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	03/27/2024

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46882 Based on observation, interview, and record review, the facility failed to ensure each resident was treated with respect and dignity for 1 of 1 resident reviewed for dignity. Resident was being fed at the nurse's station. (Resident 47) Findings include: On 3/19/24 at 9:30 A.M., upon entrance to the facility, CNA 33 was standing at the 300 hall nurse's station feeding Resident 47, who was sitting in a wheelchair. On 3/25/24 at 11:21 A.M., Resident 47's clinical records were reviewed. She was admitted on [DATE]. Diagnosis included, but were not limited to, cerebral palsy, epilepsy, and dysphagia. The most current Significant Change in Condition MDS (Minimum Data Set) Assessment, dated 2/5/24 indicated Resident 47's cognitive status was unable to be assessed, extensive assistance of two was needed for bed mobility, transfers and toilet use, and extensive assistance of one was needed for eating. Physician's orders included, but were not limited to the following: Diet: Fortified Foods (therapeutic), Pureed (Texture), honey-thick (Liquid Consistency) Activia every night, dated 3/20/2024 Activity Level: Hoyer Lift for all Transfers Twice A Day 6:00 A.M. - 6:00 P.M., 6:00 P.M. - 6:00 A.M., dated 12/13/2023 During an interview on 3/26/24 at 2:17 P.M., CNA 25 indicated if a resident needed to be fed, they would be fed in their room or in the private dining room. Residents should not be fed at the nurse's station because that was a dignity issue. On 3/25/24 at 11:53 A.M., the DON (Director of Nursing) provided a Resident Rights Guidelines Policy, revised 5/11/17, which indicated .2. Our residents have a right to .a. Be treated with dignity and respect . (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-3(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 38770 Based on observation, interview, and record review, the facility failed to ensure assessments were completed for a resident that self administered medications for 2 of 2 random observations. A resident was observed in a room alone with a medication cup containing pills. (Resident 34) Findings include: On 3/19/24 at 10:25 A.M., Resident 34 was observed sitting in her room. Two medication cups were observed stacked together with applesauce in the top one, and a blue capsule in the bottom one. On 3/19/24 at 11:51 A.M., Resident 34's room was observed with Licensed Practical Nurse (LPN) 21. At that time, Resident 34 was in the dining room. To medication cups were observed still stacked together with applesauce in the top one, and the following medications in the bottom one: 1 round white tablet 1 blue capsule 1 round rust colored tablet 1 oval peach tablet with a 5 on one side At that time, LPN 21 indicated the medications were not supposed to be in the room, and were probably Resident 34's morning medications. On 3/19/24 at 12:00 P.M., Resident 34's clinical record was reviewed. Diagnosis included, but were not limited to, respiratory failure and coronary artery disease. The most recent Quarterly MDS (Minimum Data Set) Assessment, dated 2/14/24, indicated no cognitive impairment and no behaviors. Resident 34's clinical record lacked an order to self administer medications. Resident 34's clinical record lacked care plans to self administer medications. A self administration assessment, dated 7/24/23, indicated Resident 34 could self administer Vick's topical, Vick's nasal spray, and Vick's roll on. The assessment lacked the ability to self administer any other medications. On 3/27/24 at 10:00 A.M., Certified Nurse Aide (CAN) 19 indicated Resident 34 required limited assistance of one staff with activities of daily living. On 3/27/24 at 12:20 P.M., a current Self-Administration of Medications policy, dated 12/31/23, was provided and indicated Residents requesting to self- medicate or has self-medication as a part of their plan of care shall be assessed . Results of the assessment will be presented to the physician for evaluation and an order for self-medication (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-11(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Villages at Oak Ridge, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 46882 Based on observation, interview and record review, the facility failed to implement the care plan for 2 of 2 residents reviewed for implementation of a care plan. The facility failed to fill the oxygen humidification bottle for one resident and failed to give a medication to one resident. (Resident 30, Resident 29) Findings include: 1. On 3/19/24 at 10:59 A.M., Resident 30 was observed lying in bed with her eyes closed. Oxygen (O2) tubing was lying on the floor, the humidification bottle was empty and the oxygen machine was on at 4 l/min (liters per minute). On 3/20/24 at 10:04 A.M., Resident 30's humidification bottle on the oxygen machine was empty. At that time, RN 27 indicated the humidification bottles were changed as needed, usually on the night shift. After she replaced the empty bottle, she indicated she checked the bottles routinely but missed this one. On 3/21/24 at 9:50 A.M., Resident 30's clinical records were reviewed. Diagnosis included, but were not limited to chronic obstructive pulmonary disease, pulmonary fibrosis, and other pulmonary collapse. The most current Quarterly MDS (Minimum Data Set) Assessment, dated 12/28/23, indicated Resident 30 was cognitively intact, needed supervision with bed mobility, transfer and toilet use and used oxygen. Physician's orders included, but were not limited to the following: Order Set O2 (oxygen)- Change oxygen tubing monthly Once A Day on the 1st of the Month 6:00 P.M. - 6:00 A.M., dated 1/14/2023 Order Set O2- Clean external concentrator filter every two weeks. Once A Day on Sun Every 2 Weeks 11:00 P.M. - 6:00 A.M., dated 1/14/2023 Order Set O2- Oxygen @ (at) 2L (liters)-4L per nasal cannula prn (as needed) and Q HS (every bedtime) for shortness of breath Twice A Day (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER: Villages at Oak Ridge, The		STREET ADDRESS, CITY, STATE, ZIP CODE: 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6:00 A.M. - 10:00 A.M., 06:00 P.M. - 10:00 P.M., dated 3/20/2024 Order Set O2- Assess/Observe for s/s (signs and symptoms) of SOB (shortness of breath) while laying flat Special Instructions: Dx (diagnosis): COPD (Chronic Obstructive Pulmonary Disease) Twice A Day 6:00 A.M. - 6:00 P.M., 6:00 P.M. - 6:00 A.M., dated 6/23/2022 Order Set O2- HOB elevated to alleviate/reduce shortness of breath while lying flat Special Instructions: Dx: COPD Twice A Day 6:00 A.M. - 6:00 P.M., 6:00 P.M. - 6:00 A.M., dated 6/23/2022 Order Set O2- Monitor O2 sats (saturations) Q (every) shift Twice A Day 6:00 P.M. - 06:00 A.M., 6:00 A.M. - 6:00 P.M., dated 10/06/2022 Order Set O2- Oxygen @ 2L per nasal cannula NOC (night) and PRN for shortness of breath Twice A Day 6:00 P.M. - 6:00 A.M., 6:00 A.M. - 6:00 P.M., dated 8/30/2023 and discontinued 3/20/2024. Care plans included: Problem: Resident has potential for complications, functional and cognitive status decline related to respiratory disease d/t (due to) COPD and pulmonary fibrosis. Start Date 8/10/2022 Interventions included, but were not limited to: Approach: Respiratory therapy per orders. Start Date 8/10/2022 Approach: Administer oxygen per orders. Start Date 8/10/2022 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Villages at Oak Ridge, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Problem: Resident has potential for SOB while lying flat r/t (related to) COPD and pulmonary fibrosis. Start Date 8/10/2022 Interventions included, but were not limited to: Approach: Administer oxygen per MD (Medical Doctor) order and as needed. Start Date 8/10/2022 38770 2. On 3/21/24 at 10:44 A.M., Resident 29's clinical record was reviewed. Diagnosis included, but were not limited to, traumatic brain injury. The most recent Significant Change MDS (Minimum Data Set) Assessment, dated 3/12/24, indicated a significant cognitive impairment. Current physician orders included, but were not limited to: lorazepam (an antianxiety medication) concentrate; 2 mg(milligram)/mL(milliliter); 0.25 ml; oral at bedtime, dated 3/16/24. Discontinued physician orders included, but were not limited to: lorazepam 0.125mL (0.25mg) every 8 hours as needed, dated from 3/4/25 through 3/15/24. A current care plan related to receiving antianxiety medication included, but was not limited to, an intervention to administer medication per order, dated 3/8/24. Resident 29's Medication Administration Record (MAR) for 3/2024 indicated lorazepam 0.25mL was not administered on 3/16/24 due to Drug/Item Unavailable, documented by Qualified Medication Aide (QMA) 17 on 3/16/24 at 10:32 P.M. The clinical record lacked progress notes on 3/16/24. On 3/27/24 at 12:20 P.M., a current Care Plan