

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 08/13/2025
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>Based on record review and interview, the facility failed to ensure medications were administered as ordered for 1 of 3 residents reviewed for medication administration. (Resident C) Finding includes: Resident C's record was reviewed on 8/13/25 at 9:04 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, heart failure, and hypertensive chronic kidney disease. The Annual Minimum Data Set assessment, dated 7/18/25, indicated the resident was moderately impaired for daily decision making. A Care Plan, dated 3/31/25, indicated the resident had an altered cardiovascular status related to congestive heart failure, hypertension (high blood pressure), and hyperlipidemia (high levels of fat/lipids in the blood). Interventions included, but were not limited to, administer medications as ordered. A Physician's Order, dated 4/1/25, indicated metoprolol tartrate (blood pressure medication) 25 milligrams, 1 tablet by mouth twice a day. Check blood pressure (bp) prior to administering the medication. Hold the medication if bp is less than 100/50 or heart rate is less than 60. The June 2025 Medication Administration Record (MAR) indicated the medication was held on the following dates and times: - Morning dose: 6/13/25 bp 101/55 and 6/19/25 no vital signs recorded - Bedtime dose: 6/14/25 bp 104/50 The July 2025 Medication Administration Record (MAR) indicated the medication was held on the following dates and times: - Bedtime dose: 7/2/25 bp 108/58 and 7/31/25 bp 106/68 The August 2025 Medication Administration Record (MAR) indicated the medication was held on the following dates and times: - Morning dose: 8/5/25 no vital signs recorded - Bedtime dose: 8/2/25 bp 117/50 During an interview on 8/13/25 at 2:15 p.m., the Director of Nursing indicated she had no further information to provide related to the medications being held when the vital signs were within the parameters to administer. This citation relates to Complaint 2587154. 3.1-37(a)</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
---	-------	-----------

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 08/13/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, record review and interview, the facility failed to ensure residents received the necessary care and treatment related to oxygen administration, lack of respiratory assessments, and oxygen saturation monitoring for 2 of 4 residents reviewed for respiratory care. (Residents B and D) Findings include: 1. Record review for Resident B was completed on 8/12/25 at 1:39 p.m. Diagnoses included, but were not limited to, heart failure, chronic pulmonary edema (excess fluid in the lungs), and hypertension.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 7/9/25, indicated the resident was moderately cognitively impaired. The resident required partial moderate assistance with bed mobility and dressing. The resident received oxygen therapy.</p> <p>A Care Plan, dated 7/3/25, indicated the resident required oxygen therapy related to ineffective gas exchange. An intervention included to check the oxygen tank every 4 hours to make sure the resident had sufficient supply.</p> <p>The August 2025 Physician's Order Summary (POS) indicated an order for oxygen at 4 liters per nasal cannula continuously.</p> <p>A Resident Experience Form, dated 6/29/25, indicated that the resident's daughter had a grievance that her mother's portable oxygen tank was empty at approximately 10:00 a.m. on 6/29/25. The investigation included that CNA 1 reported the night shift did not fill the tanks before leaving. CNA 2 indicated the tank was not empty when she put it out, it felt "heavy". The Teachable Moment on the grievance for CNA 1 and CNA 2 was the oxygen tanks must be checked at the start of a shift and before changing a resident from room concentrator to a portable tank to be certain the tank contained enough oxygen to last until the resident returned to the room.</p> <p>The record lacked any documentation a respiratory assessment had been completed on Resident B after the resident's oxygen tank was found to be empty on the morning of 6/29/25.</p> <p>A Progress Note, dated 7/20/25 at 8:52 p.m., indicated the resident had a decrease in appetite that morning, afternoon and evening. The resident only ate bites for meals, sipped on fluids and did not take her morning medications. The resident kept falling asleep. The resident's oxygen tank that evening "malfunctioned" at dinner time. The resident's oxygen saturation was at 78%. The oxygen tank was refilled, and the resident was placed on 3 liters of oxygen. The resident's oxygen saturation was then at 92% after applying the oxygen. The doctor and family were made aware and the doctor ordered laboratory testing to be completed the next morning.</p> <p>A Progress Note, dated 7/20/25 at 9:55 p.m., indicated that during rounds, the resident was observed to have difficulty breathing. The resident's oxygen saturation was at 76% on 3 liters of oxygen. The doctor was called, and an order was received to increase the oxygen to 4-5 liters and monitor. The resident's oxygen saturation was 84% on 5 liters. The family was made aware and asked that the resident be sent out the hospital. The resident was sent to the hospital by ambulance.</p> <p>(continued on next page)</p>		

