STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155215	A. Building B. Wing	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Plainfield Health Care Center	3700 Clarks Creek Rd Plainfield, IN 46168

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on record review and interview, the facility failed to complete physician ordered weekly skin assessments or document the resident's refusal for 2 of 4 residents reviewed for quality of care. (Resident B and E)Findings include:1. A clinical record review for Resident B was completed on 10/14/25 at 12:02 p.m. Diagnoses included rhabdomyolysis (a condition characterized by the breakdown of skeletal muscle tissue, leading to release of harmful substances into the bloodstream), type II diabetes mellitus, history of coccyx fracture, and morbid (severe) obesity.A current physician's order, dated 12/26/24, indicated to complete a weekly skin assessment every evening shift on Mondays for weekly skin assessments.The resident's clinical record lacked an ordered skin assessment for 6/2/25, 6/23/25, 6/30/25, 7/7/25, 7/28/25, 8/4/25, 8/11/25, 9/1/25, 9/15/25, 9/22/25, and 9/29/25.A health care plan, dated 5/9/24, indicated the Resident B would refuse care. Interventions included, to monitor behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document behavior and potential causes.A general progress note, dated 10/3/25, indicated the area to Resident B's right flank had worsened. There was noted redness, warmth, and odor. There was a small amount of serosanguinous drainage (a type of wound drainage that was light pink, thin and watery) noted. The wound was 75% necrotic tissue (dead tissue cells) and 25% adherent slough (dead tissue accumulated on the wound bed, appearing as yellow, tan, white material). New orders were received from Nurse Practitioner for an antibiotic and a specialty mattress.2. The clinical record for Resident E was completed on 10/14/25 at 2:20 p.m. Diagnoses included chronic obstructive pulmonary disease, contusions to right and left small toes, type II diabetes mellitus, and dementia. A current physician's order, dated 5/20/25, indicated to complete a weekly skin assessment every day shift on Thursdays for weekly skin assessments.The residents clinical record lacked an ordered skin assessment for 8/26/24, 9/2/25, and 9/9/25.A current health care plan, dated 12/31/24, indicated the resident had a potential for pressure ulcer development related to decreased mobility and incontinence. Interventions included complete head-to-toe skin assessment weekly and as needed.During an interview on 10/15/25 at 3:27 p.m., the Director of Nursing (DON) indicated the skin assessments should be completed and documented weekly on the day and shift indicated in the order. If a resident refuses to allow the assessment, they should be approached at a later time. If they continue to refuse, the refusal should be documented in the clinical record.A current facility policy, revised 6/2020, titled, Wound Management, provided by the Corporate Nurse Consultant on 10/15/25 at 4:30 p.m., included the following: .Procedure I. Assessment A. A Licensed Nurse will perform a skin assessment upon admission, readmission, weekly, and as needed for each resident. II. Wound Management.G. The Attending Physician and Interdisciplinary Team (IDT) will be notified of:.vi. Residents refusing treatment.This citation relates to Intake 2636572.3.1-37(a)

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 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE