

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  07/24/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>32664</p> <p>Based on record review and interview, the facility failed to ensure medical records were complete and accurately documented, related to oxygen administration and saturation levels, for 2 of 3 residents reviewed for oxygen. (Residents B and C).</p> <p>Findings include:</p> <p>1. A record review for Resident B was completed on 7/24/24 at 10:41 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), hypertension, and dementia.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 4/22/24, indicated the resident was cognitively impaired. The resident received oxygen therapy.</p> <p>A Care Plan, dated 5/4/24, indicated the resident had chronic respiratory failure, COPD, and used oxygen. An intervention included to check oxygen saturation every shift.</p> <p>A Resident Experience Form, dated 7/15/24, indicated the resident's daughter had a concern with the resident's portable oxygen tank not being turned on. The summary of the investigation indicated the portable oxygen tank was full but not turned on. The facility spoke with the Nurse Practitioner who then gave an order to check the oxygen saturation every shift.</p> <p>The July 2024 Physician's Order Summary (POS) included the following orders:</p> <ul style="list-style-type: none"> <li>- oxygen at 3 liters per nasal cannula continuously</li> <li>- check oxygen saturation every shift</li> </ul> <p>The July 2024 Medication Administration Summary (MAR) indicated the oxygen administration and oxygen saturation level was not documented on the following dates and shifts:</p> <ul style="list-style-type: none"> <li>- 7/19/24: 11:00 p.m. - 7:00 a.m. shift</li> <li>- 7/20/24: 3:00 p.m. - 11:00 p.m. shift</li> <li>- 7/21/24: 11:00 p.m. - 7:00 a.m. shift</li> </ul> <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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was a lack of any documentation in the resident's record regarding the oxygen administration and saturation levels on the above dates and shifts.</p> <p>During an interview on 7/24/24 at 3:00 p.m., the Director of Nursing (DON) indicated she could not provide anything further related to the oxygen administration and saturation levels being documented on the above dates and shifts.</p> <p>2. A record review for Resident C was completed on 7/24/24 at 12:56 p.m. Diagnoses included, but were not limited to, COPD, diabetes mellitus, hypertension, and dementia.</p> <p>The Quarterly MDS assessment, dated 5/24/24, indicated the resident was moderately cognitively impaired. The resident received oxygen therapy.</p> <p>A Care Plan, dated 2/26/24, indicated the resident had a diagnosis of COPD and required oxygen use. An intervention included for oxygen as ordered.</p> <p>The July 2024 POS included the following order:</p> <ul style="list-style-type: none"> <li>- oxygen at 2 liters per nasal cannula continuously</li> </ul> <p>The July 2024 MAR indicated the oxygen administration was not documented on the following date and shift:</p> <ul style="list-style-type: none"> <li>- 7/19/24: 11:00 p.m. - 7:00 a.m. shift</li> </ul> <p>There was a lack of any documentation in the resident's record regarding the oxygen administration or saturation level on the above date and shift.</p> <p>During an interview on 7/24/24 at 3:00 p.m., the Director of Nursing (DON) indicated she could not provide anything further related to the oxygen administration and saturation level being documented on the above dates and shift.</p> <p>A facility policy titled, Oxygen Administration and received as current from the facility indicated, .3. Staff shall document the initial and ongoing assessment of the resident's condition warranting oxygen and the response to oxygen therapy .</p> <p>This citation relates to Complaint IN00439002.</p> <p>3.1-50(a)(1)</p>		