident had not seen psychiatric services since 12/3/22. She indicated she did not know if anyone was informed about the incident or not. The policy stated the incident should be reported to the director and a social service follow-up. She would be informed at the morning staff meeting about the incident.</p> <p>During an interview on 12/16/22 at 9:32 a.m., the DON (Director of Nursing) indicated when a resident expressed statements like they want to die they would make sure the resident was safe and interview the resident to see if they had a plan. If the resident had a plan staff would sit with the resident one on one. The resident did not express she had a plan. The nurse would inform the DON of the incident. She indicated the weekend supervisor checked on the resident on 12/11/22 and the incident was discussed in the morning meeting on Monday. She indicated she was not sure when Social Service should</p>				<p>being addressed and monitored.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>DHS and/or Designee provided re-education to staff regarding our policy and procedures referencing suicidal ideation, behavioral management, documentation, and appropriate reporting</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <p>The DHS/designee will be responsible for reviewing behavioral monitoring weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. Findings will be reviewed during the campuses monthly QAPI meeting in to determine the frequency as to the monitoring plan. Findings suggestive of 100% compliance may result in cessation as to the monitoring plan.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/20/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155753		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/20/2022	
NAME OF PROVIDER OR SUPPLIER HAMPTON OAKS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 966 N WILSON RD SCOTTSBURG, IN 47170			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
R 0000 Bldg. 00	<p>follow-up with the resident. Psychiatric services and the therapist would see the resident every 2 weeks. She indicated she heard the resident's son did not commit suicide. Social service follow-up would be in morning meetings every day and they would do weekly clinically at-risk meetings and a follow-up would be done then.</p> <p>The Director of Social Services Job Description, provided on 12/14/22 at 11:00 a.m., indicated the Duties and Responsibilities of the Director of Social Services included, but were not limited to, "... 4. Reviews and revises care plans and assessments as necessary... 9. Ensure that social service progress notes are informative and descriptive of the services provide and of the resident's response to the service..."</p> <p>The Guidelines for Suicide Threats Policy, provided on 12/14/22 at 11:00 a.m., by the Executive Director, included, but was not limited to, "... 1. Resident threats of suicide should be taken seriously and must be reported immediately to the charge nurse... 2. The charge nurse shall notify the resident's attending physician, the Director of Health Services, Director of Social Services, and resident representative of such threats... 8. Social Service staff shall be consulted to discuss the incidents with the resident and provide ongoing assistance to prevent further occurrences of suicidal thoughts..."</p> <p>3.1-34(a)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p>			R 0000	5. Date of completion: 12/30/22		

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	Survey dates: December 13, 14, 15, 16, 19, and 20, 2022. Facility number: 004902 Residential Census: 20 Hampton Oaks Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed on December 22, 2022.						