

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

PRINTED: 10/26/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155667		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/26/2023	
NAME OF PROVIDER OR SUPPLIER OAK GROVE CHRISTIAN RETIREMENT VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 221 W DIVISION ST DEMOTTE, IN 46310			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00413465 and IN00414951.</p> <p>Complaint IN00413465 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00414951 - Federal/State deficiencies related to the allegations are cited at F806 and F808.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: September 25 & 26, 2023</p> <p>Facility number: 010823 Provider number: 155667 AIM number: 200236630</p> <p>Census Bed Type: SNF/NF: 26 SNF: 23 Residential: 35 Total: 84</p> <p>Census Payor Type: Medicare: 9 Medicaid: 26 Other: 14 Total: 49</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 9/29/23.</p>			F 0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Oak Grove Christian Retirement Village desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on October 31, 2023. The facility respectfully requests paper compliance. Please accept the attached as our credible allegation of compliance.</p>		
F 0554 SS=D	483.10(c)(7) Resident Self-Admin Meds-Clinically Approp						

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

TITLE

(X6) DATE

Rosemary Weeks

VP Operations

10/13/2023

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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Bldg. 00	<p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate.</p> <p>Based on observation, record review, and interview, the facility failed to determine self-administration of medications was appropriate for residents, related to medications left with the residents for self administration and no assessment to indicate the residents were appropriate for self administration of medications, for 3 of 3 residents observed with medications left on the table and in the room for administration. (Residents F, C, and E)</p> <p>Findings include:</p> <p>1) During an observation on 9/25/23 at 8:57 a.m., Resident F was sitting in the Dining Room at a table with three other residents. She had a medication cup sitting in front of her, which contained multiple pills. The resident then began taking the medications orally until all medications were gone.</p> <p>The Nurse was at the Medication Cart, located at the Nurses' Station, outside of the Dining Room. The Nurse's back was to the resident.</p> <p>During an interview on 9/25/23 at 9 a.m., Nurse 3 indicated she was going to come back to the Dining Room and she does not normally leave the medications with the resident.</p> <p>Resident F's record was reviewed on 9/26/23 at 9:54 a.m. The diagnoses included, but were not limited to, hypertension.</p> <p>An Admission Minimum Data Set (MDS)</p>			F 0554	<p>The facility was alleged to be out of compliance by failing to determine self-administration of medications was appropriate for residents related to medications left with the residents for self-administration and no assessment to indicate the residents were appropriate for self-administration.</p> <p><u>I. Specific Corrective Actions:</u> Resident's F, C, and E were assessed for self-administration of meds. If appropriate will be care planned for self-administration of medications. Nurse 3, 1 and 4 were immediately re-educated regarding the policies for self-administration of medications and the medication administration policy. C.N.A. #2 was educated to the C.N.A. scope of practice regarding medication.</p> <p><u>II. Identification and correction of others:</u> All residents have the potential to be affected. Rounds were done to ensure medications were not being self-administered without an assessment and order for self-administration.</p> <p><u>III. Systemic Changes:</u> All nurses and QMAs were educated on policies for self-administration of medication and medication administration</p>		10/31/2023

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	<p>assessment indicated her cognition was intact.</p> <p>There was no Self-Administration of Medication assessment completed nor a Physician's order for the resident to self-administer her own medication.</p> <p>2) During an observation on 9/25/23 at 9:18 a.m. through 9:21 a.m., Resident C was sitting at a table in the Dining Room. There was a medication cup sitting in front of the resident that contained multiple pills. Nurse 1 indicated Nurse 4 had left the medications on the table. Nurse 1 then exited the Dining Room, leaving the medications on the table in front of the resident.</p> <p>The resident then self-administered some of the medications and left two in the medication cup.</p> <p>Nurse 4 was standing at the Medication Cart located at the Nurses' Station, out of visual view of the resident.</p> <p>The resident then placed the last two medications in her mouth, and removed an oblong white pill from her mouth and laid it on the table. She took a bit of her cereal, then placed the pill from the table in her mouth and swallowed. All of the medications in the medication cup were self-administered.</p> <p>During an interview on 9:21 a.m., Nurse 4 indicated she usually watched the residents take their medications.</p> <p>Resident C's record was reviewed on 9/25/23 at 4:15 p.m. The diagnoses included, but were not limited to, dementia.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 9/4/23, indicated a moderately</p>				<p>policy. C.N.A.s were educated regarding the scope of practice related to medications.</p> <p>IV. Monitoring: Random audits will be conducted by the DON/designee to ensure medications are not being self-administered without an assessment and order, weekly for 4 weeks and monthly for 5 months. May continue another 6 months if ongoing concerns are noted. Results will be reviewed during the monthly QAPI Meetings. [Attachment: Medication Administration CQI Audit Tool & QA Tracking Log]</p>		

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F 0806 SS=D Bldg. 00	<p>impaired cognitive status.</p> <p>There was no Self-Administration of Medication assessment completed nor a Physician's order for the resident to self-administer her own medication.</p> <p>3. During an observation on 9/25/23 at 9:24 a.m., CNA 2 exited Resident E's room and handed a medication cup, which contained a light tan/yellow powder to Nurse 1. The medication cup had written on the outside "abd [abdominal] folds". Nurse 1 identified the powder as nystatin powder (antifungal).</p> <p>Resident E's record was reviewed on 9/26/23 at 10:23 a.m. The diagnoses included, but were not limited to, vascular dementia.</p> <p>A Quarterly MDS assessment, dated 9/12/23, indicated her cognitive status was intact.</p> <p>A Physician's Order dated 9/16/23, indicated the nystatin powder was to be applied to the abdominal folds and groin area twice a day until 9/23/23.</p> <p>There was no Self-Administration of Medication assessment completed nor a Physician's order for the resident to self-administer her own medication.</p> <p>A Medication Administration policy, dated 10/31/22, and received from the Director of Nursing as current, indicated the resident was to be observed taking the medication.</p> <p>3.1-11</p> <p>483.60(d)(4)(5) Resident Allergies, Preferences, Substitutes §483.60(d) Food and drink</p>						

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	<p>Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice;</p> <p>Based on observation, record review, and interview, the facility failed to ensure dietary preferences were followed, related to not providing items listed on the individual meal card for 1 of 3 residents reviewed for food preferences. (Resident B)</p> <p>Finding includes:</p> <p>During a supper meal observation on 9/25/23 at 5:16 p.m., Resident B was served a Reuben sandwich, green beans, mixed melon fruit, coffee, and cranberry juice.</p> <p>The individual dietary menu card indicated the resident preferred hot tea and whole milk.</p> <p>During an breakfast meal observation on 9/26/23 at 8:31 a.m., Resident B was served an egg and sausage biscuit sandwich, a piece of wheat toast with butter, coffee, and apple juice.</p> <p>The individual dietary card indicated the resident preferred cranberry juice.</p> <p>During an interview on 9/26/23 at 8:37 a.m., Nurse 1 indicated the resident's son filled out the menu preferences at the beginning of each month.</p>			F 0806	<p>The facility was alleged to be out of compliance by failing to ensure dietary preferences were followed, related to not providing items listed on the individual meal card.</p> <p><u>I. Specific Corrective Actions:</u> Resident B and/or representative was interviewed regarding dietary preferences and care plan updated.</p> <p><u>II. Identification and correction of others:</u> Rounds were done to ensure that all residents were receiving the items listed on their individual meal cards. No other residents were identified.</p> <p><u>III. Systemic Changes:</u> A policy for resident food preferences was created and reviewed. All nursing and dietary staff were educated.</p> <p><u>IV. Monitoring:</u> An audit will be conducted randomly to ensure the residents are receiving what is on their individual meal card by the Administrator/designee (Dietary Manager) weekly for 4 weeks and</p>		10/31/2023

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F 0808 SS=D Bldg. 00	<p>During an interview on 9/26/23 at 8:43 a.m., CNA 1 indicated the residents were to be served what was chosen on their menu card.</p> <p>Resident B's record was reviewed on 9/25/23 at 11:54 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, dementia, and diabetes mellitus.</p> <p>An Annual Minimum Data Set assessment, dated 7/19/23, indicated a severely impaired cognitive status, supervision was required when eating, no significant weight loss or gain, and received a therapeutic diet.</p> <p>A Care Plan, dated 7/22/22 and updated on 7/21/23, indicated a therapeutic diet was received. The interventions included the resident's son would fill out her menu.</p> <p>A Physician's Order, dated 8/3/23, indicated a no concentrated sweets diet was to be received.</p> <p>This Federal tag relates to Complaint IN00414951.</p> <p>3.1-21(a)</p> <p>483.60(e)(1)(2) Therapeutic Diet Prescribed by Physician §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.</p> <p>§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.</p>		F 0808	<p>monthly for 5 months. May continue another 6 months if ongoing concerns are noted. Results will be reviewed during the monthly QAPI Meetings. [Attachment: Meal Service Rounds Audit Tool & QA Tracking Log]</p> <p>The facility was alleged to be out</p>		10/31/2023	

