

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155759	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Glen Oaks Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 601 W Cr 200 S New Castle, IN 47362	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>45291</p> <p>Based on observation, interview, and record review, the facility failed to ensure Resident 9 had fresh ice water available at the bedside for 1 of 1 resident reviewed for hydration.</p> <p>Findings include:</p> <p>The clinical record for Resident 9 was reviewed on 8/9/2024 at 12:40 p.m. The medical diagnosis included heart failure.</p> <p>The Minimum Data Set assessment, dated 7/15/2024, indicated Resident 9 was cognitively impaired but was not dehydrated.</p> <p>A diuretic care plan, dated 10/30/2023, indicated Resident 9 was at risk for medication complications related to the use of diuretics. An intervention, dated 10/30/2023, indicated to encourage fluids throughout the day if not contraindicated.</p> <p>During an interview and observation, on 8/7/2024 at 11:32 a.m., Resident 9 indicated ice water was rarely passed to the resident's room. The cup of water in the room was room temperature and had no ice in it.</p> <p>During an interview and observation, on 8/9/2024 at 1:30 p.m., Resident 9 indicated the staff rarely passed ice water to the resident's room. There were three containers of water in the room. First was a Styrofoam cup, dated 8/8/2024, which Resident 9 stated was hot and stale, the second was a clear cup with no date which Resident 9 stated was warm and from breakfast yesterday, and the third was metal container personal glass which had no water in it. Resident 9 indicated outside of meals and medication pass, no one had given any additional fluids, and no staff had refreshed the water in the room since yesterday, 8/8/2024.</p> <p>An interview with CNA 1, on 8/9/2024 at 1:35 p.m., indicated staff were to pass ice water every shift, but ice water had not been passed yet because CNA 1 did not have time to complete the task yet.</p> <p>An interview with the Director of Health Services, on 8/12/2024 at 2:05 p.m., indicated any staff member can pass ice water, but it was primarily the responsibility of the direct care staff to pass ice at least every shift unless medically contraindicated.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Regional Nurse Consultant, on 8/12/2024 at 2:40 p.m., indicated that the facility did not have a policy for passing ice water to residents.</p> <p>3.1-3(v)(1)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30344</p> <p>Based on interview and record review, the facility failed to follow their grievance policy regarding a resident's missing clothing for 1 of 1 resident reviewed for personal property. (Resident 39)</p> <p>Findings include:</p> <p>The clinical record for Resident 39 was reviewed on 8/8/24 at 11:40 a.m. The diagnoses included, but were not limited to, anxiety. She was admitted to the facility on [DATE].</p> <p>The 6/17/24 Admission MDS (Minimum Data Set) assessment indicated Resident 39 was cognitively intact.</p> <p>An interview was conducted with Resident 39 on 8/8/24 at 11:20 a.m. She indicated she was missing two shirts and a pair of jean pedal pushers. The two tops went missing a couple weeks after she was admitted to the facility, and the jeans went missing about two weeks ago. She informed staff, including some of the CNAs (Certified Nursing Assistants) and laundry staff, of the missing items, and they informed her they'd keep an eye out.</p> <p>An interview was conducted with the ED (Executive Director) on 8/12/24 at 1:50 p.m. She indicated when a resident voiced they were missing clothing, they typically took the resident into the laundry room to identify the clothing and/or contacted laundry staff to look for the clothing. If the clothing was unable to be located, the facility replaced it. They also filled out a resident concern form and documented follow-up with the resident. She did not recall a concern for Resident 39 regarding missing clothing.</p> <p>On 8/12/24 at 10:30 a.m., the ED provided the Resident Concerns Log for the past month. There were no concerns regarding missing clothing for Resident 39.</p> <p>An interview was conducted with ESA (Environmental Services Assistant) 2 in the laundry room of the facility on 8/12/24 at 1:57 p.m. She indicated Resident 39 informed her and some of the CNAs of her missing jean pedal pushers and two shirts a few weeks ago. ESA 2 looked for the items but was unable to locate them. ESA 2 did not fill out a resident concern form, as many residents complained of missing items. She informed staff they could bring Resident 39 into the laundry room to look for her items, but no one ever did.</p> <p>(continued on next page)</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Resident Concern Process policy was provided by the ED on 8/12/24 at 2:04 p.m. It read, Purpose: To provide a process for handling, tracking and resolving customer concerns to provide excellence in customer service. Procedures: .5. Enter the concern using the desktop icon labeled 'Resident Concern Form.' All concerns should be entered electronically, however Environmental and Dining departments may use a paper Resident Concern form, submitting to their supervisor who will enter 6. Concerns are reviewed in morning meeting, noting new entries and assigning them for follow up and resolution. 7. Follow up from the department leader will occur within 24-48 [sic] with resolution entered in KeyStats. 8. The Executive Director will review and manage the follow up of the concerns. 9. The department leader will investigate and discuss the concerns with the team and will implement, or educate to prevent further concerns. 10. The department leader will document the resolution on the concerns form using an addendum when needed and will follow up with the person reporting the concern to explain the resolution.</p> <p>3.1-7(b)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25054</p> <p>Based on observation, interview and record review the facility failed to implement a sling for a resident with impaired range of motion (ROM) for 1 of 1 resident reviewed for ROM (Resident 16).</p> <p>Findings include:</p> <p>During an observation and interview on 8/07/24 at 1:43 p.m., Resident 16 was sitting in a wheelchair outside. The resident's right hand was curved inward. Resident 16 indicated he was unable to move his right arm and right hand. The resident took his left hand and picked up his right arm and hand and they were flaccid (hanging loosely/limp). The resident indicated he had a sling to wear, and it was in his room.