STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155693	A. BUILDING 00 B. WING	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER OAKS HEALTH CAMPUS	2011 CHAPA STREET COLUMBUS, IN 47203

(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 Complaints IN00426993. Complaint IN00426993 - Federal/State deficiency related to the allegations is cited at F686. Survey dates: February 13 and 14, 2024. Facility number: 002955 Provider number: 155693 AIM number: 200346570 Census Bed Type: SNF/NF: 28 SNF: 20 Residential: 31 Total: 79 Census Payor Type: Medicare: 19 Medicaid: 20 Other: 9 Total: 48 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on February 15,, 2024.	F 0000	**Plan of Correction FOR Silver oaks HEALTH CAMPUS** **F000 INITIAL COMMENTS** Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Complaint Survey conducted February 14, 2024. Please accept this Plan of Correction as the provider's credible allegation of compliance as of February 27, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kimberly Bales	Clinical Support RN	02/27/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155693	A. BUILDING 00 B. WING	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER OAKS HEALTH CAMPUS	2011 CHAPA STREET COLUMBUS, IN 47203

(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
	professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to identify a pressure ulcer for 1 of 3 residents reviewed for pressure ulcers. (Resident D) Findings include: During an observation on 02/13/24 at 2:50 P.M., RN 2 alerted Resident D of the need to observe his feet. The resident agreed and the resident's feet were observed with no concerns. After the resident was settled back into his chair he asked if she would like to look at his bottom. He indicated he had sores on his bottom that had been there for a while, they were sore, and he did not have them when he admitted to the facility. The resident's bottom was observed, there was no dressing in place and the following was observed: - a small open area to the coccyx the size of a pencil eraser, the wound bed was pink in color with no drainage, - a small area to the left buttock cheek the size of a pencil eraser, the wound bed was pink in color with no drainage, and - a small area to the right buttock cheek the size of a pencil eraser, the wound bed was pink in color with no drainage. During an interview on 02/13/24 at 2:54 P.M., RN 2	F 0686	1.Resident D was affected by alleged deficient practice. Treatment was implemented same day identified. 2.All residents have the potential to be affected. Nursing staff educated on the identification of ulcers. A skin assessment was conducted on all health center residents. 3.As a measure of ongoing compliance, the DHS or designee will perform random skin assessments on 3 residents to ensure no new open areas are noted. Audit will be completed weekly x4 weeks, then every other week x2 months, then monthly x3 months. 4.As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.	02/27/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155693	A. BUILDING 00 B. WING	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER OAKS HEALTH CAMPUS	2011 CHAPA STREET COLUMBUS, IN 47203

(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
	indicated the nurse had removed the dressing earlier in the day due to the resident having increased bowel movements. She had alerted her to replace it later when the resident's bowel movements were decreased. During an interview on 02/13/24 at 3:00 P.M., QMA (Qualified Medication Aide) 3 indicated she and the CNA (Certified Nurse Aide) that was working with her had never worked with the resident. They were unaware if the resident had wounds to his buttocks. The clinical record was reviewed on 02/13/24 at 1:15 P.M. An Admission MDS (Minimum Data Set) assessment, dated 02/01/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, anemia, heart failure, hypertension, hyponatremia, and respiratory failure. The resident was at risk for pressure ulcers and had no pressure ulcers at the time of admission. The resident was always incontinent of bowel and bladder. An Admission Observation and Data Collection record, dated 01/28/24, indicated the resident's Braden Scale for pressure ulcer predictability rated the resident as being at high risk. An Interdisciplinary Team (IDT) Progress Note, dated 01/29/23 at 3:07 P.M., indicated they had reviewed a bruising and wound event. The resident had scattered bruises to the bilateral upper extremities, a 3 cm (centimeters) x (by) 1 cm x 0.1 cm area on his spine, a 1 cm x 0.3 cm x 0.1 cm area on the slight left of the coccyx, and a 3 cm x 4 cm x 0.1 cm abscess on the anterior scrotum with yellow drainage. The bilateral feet had hardened, dark calluses at the sesamoid bone area on the bottom of the foot. The bilateral lower extremities			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155693	A. BUILDING 00 B. WING	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER OAKS HEALTH CAMPUS	2011 CHAPA STREET COLUMBUS, IN 47203

