

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Terrace at Solarbron The		STREET ADDRESS, CITY, STATE, ZIP CODE  1701 McDowell Rd Evansville, IN 47712	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35733</p> <p>Based on interview and record review, the facility failed to provide ADL's (activities of daily living) care to 4 of 4 resident's reviewed for bathing. Bathing was not provided to residents. ( Resident L, Resident N, Resident P, Resident Q)</p> <p>Findings include:</p> <p>1. On 7/8/24 at 9:22 a.m., Resident L indicated sometimes bathing is hard to get, sometimes it is not done.</p> <p>7/9/24 at 10:19 a.m., Resident L indicated she did not get a shower yesterday, new shower schedules are supposed to start today.</p> <p>On 7/11/24 at 6:13 a.m., Resident L's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, age-related physical debility, unspecified abnormalities of gait and mobility.</p> <p>A Quarterly MDS (Minimum data Set) assessment dated [DATE], indicated cognition intact, shower/ bathe self- partial/moderate assistance.</p> <p>Care plans included, but were not limited to: CNA assignment sheet resident has specific needs related to their care: Approach : Resident prefers a shower/bath on Tuesday/Friday day shift, start date 9/19/23, edited date 7/8/24.</p> <p>A facility grievance form dated 6/25/24 was reviewed and included, but was not limited to: Nature of concern: Showers not getting Done. They had care conference a few weeks ago. Have already changed Shower days several times Concern received from: Family.</p> <p>Department Head review and action taken: Spoke w/resident revamped shower schedule, educated staff.</p> <p>Current shower schedules were reviewed and indicated Resident L's shower days were Tuesday and Friday day shift.</p> <p>Resident L's POC (Point Of Care) history was reviewed for bathing for May, June, July, 2024 and included the following:</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>POC May 2024:</p> <p>5/2- shower</p> <p>5/4- PBB (partial bed bath)</p> <p>5/13- shower</p> <p>5/16- shower</p> <p>5/22- shower</p> <p>5/24- PBB</p> <p>5/30- shower</p> <p>Shower sheets were reviewed and indicated a shower was provided that was not documented in the POC for bathing:</p> <p>5/6</p> <p>The following days were not recorded that any type of bathing was provided in the POC for non- shower days:</p> <p>5/1</p> <p>5/3</p> <p>5/5</p> <p>5/7</p> <p>5/8</p> <p>5/9</p> <p>5/10</p> <p>5/11</p> <p>5/12</p> <p>5/13</p> <p>5/15</p> <p>5/17</p> <p>(continued on next page)</p>

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F 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	5/18  5/19  5/20  5/21  5/23  5/25  5/26  5/27  5/28  5/29  June 2024 POC:  6/6- shower  6/10- shower  6/26- shower  6/30- PBB  Shower sheets were reviewed and indicated a shower was provided that was not documented in the POC for bathing:  6/3  6/6  6/13  6/18  6/20 marked refused d/t resident indicated she got a shower was done yesterday.  6/24  The following days were not recorded that any type of bathing was provided in the POC for non- shower days:  (continued on next page)

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F 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	6/1  6/2  6/4  6/5  6/7  6/8  6/9  6/11  6/12  6/14  6/15  6/16  6/17  6/19  6/21  6/22  6/23  6/25  6/27  6/28  6/29  POC July 2024:  7/1- shower  7/4- shower  (continued on next page)

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7/8- PBB</p> <p>7/9- shower</p> <p>The following days were not recorded that any type of bathing was provided in the POC for non- shower days:</p> <p>7/2</p> <p>7/3</p> <p>7/5</p> <p>7/6</p> <p>7/7</p> <p>7/10</p> <p>No documentation of refusal was in the clinical record except on 6/20/24.</p> <p>2. On 7/11/24 at 7:25 a.m., Resident N was observed on the locked dementia unit, Resident N was non interviewable.</p> <p>On 7/11/24 at 7:40 a.m., Resident N's clinical record was reviewed. Diagnoses included, but were not limited to, Diabetes Mellitus, dementia. A MDS (Minimum Data Set) assessment, dated 4/24/24 indicated cognition severely impaired, shower/bathe self - supervision or touching assistance.</p> <p>A facility grievance form dated 5/6/24 was reviewed and included, but was not limited to: Nature of concern: c/o 0 receiving showers . Concern received from: Family. Department Head review: Nursing/SS to meet w/family 5/21 @10:am.</p> <p>Current shower schedules were reviewed and indicated Resident N's shower days were Wednesday &amp; Saturday day shift.</p> <p>Resident N's POC (Point Of Care) history was reviewed for bathing for May, June, July, 2024 and included the following:</p> <p>POC May 2024:</p> <p>5/1-shower</p> <p>5/2- PBB</p> <p>5/4- shower</p> <p>5/6- PBB</p> <p>(continued on next page)</p>		

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