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| 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 12/10/2024 |
| 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.

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| <p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>50827</p> <p>Based on interview and record review, the facility failed to ensure a SNF-ABN (Skilled Nursing Facility-Advanced Beneficiary Notice) Form and Notice of Medicare Non-Coverage (NOMNC) was provided following the end of Medicare skilled services for 1 of 1 resident who discharged from Medicare services and continued to reside in the skilled nursing facility. (Resident 33)</p> <p>Findings included:</p> <p>On 12/6/2024 at 10:15 A.M., the SNF (Skilled Nursing Facility) Beneficiary Protection Notification Review Forms were reviewed. The form was blank in response to whether Resident 33 received the SNF-ABN form as well as the Notice of Medicare Non-Coverage (NOMNC) Form. The BPN review form provided to the facility indicated Resident 33's Medicare coverage would end on 8/3/2024. Regional Support 7 indicated they did not have the required documents (CMS 10055 AND NOMNC 10123) signed by the resident or representative for beneficiary notification.</p> <p>On 12/10/2024 at 11:05 A.M. the Director of Nursing indicated they do not have a policy in relation to advanced beneficiary notice of non-coverage but follow the instructions form found on the Center for Medicare and Medicaid Services website.</p> <p>3.1-4(f)(2)</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48147</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were labeled properly for 2 of 2 medication carts observed. (West Hall, East Hall, Resident 16)</p> <p>Findings include:</p> <p>1. On 12/4/24 at 9:33 A.M., the [NAME] Hall medication cart was reviewed. The following medications were observed without a label:</p> <p>Vial of ceftriaxone injection</p> <p>Vial of lidocaine, with an open date of 11/27/24 written on it with black marker</p> <p>Bottle of [NAME] aspirin, with an open date of 11/1/24 written on it with black marker</p> <p>At that time, Qualified Medication Aide (QMA) 8 indicated that the ceftriaxone and lidocaine were removed from the Emergency Drug Kit (EDK) and should have had the residents name written on it with black marker. The aspirin was brought in by a family member and should have had the resident's name written on it in black marker.</p> <p>2. On 12/4/24 at 10:39 A.M., the East Hall medication cart was reviewed. The following medications were observed without a label:</p> <p>Lantus Solostar insulin pen, with an open date of 11/28/24 written on it in marker</p> <p>Humalog Kwikpen insulin pen, with an open date of 11/23/24 written on it in marker</p> <p>At that time, Licensed Practical Nurse (LPN) 9 indicated the insulin pens belonged to Resident 16 and should be labeled with his name.</p> <p>On 12/9/24 at 10:32 A.M., the Director of Nursing (DON) provided a current undated Medication Labeling policy that indicated All drugs dispensed for use by the residents in a facility .shall be labeled as follows: . a. Identification of the pharmacy; b. Resident's name; c. Date of Dispensing; d. Non-proprietary and/or proprietary name of the drug; e. Strength expressed in the metric system whenever possible . Over the counter medications used for a specific resident must identify that resident and have an appropriate pharmacy label applied.</p> <p>3.1-25(j)</p> <p>3.1-25(k)</p> <p>3.1-25(l)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>46758</p> <p>Based on observation, record review, and interview, the facility failed to ensure infection control practices and standards were performed during 1 of 1 wound care and 2 of 2 random observation for cleaning equipment in between residents. (Resident 33, Resident 11, Resident 16, Resident 13)</p> <p>Findings include:</p> <p>1. On 12/6/24 at 10:17 A.M., RN (Registered Nurse) 2 and LPN (Licensed Practical Nurse)10 were observed performing wound care on Resident 33. RN 2 and LPN 10 both sanitized hands and donned plastic gowns and gloves. RN 3 cleaned the bedside table with cleaning cloth, opened a plastic trash bag, and set up clean dressing supplies with the same gloves on. RN 3 did not change gloves before she began to open supplies for dressing change. LPN 19 placed a drape on the floor to catch debris from the leg wounds. RN 3 began to remove the old dressings from Resident 33's legs with the same gloves that were used to clean the table with. Both RN 3 and LPN 2 removed gloves, sanitized, and then donned new gloves. LPN 10 removed the dressings from the right lower leg, removed gloves, and did not sanitize hands before new gloves placed. RN 3 applied wound cleanser to legs and both preceded to clean legs with gauze. RN 3 did not change gloves or sanitize before new dressing was applied. LPN 10 did not change gloves when starting to place new dressing and wrapping with ace wraps. After leg wrapping was completed, both RN 3 and LPN 10 doffed gowns, gloves, and then sanitized.</p> <p>On 12/4/24 at 11:07 A.M., Resident 33's clinical record was reviewed. Diagnoses included, were not limited to, non-pressure chronic ulcer of left calf with fat layer exposed, non-pressure chronic ulcer of other part of right lower leg with fat layer exposed, cellulitis of right lower limb, and cellulitis of left lower limb.</p> <p>The recent Quarterly MDS (Minimum Data Set) Assessment indicated Resident 33 was cognitively intact, needed substantial help dressing and hygiene, but was independent with transfer. The resident had 3 venous ulcers on legs.</p> <p>Current Physician Orders included, but were not limited to:</p> <p>Betadine (povidone-iodine) solution; 10 %; amount: apply to buttocks/thigh; topical</p> <p>Special Instructions: apply to blood blisters to buttocks/thigh, Twice A Day Upon Rising 07:00 AM - 11:00 AM and Before Bedtime 06:00 PM - 10:00 PM dated 11/28/2024.