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 08/13/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/12/25 at 3:45 p.m., the Assistant Director of Nursing (ADON) indicated on the morning of 7/20/25, the resident's oxygen tank had to be filled due to it being empty. The resident was out and about in the facility all day in her wheelchair on her portable oxygen. The resident was on her portable oxygen tank all day. At dinner time, the resident appeared to have trouble breathing. The resident's oxygen tank was empty. The nurse filled the tank up and the resident's oxygen saturation increased and was not having any difficulty breathing. Later in the evening after dinner, the resident's oxygen saturation had decreased again, and she was transported to the hospital.</p> <p>During an interview on 8/13/25 at 1:00 p.m., the Administrator indicated she had only in-serviced the 2 CNAs after the incident on 6/29/25 due to it being an isolated incident. On 7/20/25, the resident's oxygen tank was found to be empty that morning and then again at dinner and had to be filled both times. At dinner the resident started having respiratory distress and after the tank was filled her oxygen saturation got better. Then approximately an hour later, she started having respiratory distress and the resident was sent out to the hospital. They then completed education and in-serviced all staff related to filling the oxygen tanks. During the education they found that a lot of the CNAs did not know how to check to see if the portable oxygen tanks were full or not. They completed an in-service with the oxygen supplier.</p> <p>2. On 8/12/25 at 2:40 p.m., Resident D was observed lying in bed with her eyes closed. She had oxygen on per nasal cannula which was connected to a concentrator that was set at 2 liters per minute.</p> <p>On 8/13/25 at 1:16 p.m., Resident D was observed sitting up in the chair in her room. She had oxygen on per nasal cannula which was connected to a concentrator that was set at 2 liters per minute.</p> <p>Resident D's record was reviewed on 8/13/25 at 1:45 p.m. Diagnoses included, but were not limited to, heart failure and atrial fibrillation (irregular heartbeat).</p> <p>The Quarterly Minimum Data Set assessment, dated 6/19/25, indicated the resident was moderately cognitively impaired. She was not on oxygen therapy.</p> <p>A Physician's Order, dated 7/7/25, indicated oxygen at 2 liters per minute via nasal cannula to keep oxygen saturation above 90% as needed for shortness of breath.</p> <p>The August 2025 Medication Administration Record indicated the as needed order for oxygen at 2 liters per minute was not marked as administered during the month of August.</p> <p>The last documented oxygen saturation for Resident D was on 8/7/25 at 3:47 p.m. which indicated her oxygen saturation was 95% on room air.</p> <p>During an interview on 8/13/25 at 2:18 p.m., the Director of Nursing indicated there should have been an order for oxygen saturation monitoring.</p> <p>(continued on next page)</p>		

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 08/13/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy titled, "Oxygen Administration," indicated "1. Oxygen is administered under orders of a physician, except in the case of an emergency. In such case, oxygen is administered and orders for oxygen are obtained as soon as practicable when the situation is under control";3. Team members shall document the initial and ongoing assessment of the resident's condition warranting oxygen and the response to oxygen therapy";13. When changing from a concentrator to a portable tank, team members shall observe portable oxygen tanks gauge to ensure sufficient oxygen is available. A. If the gauge reads below 500 psi, it is recommended to refill or replace the tank. B. The tank should be checked regularly while in use to ensure adequate oxygen is available";</p> <p>This citation relates to Complaint 2567618.</p> <p>3.1-47(a)(6)</p>		

