

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

PRINTED: 05/30/2025

FORM APPROVED

OMB NO. 0938-039

|  |   |   |  |   |  |  |                            |
|--|---|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>155813 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                              |  | X3) DATE SURVEY<br>COMPLETED<br>12/18/2024 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>VILLAGES AT HISTORIC SILVERCREST THE |   |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>1 SILVERCREST DRIVE<br>NEW ALBANY, IN 47150 |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |   |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   |  | (X5)<br>COMPLETION<br>DATE |
| F 0000<br><br>Bldg. 00   | <p>This visit was for the Investigation of Nursing Home Complaint IN00448119.</p> <p>Complaint IN00448119 - Federal/State deficiency related to the allegations is cited at F684.</p> <p>Survey dates: December 16, 17 and 18, 2024</p> <p>Facility number: 012619<br/>Provider number: 155813<br/>AIM number: 201238590</p> <p>Census Bed Type:<br/>SNF: 36<br/>SNF/NF: 8<br/>Residential: 30<br/>Total: 74</p> <p>Census Payor Type:<br/>Medicare: 17<br/>Medicaid: 8<br/>Other: 19<br/>Total: 44</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 25, 2024.</p> |   |  | F 0000  | <p>This plan of correction is to serve as The Villages at Historic Silvercrest Health Campus credible allegation of compliance. Submission of this plan of correction does not constitute an admission by The Villages at Historic Silvercrest Health Campus 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. Attached you will find the plan of correction for The Villages at Historic Silvercrest Health Campus annual survey that was completed on 12/18/2024. The plan of correction and specific correction actions are prepared and/or executed in compliance with State and Federal Laws. The campus' date of alleged compliance is: 1/7/2025. We initiated immediate interventions when concerns were identified during recertification survey. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>If you need any information or paperwork, please contact me at</p> |  |                            |

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

TITLE

(X6) DATE

Victoria Roby Harper

Executive Director

01/07/2025

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 30 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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| F 0684<br>SS=D<br>Bldg. 00   | <p>483.25<br/>Quality of Care</p> <p>Based on interview and record review, the facility failed to identify an abnormal bowel pattern for a resident (Resident B) with a previous diagnosis of C-diff for 1 of 3 residents reviewed for quality of care.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 12/16/24 at 10:03 a.m. The resident's diagnoses included, but were not limited to, irritable bowel syndrome and a history of C-diff (Clostridium difficile).</p> <p>The progress note, dated 9/15/24 at 3:10 p.m., indicated the resident was confused with incoherent speech. The nurse practitioner was notified with a new order given for a urine dispstick. The dipstick results were communicated to the nurse practitioner with new orders for Macrobid (antibiotic for urinary tract infections) 100 mg (milligrams) twice daily for 5 days and Rocephin (antibiotic for urinary tract infections) 1 gram intramuscularly once.</p> <p>The progress note, dated 9/18/24 at 2:12 p.m., indicated the nurse practitioner reviewed the final urinalysis. New orders were obtained to discontinue the Macrobid and to Start Ciprofloxacin 1,000 mg daily for 7 days.</p> |   |  | F 0684  | <p>1(812) 542-6720.</p> <p>Sincerely, Tori Harper, Executive Director</p> <p>F684 Quality of Care</p> <p>*What Corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>*Identified Resident B was sent to the hospital at time of incident on 10/24/2024 and treated at hospital for UTI, , and sepsis.</p> <p>*How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>*All residents currently residing in the campus on this date 1/2/2025 assessed for abnormal bowel movements by reviewing the vital sign report as it relates to bowel</p> |  | 01/07/2025                 |

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|  | <p>Review of the September 2024 bowel record, between 9/16/24 and 9/30/24, indicated the resident had the following bowel movements:</p> <ul style="list-style-type: none"> <li>- 9/16/24 at 5:07 a.m. - Large BM with no consistency documented</li> <li>- 9/16/24 at 1:42 p.m. - Medium BM with no consistency documented</li> <li>- 9/17/24 at 1:12 p.m. - Medium BM with no consistency documented</li> <li>- 9/18/24 at 5:49 a.m. - Medium BM which was soft and formed</li> <li>- 9/18/24 at 1:33 p.m. - Small BM with no consistency documented</li> <li>- 9/18/24 at 7:25 p.m. - Large BM which was soft and formed</li> <li>- 9/19/24 at 5:24 a.m. - Large BM with a loose consistency</li> <li>- 9/19/24 at 1:51 p.m. - Medium BM with no consistency documented</li> <li>- 9/19/24 at 7:10 p.m. - Medium BM which was soft, formed and loose</li> <li>- 9/20/24 at 5:09 a.m. - Medium BM with a loose consistency</li> <li>- 9/20/24 at 10:17 a.m. - Large BM with a liquid consistency</li> <li>- 9/21/24 at 11:16 a.m. - Large BM with a loose consistency, foul odor and mucous</li> <li>- 9/21/24 at 12:41 p.m. - Small BM with a loose consistency, foamy, foul odor and mucous</li> </ul> <p>The IDT (interdisciplinary) note, dated 9/23/24 at 12:10 p.m., indicated the resident had multiple loose stools and a stool sample was sent for C-diff.</p> <p>The laboratory report for Resident B indicated the following:</p> |   |  |   | <p>movements for the previous to verify that all tasks completed including proper notifications per the Care Interact tool and utilizing the Criteria and the Guideline for management of Clostridium . Campus follows criteria that matches the policy.</p> <p>*Resident C was identified with loose stool on 12/30/2024 that was tarry/black in appearance and noted with foul odor. Hospice made aware. Assessment on this date 1/2/2025 of bowel movement with hospice nurse present with normal consistency and color noted and that the "black/tarry" stool determined to be contributed by the ferrous sulfate medication therapy.</p> <p>*Resident D was identified with loose stool on 1/1/2025 x2 and on 1/2/2025 x1. Proper notifications were made with no new orders. Loose stool resolved.</p> <p>*Resident A was identified with loose stool on 1/1/2025 x1 and 1/2/2025 x2. Proper notifications were made with no new orders. Loose stool resolved.</p> <p>*What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur;</p> |  |                            |

