STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155837	A. Building B. Wing	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villages at Oak Ridge, The	1694 Troy Road Washington, IN 47501

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45933 Based on observation, interview, and record review, the facility failed to ensure that appropriate treatment and services were provided to prevent UTIs (urinary tract infections) for a resident with a nephrostomy tube (a flexible tube that drains urine from the kidney into a bag outside the body) for 1 of 1 residents reviewed for UTI. A resident's MDS (Minimum Data Set) Assessment was incorrectly coded, the clinical record lacked a resident centered care plan, an antibiotic was ordered for 5 days and given for 6 days, and the resident did not follow up with specialists. (Resident B) Findings include: During an observation on 9/20/24 at 1:50 P.M., Resident B was in bed. At that time, Resident B indicated she had a nephrostomy tube for 2 years and she was in and out of the hospital often due to UTIs. She indicated she occasionally sat in a wet brief until staff came to assist. Resident B indicated the nursing facility would only change the dressing on the nephrostomy tube on shower days or when the dressing fell off. On 9/18/24 at 10:59 A.M., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, urinary tract infection, anemia, diabetes mellitus, liver transplant, and obstructive uropathy. The most recent Quarterly MDS (Minimum Data Set) Assessment, dated 8/24/24, indicated Resident B was cognitively intact and required an extensive assist of 1 staff member for bed mobility, transfers, and toileting. The MDS Assessment failed to indicate Resident B had a UTI in the last 30 days. The MDS Assessment indicated Resident B had a nephrostomy tube and was occasionally incontinent of bladder and frequently incontinent of bowels. Resident B's clinical record lacked any current orders related to the nephrostomy tube. Resident B's clinical record lacked an order for a follow up Nephrology (doctor who specialized in disorders and treatment of the kidneys) and a nephrostomy tube replacement appointments. Resident B's clinical record lacked any orders related to a follow up Urologist (doctor who specialized in disorders and treatment of the urinary system) appointment. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident B's current care plans included, but were not limited to, resident required a nephrostomy tube for diagnosis of obstructive uropathy. Interventions included, but were not limited to, observe for signs of complication such as UTI, dated 1/25/23. Resident B's clinical record lacked a care plan and interventions related to prevention of recurrent UTIs. Resident B had the following UTIs since April 2024: UTI# 1. Progress notes on 4/1/24 indicated Resident B started Keflex 500 mg (milligrams) TID (three times a day) for 5 days due to a UTI. The facility failed to discontinue Keflex after 5 days and Resident B received Keflex 500 mg TID for 6 days (4/3/24, 4/4/24, 4/5/24, 4/6/24, 4/7/24, and 4/8/24). Resident B was hospitalized from 4/11/24 through 4/16/24 for an AKI (acute kidney injury). Discharge instructions included, but were not limited to, follow up with (Urologist's Name) on 5/23/24 at 9:20 A.M. UTI # 2. Progress notes on 5/15/24 indicated Resident B returned from a Nephrologist appointment with orders to start IV (intravenous) Mere (antibiotic) 1g (gram) for 7 days for a UTI. A PICC (peripherally inserted central catheter) line was inserted on 5/16/24 after failed attempts of inserting a peripheral IV. Resident B's clinical record lacked documentation of following up with the urologist on 5/23/24. UTI# 3. Hospital notes on 7/9/24 indicated Resident B was sent to the ED (emergency department) by her Nephrologist with abnormal renal lab values. Resident B's creatinine was 3.55 mg/dL (deciliter) (normal value 0.52-1.04 mg/dL) and BUN (Blood Urea Nitrogen) was 45.0 mg/dL (normal value 7.0-17.0 mg/dL) Progress notes on 7/10/24 indicated Resident B returned from the hospital to the facility that day and was started on IV Merrem two times a day for 5 days due to a UTI. Resident B received one extra dose than ordered by the facility. UTI# 4. Resident B was hospitalized from 8/13/24 