

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155813	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Villages at Historic Silvercrest The		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Silvercrest Drive New Albany, IN 47150	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34231</p> <p>Based on interview and record review, the facility failed to identify an abnormal bowel pattern for a resident (Resident B) with a previous diagnosis of C-diff for 1 of 3 residents reviewed for quality of care.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 12/16/24 at 10:03 a.m. The resident's diagnoses included, but were not limited to, irritable bowel syndrome and a history of C-diff (Clostridium difficile).</p> <p>The progress note, dated 9/15/24 at 3:10 p.m., indicated the resident was confused with incoherent speech. The nurse practitioner was notified with a new order given for a urine dispstick. The dipstick results were communicated to the nurse practitioner with new orders for Macrobid (antibiotic for urinary tract infections) 100 mg (milligrams) twice daily for 5 days and Rocephin (antibiotic for urinary tract infections) 1 gram intramuscularly once.</p> <p>The progress note, dated 9/18/24 at 2:12 p.m., indicated the nurse practitioner reviewed the final urinalysis. New orders were obtained to discontinue the Macrobid and to Start Ciprofloxacin 1,000 mg daily for 7 days.</p> <p>Review of the September 2024 bowel record, between 9/16/24 and 9/30/24, indicated the resident had the following bowel movements:</p> <ul style="list-style-type: none"> <li>- 9/16/24 at 5:07 a.m. - Large BM with no consistency documented</li> <li>- 9/16/24 at 1:42 p.m. - Medium BM with no consistency documented</li> <li>- 9/17/24 at 1:12 p.m. - Medium BM with no consistency documented</li> <li>- 9/18/24 at 5:49 a.m. - Medium BM which was soft and formed</li> <li>- 9/18/24 at 1:33 p.m. - Small BM with no consistency documented</li> <li>- 9/18/24 at 7:25 p.m. - Large BM which was soft and formed</li> </ul> <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 9/19/24 at 5:24 a.m. - Large BM with a loose consistency</p> <p>- 9/19/24 at 1:51 p.m. - Medium BM with no consistency documented</p> <p>- 9/19/24 at 7:10 p.m. - Medium BM which was soft, formed and loose</p> <p>- 9/20/24 at 5:09 a.m. - Medium BM with a loose consistency</p> <p>- 9/20/24 at 10:17 a.m. - Large BM with a liquid consistency</p> <p>- 9/21/24 at 11:16 a.m. - Large BM with a loose consistency, foul odor and mucous</p> <p>- 9/21/24 at 12:41 p.m. - Small BM with a loose consistency, foamy, foul odor and mucous</p> <p>The IDT (interdisciplinary) note, dated 9/23/24 at 12:10 p.m., indicated the resident had multiple loose stools and a stool sample was sent for C-diff.</p> <p>The laboratory report for Resident B indicated the following:</p> <p>- Collected stool sample on 9/21/24 at 3:00 p.m.</p> <p>- Reported results on 9/23/24 at 4:10 p.m.</p> <p>- C-diff detected in residents stool.</p> <p>The progress note, dated 9/25/24 at 4:20 p.m., indicated the nurse practitioner was in with new orders for Vancomycin (antibiotic to treat C-diff) 125 mg four times a day for 10 days. The antibiotic was completed on 10/4/24.</p> <p>The progress note, dated 10/7/24 at 9:44 a.m., indicated the resident was very confused and disoriented. New orders were obtained for a urinalysis stat (immediately).</p> <p>The progress note, dated 10/7/24 at 2:51 p.m., indicated to start Macrobid 100 mg twice daily for 5 days.</p> <p>The nurse practitioner note, dated 10/7/24, indicated the resident had increased confusion and foul-smelling loose stools reported. Macrobid 100 mg twice daily for 5 days was ordered.</p> <p>The progress note, dated 10/10/24 at 11:47 a.m., indicated the nurse practitioner reviewed the urinalysis with culture. The Macrobid was discontinued and new orders obtained for Meropenem 1 gram every 12 hours for 10 days via midline.</p> <p>Review of the October 2024 bowel report indicated the resident had the following bowel movements:</p> <p>- 10/06/24 at 1:12 p.m. - Large BM with a foul odor and mucous</p> <p>- 10/08/24 at 10:32 p.m. - Medium BM with no consistency documented</p> <p>(continued on next page)</p>		

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