

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155667	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2024
NAME OF PROVIDER OR SUPPLIER  Oak Grove Christian Retirement Village		STREET ADDRESS, CITY, STATE, ZIP CODE 221 W Division St Demotte, IN 46310	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>20580</p> <p>Based on record review and interview, the facility failed to ensure a resident received the necessary treatment and services related to the lack of a thorough and timely assessment completed after a resident had fallen for 1 of 3 residents reviewed for falls. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 4/16/24 at 10:50 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, fracture around the internal prostheses of the left knee, and pathological fracture of the right ankle.</p> <p>A Nurse's Progress Note, dated 3/29/24 at 7:44 p.m., indicated the resident was being assisted with transferring by Agency CNA 1 and was lowered to floor in the bathroom. There were no injuries observed. The family, Nurse Practitioner, and the Director of Nursing (DON) were notified. The vital signs were within normal limits.</p> <p>The after-fall assessment on 3/29/24 at 7:44 p.m., was not thorough and had not included the presence or absence of significant findings, nor the actual vital signs.</p> <p>There were no other assessments completed after the fall on 3/29/24 at 7:44 p.m., until 3/30/24 at 6:28 a.m.</p> <p>A Nurse's Progress Note, dated 3/30/24 at 6:28 a.m., indicated RN 1 was asked to assess the resident's right ankle. The right lower leg and ankle had 3+ edema, bruising, and appeared deformed. Both lower extremities had pulses present. The Nurse Practitioner and the DON were notified.</p> <p>A Nurse's Progress Note, dated 3/30/24 at 12:58 p.m., indicated the resident had been transferred to the Hospital on 3/30/24 at 7:10 a.m.</p> <p>A Nurse's Progress Note, dated 3/30/24 at 9:07 p.m., indicated the resident returned from the hospital with a diagnosis of right tibia/fibula fracture.</p> <p>A X-ray result, dated 3/30/24, indicated a comminuted fracture of the distal tibia and fibula.</p> <p>(continued on next page)</p>

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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A telephone interview, received from the Administrator, dated 4/1/24 at 8:26 a.m., indicated RN 1 was interviewed and reported the resident had not been yelling, any more than usual and RN 1 had been in the room two to three times the night of 3/29/24 - 3/30/24 and all was good.</p> <p>During an interview on 4/16/24 at 1:11 p.m., the DON indicated there should have been post-fall assessments for 72 hours after the fall. She was unable to find any assessments completed after the fall until that morning on 3/30/24.</p> <p>A facility policy, titled, Post Fall Assessment Policy, dated 10/7/23 and received as current from the DON, indicated the resident would be observed for delayed complications of a fall for approximately forty-eight hours after an observed or suspected fall, and the findings would be documented in the medical record. The documentation would include signs or symptoms of pain, swelling, bruising, deformity, and/or decreased mobility, and any changes in level of responsiveness/consciousness and overall function. The presence or absence of significant findings were to be documented.</p> <p>This citation relates to Complaint IN00431990.</p> <p>3.1-37(a)</p>		