(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
	were extremely dry. The resident and Nurse Practitioner were aware, and orders were in place. The resident would be monitored weekly on wound rounds. An open-ended physician's order, with a start date of 01/29/24, indicated the staff were to apply a foam dressing to the mid-spine and coccyx. The dressing was to be changed every 5 days and as needed for soilage. An open-ended physician's order, with a start date of 01/29/24, indicated the staff were to observe the dressing to the mid-spine and coccyx every shift, three times a day. The dressing may be peeled back so the area could be viewed to monitor for any open areas. A Progress Note, dated 02/04/24 at 5:24 A.M., indicated the resident's dressings had been changed to his scrotum, spine, and coccyx on Saturday night (02/03/24). A Point of Care History for skin problems for February 2024 indicated the resident had clear skin (without impairment) or a dressing on the following dates and times: - 02/13/24 at 7:53 A.M., the residents' skin was clear and signed by RN 4 and QMA 6, - 02/12/24 at 12:18 A.M., the resident had a dressing in place to the back and buttocks and signed by RN 5, - 02/12/24 at 7:28 A.M., the residents' skin was clear and signed by CNA 7, - 02/12/24 at 11:52 A.M., the residents' skin was clear and signed by QMA 8, - 02/10/24 at 11:46 A.M., the residents' skin was clear and signed by QMA 8, - 02/09/24 at 7:24 A.M., the resident skin was clear			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155693	A. BUILDING 00 B. WING	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER OAKS HEALTH CAMPUS	2011 CHAPA STREET COLUMBUS, IN 47203

(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
	and signed by CNA 7, - 02/08/24 at 10:27 A.M., the residents' skin was clear and signed by QMA 6, - 02/07/24 at 12:26 P.M., the resident's skin was clear and signed by QMA 6, - 02/06/24 at 1:02 A.M., 7:03 A.M., and 11:23 P.M., the resident's skin was clear and signed by QMA 8 and CNA 7, - 02/05/24 at 12:36 A.M., 6:43 A.M., and 3:03 P.M., the resident's skin was clear and signed by CNA 9, CNA 7, and CNA 10, - 02/04/24 at 12:38 A.M., 7:53 A.M., and 3:49 P.M., the resident's skin was clear and signed by CNA 9, RN 11, and QMA 6, - 02/03/24 at 6:59 A.M., the resident's skin was clear and signed by CNA 7 - 02/02/24 at 6:55 A.M., 4:07 P.M., and 11:18 P.M., the resident's skin was clear and signed by CNA 7, QMA 6, and CNA 9, and - 02/01/24 at 6:55 A.M., the resident's skin was clear and signed by CNA 7. The clinical record lacked indication the resident had any pressure ulcers to the coccyx. During an interview on 02/13/24 at 3:05 P.M., Wound Care Nurse 12 indicated the resident came to the facility with an abscess to his scrotum, a bruise to the spine, and a bruise to the coccyx. When a resident was admitted to the facility, she would look through the hospital documentation and complete an assessment to determine if there were any skin issues. If a resident acquired a new skin issue while in the facility she would rely on the nurses and aides to let her know about it. The nurses would then open an event to monitor the area. The staff should be alerting her if the resident had any new reddened areas, non-blanchable areas, or any type of skin breakdown.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155693	A. BUILDING 00 B. WING	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER OAKS HEALTH CAMPUS	2011 CHAPA STREET COLUMBUS, IN 47203

(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
	During an observation and interview on 02/13/24 at 3:15 P.M., Resident D's coccyx was reviewed with Wound Care Nurse 12. She indicated the resident had a small Stage 2 to the sacrum that measure 0.5 cm x 0.5 cm with excoriation to the bilateral buttocks, the wounds did not have any drainage. The staff should have let her know of the resident's condition of his bottom before the areas were open as they were able to remove the dressing to look at the bottom. The areas were not there on admission. The current facility policy titled, "GUIDELINES FOR WEEKLY SKIN OBSERVATION', with a review date of 12/31/23, was provided by Clinical Support on 02/13/24 at 4:05 P.M. The policy indicated, "...To monitor the effectiveness of intervention for pressure reduction, identify areas of skin impairment in the early development stage and implement other preventative and/or treatment measures as indicated...In addition to the Weekly Observation by the licensed nurse, the nurses assistant shall observe the skin for areas of impairment with bathing and daily dressing and pericare and notify the nurse if an area is identified..." This citation relates to Complaint IN00426993. 3.1-40(a)(2)			