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	<p>Based on observation, record review, and interview, the facility failed to ensure residents were served therapeutic diets as ordered by the Physician, related to dietary and extra protein supplements, for 2 of 3 residents observed for therapeutic diets. (Residents C and D)</p> <p>Findings include:</p> <p>1. During an observation of the dinner meal on 9/25/23 at 5:33 p.m., Resident C received her meal, which consisted of chicken corn bread bake, vegetable soup, melon mix, and cranberry juice. She had not received a health shake with her meal.</p> <p>After she consumed her dinner, she left the dining room at 5:58 p.m. and had not received a health shake with her dinner meal.</p> <p>During an observation on 9/26/23 at 8:38 a.m., Resident C received her breakfast meal, which consisted of one hard cooked egg, a piece of toast, cold cereal, and cranberry juice. The Dietary Card indicated she was to receive double protein for breakfast.</p> <p>During an interview with Dietary Aide 1 on 9/26/23 at 8:40 a.m., he indicated double protein would be two servings of eggs. The special instructions were on the Dietary Card and he may have missed it when he served the resident her breakfast.</p> <p>During an interview on 9/26/23 at 8:44 a.m., Nurse 2 indicated the nurses gave the health shakes and they were kept in the refrigerator in the Kitchenette.</p> <p>Resident C's record was reviewed on 9/25/23 at 4:15 p.m. The diagnoses included, but were not</p>				<p>of compliance by failing to ensure residents were served therapeutic diets as ordered by the Physician, related to dietary and extra protein supplements.</p> <p>I. <u>Specific Corrective Actions:</u> Residents C and D received their Physician ordered therapeutic diets at their next meal. Dietary Staff were educated on following dietary orders.</p> <p>II. <u>Identification and correction of others:</u> All residents have the potential to be affected. All physician ordered diets were reviewed and an audit conducted to ensure the residents were receiving what was ordered.</p> <p>III. <u>Systemic Changes:</u> Dietary and licensed nursing staff were educated on following physician orders related to therapeutic diets.</p> <p>IV. <u>Monitoring:</u> Random audits will be conducted during meal service by the Administrator/designee (Dietary Manager) to ensure therapeutic diets are being followed, weekly for 4 weeks and monthly for 5 months. May continue another 6 months if ongoing concerns are noted. Results will be reviewed during the monthly QAPI Meetings. [Attachment: Therapeutic Diets CQI Audit Tool & QA Tracking Log]</p>		

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	<p>limited to, dementia.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 9/4/23, indicated a moderately impaired cognitive status, supervision was needed for eating, and had a significant weight loss.</p> <p>A Care Plan, dated 8/9/21, indicated a nutritional risk. The interventions included a diet as ordered would be served and supplements would be given.</p> <p>A Nutritional Assessment, dated 9/7/23 at 3:17 p.m., indicated a regular diet with double protein serving at breakfast. A 3% weight loss in 180 days. A health shake daily at dinner was recommended for added calories and protein.</p> <p>A Physician's Order on 12/18/20 indicated a regular diet.</p> <p>The current Physician's Orders indicated an order for double protein at breakfast on 8/22/23 and a health shake for dinner on 9/19/23.</p> <p>2. During an observation on 9/25/23 at 5:30 p.m., Resident D received her dinner meal, which consisted of vegetable soup, chicken corn bread bake, mixed melons.</p> <p>On 9/25/23 at 5:41 p.m., she had consumed 100% of the soup and bites of the chicken corn bread bake. She then ambulated out of the Dining Room. No health shake had been received with her dinner.</p> <p>Resident D's record was reviewed on 9/25/23 at 3:23 p.m. The diagnoses included, but were not limited to, stroke.</p>						

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	<p>An Admission MDS assessment, dated 8/11/23, indicated long and short term memory problems, required supervision while eating, had no significant weight gain or loss, and received a mechanically altered diet.</p> <p>A Care Plan, dated 8/4/23, indicated a risk for impaired nutrition. The interventions included a diet as ordered would be served.</p> <p>A Physician's Order, dated 8/4/23, indicated a diet order of mechanical soft with ground meat.</p> <p>A Physician's Order, dated 9/13/23, indicated a health shake was to be given with dinner.</p> <p>A Nutrition at Risk Progress Note, dated 9/7/23, indicated a risk of malnutrition and a health shake daily was recommended for calorie support.</p> <p>This Federal tag relates to Complaint IN00414951.</p> <p>1.3-21(b)</p>						