

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 02/20/2025
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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</p> <p>Based on interview and record review, the facility failed to ensure a newly admitted resident had immediate orders for the care of a colostomy for 1 of 1 residents reviewed for ostomies. (Resident D)</p> <p>Finding included:</p> <p>On 2/17/25 at 9:45 a.m., Resident D indicated he had a colostomy bag, the nurses took care of it, the Certified Nursing Aides (CNA) generally run from it if he needs care to it.</p> <p>On 2/18/25 at 10:13 a.m., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, colostomy status, age -related physical debility.</p> <p>An admission MDS (Minimum Data Set) assessment dated [DATE], indicated Resident B's cognition was intact, he had an ostomy. Resident D admitted to the facility on [DATE].</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>Resident requires care and assistance related to ostomy; potential for complications, created date 1/17/25. Approaches included, but were not limited to: change wafer and ostomy as ordered, provided ostomy care as ordered and as needed (PRN), approach start date 1/17/25.</p> <p>January and February physician orders were reviewed and contained no orders for the care of Resident D's colostomy.</p> <p>On 2/20/25 at 2:37 p.m., Licensed Practical Nurse (LPN) 2 indicated a resident who was admitted with a colostomy would need orders for the care of it. Depending on the resident, the colostomy would be changed every 2 to 3 days, the order goes in pretty quickly after the resident is admitted to the facility.</p> <p>No policy was provided for admitting physician orders.</p> <p>This citation relates to Complaint IN00453438, IN00453757, IN00453495.</p> <p>3.1-30(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
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