STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155782	A. Building B. Wing	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Health Campus	814 S 6th St Monticello, IN 47960

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, record review, and interview, the facility failed to ensure a resident was assessed to self-administer medications and had Physician's Orders to self-administer medications for 1 of 1 resident reviewed for self-administration of medication. (Resident 43) Finding includes: During an interview on 5/27/26 at 11:55 a.m., Resident 43 indicated she had kept two ointments in a drawer in her room. A tube of tacrolimus ointment (a topical medication used to treat skin conditions) was observed in the drawer. The other ointment she had used was triamcinolone (a corticosteroid used to reduce inflammation) and it had gone missing. A piece of paper posted on the chest of drawers contained instructions for the use of both the tacrolimus and triamcinolone ointments. During the interview, Resident 43 was observed scratching both of her arms.Resident 43's record was reviewed on 5/28/26 at 10:12 a.m.The admission Minimum Data Set assessment, dated 4/28/26, indicated the resident was cognitively intact.A Physician's Order, dated 4/28/26, indicated tacrolimus ointment 0.1%, one topical application every 12 hours as needed.A Physician's Order, dated 4/29/26, indicated triamcinolone acetonide cream 0.1%, one topical application every 12 hours as needed, avoiding the neck, face, skin folds, and genitals, and to be used for up to 14 days monthly.There was no self^administration of medication assessment completed, nor was there a physician's order for the resident to self^administer her own medications.During an interview on 5/28/26 at 10:49 a.m., RN 2 indicated she had worked with the resident during previous stays at the facility and had been assigned as her nurse for the current shift. The resident had not reported itchy skin until that morning and she had been scratching her back. The resident had one area on her back, and a cream had been applied. RN 2 indicated the resident was not permitted to have any medications at the bedside for self^administration. The resident kept an unmedicated lotion at the bedside for general use. At that time, RN 2 looked inside the chest of drawers and observed a tube of tacrolimus cream. The medication had a pharmacy label that was worn off and a piece of blue tape with the word face written on it. RN 2 indicated the medication was not to be kept at the bedside. During an interview on 5/28/26 at 11:16 a.m., the Director of Nursing indicated the resident's family had been non^compliant and had previously brought medications into the facility for the resident. When the resident lived in Assisted Living, she had been permitted to self^administer creams. The family continued to bring the resident medications even after receiving education that nursing staff needed to be notified of any new skin issues or itching so that the resident could be properly assessed.A facility policy titled, Guidelines for Self-Administration of Medications, indicated, .1. Residents requesting to self-medicate or has self-medication as a part of their plan of care shall be assessed using the observation Trilogy-Self Administration of Medication within the electronic health record. Results of the assessment will be presented to the physician for evaluation and an order for self-medication. a. The order should include the type of medications the resident is able to self-medicate 6. A self-Medication plan of care will be initiated and updated as indicated. 7. The assessment will be reviewed quarterly, and PRN with change of condition. 8. The assessment will be documented in the EHR . 410 IAC (Indiana Administrative Code) 16.2-3.1-11(a)

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interview, the facility failed to ensure the Minimum Data Set (MDS) comprehensive assessment was accurately completed related to antipsychotic medications for 1 of 16 MDS assessments reviewed. (Resident 40)Finding includes:Resident 40's record was reviewed on 5/29/26 at 12:24 p.m. The admission Minimum Data Set (MDS) assessment, dated 4/26/26, indicated the resident was cognitively intact. In the 7-day look back period, the resident had received an injection, antipsychotic, antianxiety, antidepressant, antibiotic, opioid, antiplatelet, and anticonvulsant medications. The May 2026 Physician's Order Summary indicated promethazine (Phenergan), an antiemetic drug, 25 milligrams every 8 hours as needed for nausea and vomiting. During an interview on 6/1/26 at 3:28 p.m., the MDS Coordinator indicated she had coded an antipsychotic was administered because the resident had received promethazine and that drug required an AIMS assessment along with additional monitoring. During an interview on 6/1/26 at 4:10 p.m., the Nurse Consultant indicated the MDS should not have been marked for antipsychotic medications. During a follow-up interview on 6/2/26 at 3:58 p.m., the Nurse Consultant indicated she had spoken with the Consultant Pharmacist. The Consultant Pharmacist had explained that although promethazine was similar to Compazine (a typical antipsychotic medication), the medication was not truly classified as an antipsychotic, but rather an antiemetic. 410 IAC (Indiana Administrative Code) 16.2-3.1-31(i)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review and interview, the facility failed to ensure infection control practices were in place and implemented related to Enhanced Barrier Precautions (EBP) and staff not wearing a gown during a peripherally inserted central catheter (PICC) medication administration observation. (Resident 62) Finding includes: During a medication administration observation on 5/28/26 at 12:36 p.m., RN 1 was observed preparing Resident 62's medications, which included antibiotic medication to be administered intravenously through the resident's PICC line. The resident's bathroom door had a sign that indicated EBP was to be used. RN 1 entered the resident's room, used hand sanitizer, and donned gloves. She had not donned a gown. She then proceeded to administer the intravenous medication through the PICC line. At 1:24 p.m. the antibiotic was complete and RN 1 entered the room to disconnect the medication. She used hand sanitizer, donned gloves, disconnected the tubing and flushed the PICC line. She had not donned a gown.During an interview on 5/28/26 at 1:29 p.m., RN 1 indicated she should have worn a gown when administering intravenous medication through a PICC line. During an interview on 6/1/26 at 2:29 p.m., the Infection Preventionist indicated enhanced barrier precautions should be implemented for residents with a PICC line.A facility policy, titled, Enhanced Barrier Precautions Standard Operating Procedure, received as current, indicated .1. Enhanced barrier precautions will be in place during high contact care activities for residents with the following conditions: .ii. All residents with indwelling medical devices. 1. Includes but not limited to: catheters, central lines, feeding tubes, tracheostomy tubes .2. Personal protective equipment should be used even if blood and body fluid exposure is not anticipated. a. At minimum, staff shall wear gloves and gowns during high contact care activities .410 IAC (Indiana Administrative Code) 16.2-3.1-18(b)