

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2024
NAME OF PROVIDER OR SUPPLIER Oak Village		STREET ADDRESS, CITY, STATE, ZIP CODE 200 W Fourth St Oaktown, IN 47561	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39130</p> <p>Based on interview and record review, the facility failed to ensure accurate controlled drug records were maintained regarding the dispensing and administration of controlled drugs for 1 of 3 residents reviewed for pharmaceutical services. Controlled substance count sheets did not match the documented administration of controlled drugs during a 30 day review period. (Resident B)</p> <p>Finding includes:</p> <p>During record review on 12/30/24 at 2:15 P.M., Resident B's diagnoses included but were not limited to cerebral infarction, aphasia, fracture of left arm humerus,</p> <p>Resident B's most recent significant change Minimum Data Set (MDS) dated [DATE] indicated the resident had severe cognitive impairment and received opiod medications.</p> <p>Resident B's physician records included, but were not limited to, Norco Oral Tablet 5-325 milligrams (mg) (hydrocodone 5 mg / acetaminophen 325 mg) 1 tablet by mouth two times a day for 7 days (started 12/6/24) and</p> <p>Norco Oral Tablet 5-325 mg 1 tablet by mouth every 4 hours as needed for pain (started 9/29/24).</p> <p>Resident B's Medication Administration Record (MAR) for the month December, 2024 for physician orders Norco Oral Tablet 5-325 mg 1 tablet by mouth two times a day for 7 days and Norco Oral Tablet 5-325 mg 1 tablet by mouth every 4 hours as needed for pain, did not match Resident B's controlled substance count log on the following dates and times:</p> <p>On 12/5/24 at 7:30 P.M. Norco 5-325 mg was documented as administered in Resident B's MAR. The controlled substance sheet was not signed out for that administration.</p> <p>On 12/8/24 at 12:00 A.M. and 4:00 A.M., Resident B's controlled substance count log was signed out for both times. Resident B's MAR included no administration of Norco 5-325 mg at 12:00 A.M. or 4:00 A.M. on 12/8/24.</p> <p>On 12/13/24 at 4:00 A.M., Resident B's controlled substance count log was signed out with no administration of Norco 5-325 mg at that time.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/31/24 at 11:35 A.M., the Director of Nursing (DON) indicated being unaware of any controlled substance counts being off and that staff count controlled substances at the beginning and end of their shifts. The DON could not supply explanation for the inconsistencies between Resident B's MAR and Resident B's controlled substance count sheet.</p> <p>During an interview on 12/31/24 at 11:40 A.M., LPN 4 indicated that Resident B's Norco 5-325 mg orders were counted off using one controlled substance count sheet for both the as needed (PRN) and routine orders.</p> <p>During an interview on 12/31/24 at 12:00 P.M., LPN 8 indicated that when administering a controlled or narcotic medication, the nurse should document in the record that it was administered and also sign the medication out on a controlled substance count sheet, including the date, time, and signature of the nurse. The MAR and controlled substance count sheet should match.</p> <p>On 12/31/24 at 12:35 P.M., the Facility Administrator supplied a facility policy, titled Charting and Documentation, dated 07/2017. The policy indicated, All services provided to the resident . shall be documented in the resident's medical record . The following information is to be documented in the resident medical record: .b. Medications administered .</p> <p>This citation relates to complaints IN00445197 and IN00445195.</p> <p>3.1-25(b)(3)</p> <p>3.1-25(e)(3)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>39130</p> <p>Based on observation, interview, and record review, the facility failed to provide appetizing and palatable meals for 1 of 1 lunch trays sampled on 1 of 2 halls. Residents complained of cold food temperatures and unappetizing food during meals. (100 hall, Resident J, Resident M, Resident P)</p> <p>Finding includes:</p> <p>During an interview on 12/30/24 at 10:40 A.M., Resident J indicated that she disliked the food at the facility.</p> <p>During an interview on 12/30/24 at 10:55 A.M., Resident M indicated at 1:00 P.M., Resident M indicated that the hot food was often served cold.</p> <p>During a review of facility Resident Council minutes on 12/30/24 at 11:10 A.M., a concern was reported to the facility, dated 12/27/24, that the hot food was cold and colder than last month. Resident Council minutes from 11/29/24 indicated, cold bacon every day, hot food has been cold when it comes to the hall rooms, tired of having the same food . chicken strips and French fries three times in 7 days .</p> <p>During an observation on 12/30/24 at 11:45 A.M., a lunch cart arrived on the 100 hall. At 11:45 A.M., the cart door was opened to retrieve a meal tray and left open until 11:50 A.M. At 11:53 A.M., a tray was pulled from the hall cart that contained chicken strips, French fries, slaw, and applesauce. The following temperatures were recorded from the tray:</p> <p>Chicken strips - 80 degrees Fahrenheit (F)</p> <p>French Fries - 90 degrees F</p> <p>Slaw - 70 degrees F</p> <p>Applesauce - 55 degrees F</p> <p>At 11:57 A.M., the same hall tray was sampled for palatability. The chicken strips were palatable but were not hot, the French fries were not hot and many of the fries were very hard and difficult to bite through. The slaw was unappetizing at the serving temperature of 70 degrees F. The applesauce was palatable.</p> <p>During an interview on 12/30/24 at 12:00 P.M., Resident P indicated that the French fries were terrible and were cold and hard.</p> <p>On 12/31/24 at 12:35 P.M. the Facility Administrator supplied a facility policy titled, Temperatures, dated 07/2023. The policy indicated, All hot food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 [degrees] F . All cold food items must be maintained and served at a temperature of 41 [degrees] F or below .</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>This citation relates to complaint IN00447927.</p> <p>3.1-21(a)(2)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39130</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored and distributed in accordance with professional standards for food service safety during 1 of 1 kitchen observations. Food was stored in a reach in freezer in the kitchen open to air, and refrigerated and frozen foods were not labeled and dated.</p> <p>Findings include:</p> <p>1. During a kitchen observation on 12/30/24 at 1:35 P.M., a standing reach in freezer contained a box of frozen vegetables that was not sealed and contained a bag that was open to air of frozen vegetables, a bag of what appeared to be frozen fish fillets were not labeled, and a bag of what appeared to be meatballs were unlabeled. A standing reach in refrigerator contained a an unmarked container of what appeared to be pasta salad.</p> <p>During an interview on 12/30/24 at 1:45 P.M., dietary aide 11 indicated that all food items should be labeled and dated and that unlabeled/undated food must be thrown out. dietary aide 11 proceeded to throw out the unlabeled pasta salad.</p> <p>On 12/31/24 at 12:35 P.M., the Facility Administrator supplied a facility policy titled, Storage Areas, dated, 11/2024. The policy indicated, .13. Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated . All foods should be covered, labeled, and dated .</p> <p>This citation relates to complaint IN00447927.</p> <p>3.1-21(i)(2)</p> <p>3.1-21(i)(3)</p>		