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|  | <p>- Collected stool sample on 9/21/24 at 3:00 p.m.</p> <p>- Reported results on 9/23/24 at 4:10 p.m.</p> <p>- C-diff detected in residents stool.</p> <p>The progress note, dated 9/25/24 at 4:20 p.m., indicated the nurse practitioner was in with new orders for Vancomycin (antibiotic to treat C-diff) 125 mg four times a day for 10 days. The antibiotic was completed on 10/4/24.</p> <p>The progress note, dated 10/7/24 at 9:44 a.m., indicated the resident was very confused and disoriented. New orders were obtained for a urinalysis stat (immediately).</p> <p>The progress note, dated 10/7/24 at 2:51 p.m., indicated to start Macrobid 100 mg twice daily for 5 days.</p> <p>The nurse practitioner note, dated 10/7/24, indicated the resident had increased confusion and foul-smelling loose stools reported. Macrobid 100 mg twice daily for 5 days was ordered.</p> <p>The progress note, dated 10/10/24 at 11:47 a.m., indicated the nurse practitioner reviewed the urinalysis with culture. The Macrobid was discontinued and new orders obtained for Meropenem 1 gram every 12 hours for 10 days via midline.</p> <p>Review of the October 2024 bowel report indicated the resident had the following bowel movements:</p> <p>- 10/06/24 at 1:12 p.m. - Large BM with a foul odor and mucous</p> <p>- 10/08/24 at 10:32 p.m. - Medium BM with no consistency documented</p> <p>- 10/09/24 at 5:30 p.m. - Medium BM with no consistency documented</p> |   |  |  | <p>p paraid="561415524"<br/>paraeid="{77c76c0b-98d1-454b-88a5-2184196d1feb}{5}" &gt;</p> <p>*Education provided to nursing staff by DHS and/or ADHS starting on 1/2/2025 and completed on 1/7/2025, including RCA's, CRCA's and licensed nurses regarding notification to licensed nurses when there is an abnormal bowel movement.</p> <p>*Education provided to licensed nurses by DHS and/or ADHS starting on 1/2/2025 and completed on 1/7/2025, regarding notification to provider with any abnormal bowel movement</p> <p>*Education provided to DHS/ADHS by clinical support on 1/2/2025, regarding pulling Vital Signs report for the last for current residents as it relates to bowel movements daily Monday through Friday to ensure that all tasks completed regarding any abnormal bowel movement.</p> <p>*Education provided to nursing staff by DHS and/or ADHS starting on 1/2/2025 and completed on 1/7/2025, regarding criteria and policy regarding testing for</p> |  |                            |