</p> <p>The current care plan dated 10/7/24 indicated Resident 33 is at risk for complication related to bilateral lower leg venous ulcers and needed monitoring and treatment. Interventions included, but were not limited to, refer to inpatient rounding wound MD and nurse for monitoring and treatment and provide treatments to BLE (Bilateral Lower Extremities) as ordered. See MAR (Medication Administration Record) for current recommendations.</p> <p>During an interview 12/06/24 at 10:35 A.M., LPN 10 indicated the gloves should have been changed after the table was cleaned and before the supplies were opened. RN 3 indicate it was not done.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 12/10/24 at 9:10 A.M., the DON (Director of Nursing) indicated the gloves should be changed when going from dirty to clean and sanitized before new gloves applied.</p> <p>On 12/10/24 at 9:05 A.M., the DON provided a current policy Hand Washing/Hand Hygiene dated 3/24/2016. The policy indicated . hand hygiene with alcohol-based hand gel is the preferred if hands are not visibly soiled .use of hand gel is to be used in the following situations: before handling clean or soiled dressings, after handling used dressing, after removing gloves .</p> <p>48147</p> <p>2. During a continuous observation on 12/6/24 from 7:58 A.M. to 8:19 A.M., LPN 9 was observed wearing a blood pressure monitor around her wrist. She entered Resident 13's room, removed the monitor from her wrist, placed it on Resident 13's wrist, and took the resident's blood pressure. The blood pressure monitor was not sanitized after use. LPN 9 placed the blood pressure monitor into a small bag on the medication cart while preparing medication for Resident 16.</p> <p>3. At 8:19 A.M., LPN 9 retrieved the blood pressure monitor from the small bag, placed it around her wrist, and entered Resident 16's room. LPN 9 removed the monitor from her wrist, placed it on Resident 16's wrist, and took the resident's blood pressure. The blood pressure monitor was not sanitized prior to use.</p> <p>On 12/9/24 at 8:45 A.M., the DON indicated that blood pressure equipment should be cleaned between residents.</p> <p>On 12/9/24 at 10:32 A.M., the DON provided a current Cleaning and Disinfection of Equipment policy, effective 6/6/2019, that indicated Resident-care equipment, including reusable items and durable medical equipment, will be cleaned and disinfected according to current CDC (Centers for Disease Control and Prevention) recommendations for disinfection and the OSHA (Occupational Safety and Health Administration) Bloodborne Pathogens Standard.</p> <p>3.1-18(b)(1)</p> <p>3.1-18(l)</p> | | |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48147</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and sanitary environment during 5 random observations. Odor was present in the facility and a resident wall was soiled with paint chipped out of the wall. (Memory Care Unit, East Hall Nurse Station, Front Lobby, room [ROOM NUMBER])</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 12/6/24 at 7:17 A.M., the Memory Care unit was noted to have an odor consistent with marijuana. On 12/6/24 at 8:36 A.M., the East Hall Nurses Station was noted to have an odor consistent with marijuana. On 12/9/24 at 8:45 A.M., the front lobby was noted to smell like sewer gas. <p>During an anonymous interview, it was indicated that there was a strong odor upon entering the facility</p> <p>During an anonymous interview, it was indicated that there were pervasive odors in the facility especially on the East Hall.</p> <p>On 12/9/24 at 8:45 A.M., the Director of Nursing (DON) indicated staff and residents should not use marijuana while in the facility. She indicated the lobby sometimes smelled like sewer gas due to a backed-up trap, especially when it rained.</p> <p>At 12/9/24 at 10:32 A.M., the DON indicated there was not a specific policy for controlling odors and that housekeeping and maintenance took care of those issues.</p> <p>On 12/9/24 at 10:48 A.M., Housekeeper 5 indicated that if an odor was noticed, it would be treated accordingly with the most appropriate option. At that time, Housekeeper 5 provided an undated Daily Cleaning Inspection Form that indicated Closet looks and smells clean . Bathroom smells clean, no odors noted.</p> <p>48057</p> <ol style="list-style-type: none"> During an observation on 12/4/24 at 10:44 A.M., dried deep red smears, missing chips of paint, and scuff marks were observed along the walls of room [ROOM NUMBER]. <p>During an interview on 12/9/24 at 10:50 A.M., housekeeper 5 indicated each resident room is inspected each day, is deep cleaned once a week, and staff should clean anything out of the ordinary any time it is observed.</p> <p>A daily cleaning inspection form, dated 12/6/24, indicated a full deep clean was performed on 412.</p> <p>(continued on next page)</p> | | |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an observation on 12/10/24 at 8:25 A.M., dried deep red smears, missing chips of paint, and scuff marks were observed along the walls of room [ROOM NUMBER].</p> <p>On 12/9/24 at 1:11 P.M., the Director of Nursing provided a policy titled Quality of Life Homelike Environment, revised 8/09, indicated The facility staff and management shall maximize the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: Cleanliness and order. The facility staff and management shall minimize the characteristics of the facility that reflect a depersonalized, institutional setting. These characteristics include: Institutional odors.</p> <p>This citation relates to Complaint IN00448045.</p> <p>3.1-19(f)</p> | | |