

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Hampton Oaks Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 966 N Wilson Rd Scottsburg, IN 47170	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interview and record review, the facility failed to ensure a resident (Resident B) was treated with dignity and respect for 1 of 3 residents reviewed for resident rights. Findings include: The clinical record for Resident B was reviewed on 6/3/26 at 2:06 p.m. The resident's diagnoses included, but were not limited to, anxiety (an emotion characterized by feelings of tension, worried thoughts and physical changes), agitation (state of severe restlessness, mental distress and excessive physical or emotional arousal), and dementia with behavioral disturbance (behavioral and psychological symptoms of dementia which encompasses non-cognitive changes like aggression and anxiety). The care plan, dated 8/13/24, indicated Resident B demonstrated physical aggressive and resistive behaviors towards the staff during hands on care. Interventions included, but were not limited to the following: -Staff will hold the resident's hands to guide, redirect and reassure during care, -Prior to turning on the light, explain that you are going to turn the light on before turning the light on and make sure the resident is awake and aware, -Two staff members during incontinent care, and -Approach resident in a calm and unhurried manner. The progress note, dated 5/14/26 at 5:44 a.m., indicated Resident B was combative during care. During a telephone interview, on 6/3/26 at 10:17 a.m., Certified Nursing Assistant (CNA) 2 indicated on 5/14/26, between 3:30 a.m. and 4:00 a.m., she (CNA 2) and CNA 3 had begun to provide care to Resident B. Everything was fine at first. Resident B then got mad and started flailing his arms. Normally they would walk away, but the resident and bed were wet, and they did not want to leave him soaked and naked. The resident had gotten ahold of CNA 2's pants and had pulled them down to her knees. CNA 2 took her hand and placed it over Resident B's hand to keep him from hitting her. During a telephone interview, on 6/3/26 at 10:37 a.m., CNA 3 indicated Resident B had refused care throughout the night. From the minute she (CNA 3) and CNA 2 turned on the light, Resident B was mad because they had woken him up. Resident B flailed his arms and, at times, his feet, the whole time. It was the last bed check, and she and CNA 2 continued to provide care while the resident was combative because Resident B had refused care all night and needed to be changed. During an interview, on 6/3/26 at 1:56 p.m., CNA 4 indicated if a resident was combative prior to care, staff should stop care, walk away and have another staff member reapproach. If a resident became combative during care, you should stop the care, then reapproach or have another staff member reapproach. On 6/3/26 at 12:34 p.m., the Executive Director provided a current, undated copy of the document titled Resident Rights. It included, but was not limited to, A facility must treat each resident with respect and dignity and care for each resident in a manner that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. This deficient practice was corrected on 5/14/26, prior to the start of the survey and was therefore Past Noncompliance. The facility implemented a systemic plan which included the following: All staff were educated on resident abuse, resident rights, and care of an aggressive and combative resident (continued on next page)		

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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Hampton Oaks Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 966 N Wilson Rd Scottsburg, IN 47170	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(5/14/26); Alert and oriented residents were interviewed and skin sweeps were completed on all non-alert residents (5/14/26); All residents with aggression and combativeness were reviewed and care plans updated (5/14/26). This Citation relates to Intake 3016354,410 IAC (Indiana Authorization Code) 16.2-3.1-3(t)		