through 8/17/24 due to worsening renal function and a UTI due to a Klebsiella species. Discharge instructions included, but were not limited to, Augmentin (antibiotic) and to follow up with the Nephrologist on 9/4/24. UTI# 5. Progress notes on 8/25/24 indicated Resident B was complaining of pain on 8/24/24 around nephrostomy tube and when the nurse assessed it, it was red and swollen. At 4:00 P.M. on 8/25/24, when that nurse came back on shift, the resident was still complaining of pain and the nephrostomy tube site was swollen, red, hot to touch, and had green drainage. The resident was sent to the ED and admitted . Resident B was hospitalized from 8/25/24 through 8/26/24 with a primary diagnosis of UTI due to an Enterobactor species. Discharge instructions included, but were not limited to, follow up with the Nephrologist on 9/4/24. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	UTI# 6. Progress notes on 8/26/24 indicated the Nephrologist followed up on lab work ordered and notified the facility Resident B had a UTI. The Urologist was notified for orders and indicated since the resident missed her last appointment and had not been seen in over a year, they would not give orders. On 8/29/24 the PCP (Primary Care Physician) ordered Ertapenem (antibiotic) 1 daily via PICC line for 10 days and a probiotic for 20 days. Resident B was transferred to the hospital on 8/30/24 due to nausea, vomiting, and abdominal pain and was readmitted to the facility on [DATE]. Discharge instructions included, but were not limited to, Urology referral at discharge. During an interview on 9/20/24 at 10:01 A.M., Clinical Support RN (Registered Nurse) 1 indicated if a resident was scheduled to have an antibiotic for 5 days, they should not receive it for 6 days and staff counted the days incorrectly. All current appointments scheduled should have been in the resident's orders in the electronic charting system. During an interview on 9/20/24 at 10:55 A.M., LPN (Licensed Practical Nurse) 3 indicated Resident B had a nephrostomy tube and the last orders were to flush the nephrostomy and change the dressing daily. At that time, she indicated she did not receive any in-services related to nephrostomy tubes, and Resident B got UTIs often due to sitting in a soiled brief too long. During an interview on 9/20/24 at 12:08 P.M., Clinical Support RN 1 indicated all orders related to the nephrostomy tube were discontinued when Resident B was discharged to the hospital. When she returned on 9/9/24, the facility failed to add the orders back in. At that time, she indicated Resident B did not see the Nephrologist on 9/4/24 due to being in the hospital, and the appointment was not rescheduled. During an interview on 9/20/24 at 12:21 P.M., the MDS Coordinator indicated she was responsible for MDS Assessments and updating care plans. At that time, she indicated Resident B had a UTI in the last 30 days prior to the most recent Quarterly MDS Assessment and it should have been marked that way, the nephrostomy tube care plan should have interventions specific for Resident B, and she would expect a care plan to be implemented related to Resident B's recurrent UTIs. During an interview on 9/20/24 at 3:06 P.M., Clinical Support RN 1 indicated if the discharge summary from the hospital recommended a follow up with a specialist such as a Nephrologist or Urologist, she would expect an order to be put in and an appointment made. On 9/20/24 at 3:36 P.M., a request for a policy that would include following physicians orders was not provided prior to the exit of the survey. On 9/20/24 at 3:40 P.M., Clinical Support RN 1 provided a current Comprehensive Care Plan Guideline policy, dated 5/22/18, that indicated, .Address problems that become ongoing or chronic with a new comprehensive care plan . On 9/20/24 at 3:40 P.M., Clinical Support RN 1 provided a current, undated Admission Checklist that indicated the admitting nurse would verify the follow up appointments that needed to be scheduled as well as a second nurse. On 9/20/24 at 3:40 P.M., Clinical Support RN 2 provided a current Urinary Catheter Care policy, reviewed 12/31/23, that indicated, OVERVIEW. To prevent infection of the resident's urinary tract . (continued on next page)

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