</p> <p>During an observation and interview on 8/08/24 at 10:31 a.m., Resident 16 was sitting in a wheelchair outside with no sling in place. The resident's right arm and hand was laying on his lap.</p> <p>During an observation on 8/09/24 at 10:57 a.m., Resident 16 was sitting in a wheelchair outside with no sling in place. The resident's right arm and hand was laying on his lap.</p> <p>During an observation on 8/12/24 at 10:20 a.m., Resident 16 was sitting in a wheelchair outside with no sling in place. The resident's right arm and hand was laying on his lap.</p> <p>During an observation and interview on 8/12/24 at 1:53 p.m., Resident 16 was sitting outside with a sling in place to the right arm and hand. The resident indicated the sling was in a drawer in his room and the staff helped him put it on. He indicated his right arm and hand felt better supported in the sling.</p> <p>During an interview with the Director of Health Services (DHS) on 8/12/24 at 1:58 p.m., indicated she found Resident 16's sling in a drawer in his bedroom. The DHS indicated she talked with the resident, and he wanted to wear the sling for comfort.</p> <p>The clinical record for Resident 16 was reviewed on 8/9/24 at 11:00 a.m. The diagnoses included, but were not limited to, hemiplegia (paralysis) and hemiparesis (weakness) affecting the right dominant side and cerebral vascular accident (CVA).</p> <p>The face sheet for Resident 16 provided from the discharging facility, dated 6/3/24, had a picture of the resident with a sling present on the right arm.</p> <p>The physician progress note from the discharging facility for Resident 16, dated 6/3/24, indicated the resident denied any pain or increased weakness to right side and right hand was in the sling. The resident reported pain control was adequate. The resident had right sided hemiplegia and right lower extremity decreased ROM. The resident had a mild contracture of the right upper extremity and limited use of the right hand. The resident was up in a wheelchair with a sling.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The admission Minimum Data Set (MDS) assessment for Resident 16, dated 6/18/24, indicated the resident had the ability to make himself understood and was able to understand others. The resident had limited function in range of motion and had impairment on one side of the upper and lower extremities. The resident required substantial assistance with upper body dressing (helper does more than half of the effort). The resident was admitted to the facility on [DATE].</p> <p>The plan of care for Resident 16, dated 6/25/24, indicated the resident had impairment in functional status related to a cerebral vascular accident (CVA) with hemiplegia. The interventions included, but were not limited to, encourage resident to be as independent safely as possible, medications as ordered, provide assistance as needed with self-care and mobility, and therapy evaluation/treatment as needed. The plan of care did not address the utilization of a sling.</p> <p>The plan of care for Resident 16, dated 6/25/24, indicated the resident had a diagnosis of cerebrovascular accident with hemiparesis/hemiplegia and required assistance with activities of daily living.</p> <p>During an interview with the Executive Director (ED) on 8/13/24 at 11:05 a.m., they indicated the facility had no policy for ROM, splints, or contractures.</p> <p>3.1-42(a)(2)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>25054</p> <p>Based on observation, interview, and record review the facility failed to provide fortified food and fortified shakes as recommended by the Registered Dietician (RD) and as ordered by the physician for a resident who had experienced significant weight loss for 1 of 2 residents reviewed for nutrition (Resident 34).</p> <p>Findings include:</p> <p>The clinical record for Resident 34 was reviewed on 8/9/24 at 11:20 a.m. The diagnoses included, but were not limited to, hemiplegia (paralysis), hemiparesis (one-sided muscle weakness), ataxia (loss of muscle control), polyosteoarthritis, pulmonary fibrosis, and hypothyroidism.</p> <p>The clinical record for Resident 34 was reviewed on 8/9/24 at 11:30 a.m. The following weights were noted: 6/1/24 of 131.8 pounds, 7/2/24 of 129.8 pounds, and 8/2/24 of 122.6 pounds. This indicated the resident lost 6.98 % body weight in two months and lost 5.5 % body weight in one month.</p> <p>The quarterly Minimum Data (MDS) assessment for Resident 34, dated 7/26/24, indicated the resident was severely impaired for daily decision making.</p> <p>A physician order for Resident 34, dated 8/8/24, indicated the resident was ordered fortified food with puree texture.</p> <p>The plan of care for Resident 34, dated 8/8/24 indicated the resident had experienced a significant weight loss. The interventions included, but were not limited to, provide diet and supplements.</p> <p>The RD assessment for Resident 34, dated 8/8/24, indicated the resident had a 5% weight loss in one month that was not physician prescribed. The recommendation was for the resident to receive fortified foods and include fortified shakes with meals to promote protein and calorie intake and reweigh the resident.</p> <p>During an observation on 8/9/24 at 12:29 p.m., Resident 34 did not have a shake with her meal. She had tea and water.</p> <p>During an observation on 8/12/24 at 12:17 p.m., Resident 34 was in the assisted dining room. She had a pureed diet with a divided plate. The resident had eaten approximately a quarter of her food. The resident did not have a fortified shake. She had tea and water.</p> <p>During an interview with the Dietary Manager on 8/12/24 at 2:14 p.m., they indicated when a resident was ordered fortified food and fortified shake the dietary department would get a diet order from nursing for a diet change. The Dietary Manager indicated he was not aware Resident 34 was supposed to be provided fortified food and fortified shake. The Dietary Manager indicated Resident 34 had not been receiving fortified foods or fortified shakes.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Health Services (DHS) on 8/12/24 at 2:32 p.m., they indicated nurses were responsible for printing out Resident 34's diet order and provide it too dietary. The DHS indicated the nursing staff were responsible to reweigh as recommended by the RD and it was not completed.</p> <p>The weight policy provided by the DHS, on 8/13/24 at 10:48 a.m., indicated the purpose was to ensure resident weight was monitored for weight loss to prevent complications arising from compromised nutrition.</p> <p>3.1-46(a)(2)</p>		