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|  | <ul style="list-style-type: none"> <li>- 10/09/24 at 11:38 p.m. - Medium BM with no consistency documented</li> <li>- 10/10/24 at 8:39 a.m. - Medium BM with no consistency documented</li> <li>- 10/10/24 at 4:15 p.m. - Large BM with no consistency documented</li> <li>- 10/10/24 at 9:45 p.m. - Large BM with no consistency documented</li> <li>- 10/10/24 at 11:19 p.m. - Medium BM with no consistency documented</li> <li>- 10/11/24 at 1:43 p.m. - Medium BM with no consistency documented</li> <li>- 10/12/24 at 10:32 a.m. - Large BM which was loose/liquidly</li> <li>- 10/13/24 at 1:09 p.m. - Large BM which was soft/formed and loose with mucous and a foul odor</li> <li>- 10/13/24 at 10:08 p.m. - Large BM with no consistency documented</li> <li>- 10/14/24 at 1:47 p.m. - Large BM with no consistency documented</li> <li>- 10/14/24 at 9:16 p.m. - Medium BM with no consistency documented</li> <li>- 10/15/24 at 1:45 p.m. - Large BM which was loose</li> <li>- 10/15/24 at 10:56 p.m. - Small BM with no consistency documented</li> <li>- 10/16/24 at 11:31 a.m. - Large BM with no consistency documented</li> <li>- 10/16/24 at 3:32 p.m. - Medium BM with no consistency documented</li> <li>- 10/16/24 at 5:15 p.m. - Large BM which was liquid</li> <li>- 10/17/24 at 4:38 a.m. - Large BM which was loose</li> <li>- 10/17/24 at 1:14 p.m. - Medium BM with no consistency documented</li> <li>- 10/18/24 at 5:26 a.m. - Medium BM with no consistency documented</li> <li>- 10/18/24 at 9:22 a.m. - Large BM which was liquid</li> <li>- 10/18/24 at 9:11 p.m. - Medium BM with no consistency documented</li> <li>- 10/18/24 at 11:04 p.m. - Large BM with no</li> </ul> |   |  |   | <p>*How the corrective action (s) will be monitored to ensure the deficient practice will not recur, ..., what quality assurance program will be put into practice?</p> <p>DHS/ADHS will pull and review the vital sign report for the previous 72 hours as it relates to bowel movements for any documented abnormal findings daily Monday through Friday to ensure that all tasks completed including proper notifications for 1 month, then 3 times weekly x 2 weeks then once weekly x 2 weeks then once every 2 weeks, then once every one month x 3 months. The Findings of this audit will be presented to the Quality Assurance and Performance Improvement Committee (QAPI) consisting of Executive Director, Director of Health Services, Assist Director of Health Services, Medical Director monthly in order to determine the need for the frequency of the ongoing monitoring plan. The QAPI meetings will determine when compliance is achieved or if ongoing monitoring is required. Findings suggestive of 100% compliance may result in cessation of monitoring plan. The QAPI meetings will determine</p> |  |                            |

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|  | <p>consistency documented</p> <p>- 10/19/24 at 9:32 a.m. - Large BM with mucous consistency</p> <p>- 10/19/24 at 5:09 p.m. - Large BM with no consistency documented</p> <p>- 10/20/24 at 5:06 a.m. - Large BM which was soft and formed</p> <p>- 10/20/24 at 12:56 p.m. - Medium BM with no consistency documented</p> <p>- 10/21/24 at 4:33 a.m. - Medium BM with loose consistency</p> <p>- 10/21/24 at 9:31 a.m. - Large BM with no consistency documented</p> <p>- 10/21/24 at 8:18 p.m. - Medium BM with no consistency documented</p> <p>- 10/22/24 at 4:59 a.m. - Large BM with liquid consistency</p> <p>- 10/22/24 at 12:35 p.m. - Medium BM with no consistency documented</p> <p>- 10/22/24 at 7:09 p.m. - Medium BM with a loose consistency</p> <p>- 10/23/24 at 1:13 p.m. - Large BM with no consistency documented</p> <p>- 10/24/24 at 1:08 p.m. - Large BM with no consistency documented</p> <p>Review of the facility staff report sheet for 10/13/24 indicated the resident continued with loose stool with a foul smell.</p> <p>The progress note, dated 10/23/24 at 3:58 p.m., indicated new orders for a stool test due to the resident's elevated white blood cells. The urinalysis was still pending and new orders for Rocephin 1 gram for 3 days for leukocytosis.</p> <p>The progress note, dated 10/24/24 at 1:10 p.m., indicated at the start of day shift, the resident had been receiving new orders for fluid and Rocephin. The nurse practitioner was notified of the</p> |   |  |   | <p>when compliance is achieved or if ongoing monitoring is required.</p> <p>Date of compliance 1/7/2025</p>              |  |                            |

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|  | <p>residents assessment; Blood pressure was 98/58, heart rate was 110 and respirations were 30. A new order was received to send the resident to the emergency department for evaluation.</p> <p>The hospital lab, dated 10/24/24, indicated the resident was positive for C-diff.</p> <p>During a telephone interview on 12/16/24 at 12:58 p.m., the nurse practitioner (NP 15) indicated the resident had a diagnosis of IBS (irritable bowel syndrome). With IBS, there was either loose stool or constipation. The resident was more in the middle. According to the resident and the resident's daughter-in-law, the resident's normal bowel activity was a soft stool every 3 days.</p> <p>During a telephone interview on 12/18/24 at 9:52 p.m., NP 15 indicated the resident had a diagnosis of IBS and it would not be uncommon to have a loose stool here and there. If a resident had loose stools, she would have the nurse monitor for multiple loose stools during the day. If multiple loose stools throughout the day, she would order a stool sample for C-diff. With C-diff, loose stools are typically constant and consistent throughout the day. The resident did have loose stools, but they were not constant and consistent throughout the day.</p> <p>During an interview on 12/18/24 at 11:18 a.m., the Executive Director indicated the facility did not have a policy on bowel and bladder.</p> <p>According to the CDC (Centers for Disease Control and Prevention), those at greatest risk are those who have used an antibiotic over the past 3 months, previous infection with C-diff or known exposure to the germ, over the age of 65, and those with a recent hospital stay or nursing home.</p> |   |  |   |  |  |                            |

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|  | This Citation relates to Complaint IN00448119<br><br>3.1-37   |   |  |   |  |  |                            |