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 08/13/2025
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>Based on record review and interview, the facility failed to maintain clinical records that were complete and accurately documented related to documentation of medications and oxygen administered for 2 of 4 residents reviewed for medications and oxygen. (Residents B and C) Findings include: 1. Record review for Resident B was completed on 8/12/25 at 1:39 p.m. Diagnoses included, but were not limited to, heart failure, chronic pulmonary edema (excess fluid in the lungs), and hypertension.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 7/9/25, indicated the resident was moderately cognitively impaired. The resident required partial moderate assistance with bed mobility and dressing. The resident received oxygen therapy.</p> <p>A Care Plan, dated 7/3/25, indicated the resident required oxygen therapy related to ineffective gas exchange. An intervention included the resident required the oxygen continuous at all times.</p> <p>A Care Plan, dated 7/25/25, indicated the resident had an order for BiPAP (bilevel positive airway pressure machine to assist with breathing) therapy to be worn at bedtime and during naps. An intervention included to alert the physician and family if the resident refused.</p> <p>The August 2025 Physician's Order Summary (POS) indicated orders for the following:</p> <ul style="list-style-type: none"> - BiPAP to be worn at bedtime and during naps. Chart if the resident refused. - oxygen at 4 liters per nasal cannula continuously. - donepezil hydrochloride (dementia medication) 10 mg (milligrams) at bedtime- escitalopram oxalate (depression medication) 10 mg in the morning - mirtazapine (depression medication) 7.5 mg at bedtime- omeprazole (reduces stomach acid production) 40 mg in the morning - potassium chloride (medication to treat or prevent low blood potassium levels) 10 mEq (milliequivalent) in the morning - senna-docusate sodium (stool softener) 8.6-50 mg at bedtime- Eliquis (blood thinner) 2.5 mg two times a day- furosemide (diuretic) 40 mg two times a day - metoprolol tartrate (blood pressure medication) 25 mg two times a day <p>The July 2025 Medication Administration Record (MAR) lacked documentation the resident's BiPAP was worn at bedtime on 7/30/25.</p> <p>The August 2025 MAR was blank and lacked documentation the following orders were administered on the following dates and times:</p> <p>8/2/25 at 8:00 p.m.: BiPAP, mirtazapine, Eliquis, furosemide, and metoprolol tartrate 8/2/25 evening shift: oxygen at 4 liters 8/2/25 at bedtime: donepezil hydrochloride and senna-docusate sodium 8/5/25 at 8:00 a.m.: escitalopram oxalate, omeprazole, Eliquis, furosemide, and metoprolol tartrate 8/5/25 in the morning: potassium chloride 8/5/25 day shift: oxygen at 4 liters</p> <p>During an interview on 8/13/25 at 3:45 p.m., the Director of Nursing (DON) indicated she could not provide any documentation related to the blanks on the MARs for the above dates and times.</p> <p>2. Resident C's record was reviewed on 8/13/25 at 9:04 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, chronic obstructive pulmonary disease (COPD), and chronic respiratory failure with hypoxia (low oxygen).</p> <p>(continued on next page)</p>

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 08/13/2025
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>The Annual Minimum Data Set assessment, dated 7/18/25, indicated the resident was moderately cognitively impaired and required oxygen therapy.</p> <p>A Care Plan, dated 3/31/25, indicated the resident had COPD and chronic respiratory failure with hypoxia. Interventions included, but were not limited to, administer aerosol or bronchodilators (inhalers) as ordered.</p> <p>The current August Physician's Order Summary indicated ipratropium/albuterol solution 1 vial inhale orally four times a day, Anoro Ellipta aerosol inhaler 62.5-25 1 puff inhale orally once daily, and budesonide suspension 1 milligram/2 milliliter 1 inhalation orally four times a day via nebulizer.</p> <p>The June 2025 Medication Administration Record indicated the Anoro Ellipta inhaler was not administered as ordered on 6/19/25 and 6/25/25 at 12:00 p.m., and the budesonide suspension inhaler was not administered as ordered on 6/1/25, 6/19/25, and 6/25/25 at 12:00 p.m.</p> <p>The July 2025 Medication Administration Record indicated the ipratropium/albuterol inhaler was not administered as ordered on 7/26/25 at 6:00 a.m.</p> <p>During an interview on 8/13/25 at 2:15 p.m., the Director of Nursing indicated she had no further information to provide.</p> <p>This citation relates to Complaint 2587154.</p> <p>3.1-50(a)(1)</p> <p>3.1-50(a)(2)</p>		