policy was provided, dated 12/31/23, and indicated To ensure appropriateness of services and communication that will meet the resident's needs, severity/stability of conditions, impairment, disability, or disease in accordance with state and federal guidelines . Comprehensive care plans need to remain accurate and current 3.1-35(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Villages at Oak Ridge, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 38770 Based on observation, interview, and record review, the facility failed to ensure Activities of Daily Living (ADLs) were provided for dependent residents for 4 of 4 residents reviewed for ADLs. Residents did not receive showers at least twice per week. (Resident 15, Resident 107, Resident 51, Resident 44) Findings include: 1. On 3/19/24 at 11:00 A.M., Resident 15 was observed with greasy, unbrushed hair. On 3/21/24 at 10:17 A.M., Resident 15 was observed sitting in the common area with greasy, unbrushed hair. On 3/25/24 at 9:22 A.M., Resident 15 was observed sitting in the common area with unbrushed hair. On 3/21/24 at 11:24 A.M., Resident 15's clinical record was reviewed. Diagnosis included, but were not limited to, dementia. The most recent Quarterly MDS (Minimum Data Set) Assessment, dated 1/12/24, indicated cognitive status unable to be assessed, and no refusals or rejection of care. Resident 15's clinical record lacked care plans and/or current physician orders related to providing assistance for showers or rejection of care. Resident 15's progress notes lacked refusals of showers or rejection of care. Resident 15's clinical record included the following related to bathing from 2/1/24 through 3/21/24: Showers: 2/7/24 2/9/24 2/12/24 2/17/24 2/21/24 2/29/24 3/2/24 3/9/24 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Villages at Oak Ridge, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3/16/24 3/20/24 Bed Baths: 2/2/24 2/10/24 2/28/24 On 3/21/24 at 11:22 A.M., a shower schedule was provided and indicated Resident 15 received showers on Wednesday and Saturday (day shift). On 3/21/24 at 10:39 A.M., CNA 45 indicated Resident 15 required a total assist of staff for bathing, and did not refuse showers. 2. On 3/19/24 at 11:06 A.M., Resident 107 was observed sitting in her room in a recliner with greasy hair. On 3/21/24 at 1:43 P.M., Resident 107's clinical record was reviewed. admitted was 3/8/24. Diagnosis included, but were not limited to, dementia, anxiety, and depression. The most recent Admission MDS Assessment, dated 3/11/24, indicated no cognitive impairment, and no refusals or rejection of care. Resident 107's clinical record lacked care plans and/or current physician orders related to providing assistance for showers or rejection of care. Resident 107's progress notes lacked refusals of showers or rejection of care. Resident 107's clinical record included the following related to bathing from 2/1/24 through 3/21/24: Shower on 3/11/24 other bath On 3/21/24 at 11:22 A.M., a shower schedule was provided that indicated Resident 107 received showers on Tuesday and Fridays (day shift). On 3/21/24 at 10:39 A.M., CNA 45 indicated she was unsure whether Resident 107 was resistant to taking showers, because she had not been working on that hall when the resident needed one. At that time, the Assistant Director of Nursing (ADON) indicated Resident 107 was good about taking showers and did not refuse. 3. On 3/19/24 at 11:03 A.M., Resident 51 was observed lying in bed. A strong body odor was in the room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER: Villages at Oak Ridge, The		STREET ADDRESS, CITY, STATE, ZIP CODE: 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/21/24 at 2:40 P.M., Resident 51's clinical record was reviewed. admitted was 2/22/24. Diagnosis included, but were not limited to, Alzheimer's disease, anxiety, and depression. The most recent Admission MDS Assessment, dated 2/29/24, indicated a severe cognitive impairment, and no refusals or rejection of care. Resident 51's clinical record lacked care plans and/or current physician orders related to providing assistance for showers or rejection of care. Resident 51's progress notes lacked refusals of showers or rejection of care. Resident 51's clinical record included the following related to bathing from 2/1/24 through 3/21/24: Showers: 2/27/24 3/6/24 3/15/24 On 3/21/24 at 11:22 A.M., a shower schedule sheet was provided and did not list Resident 51. On 3/21/24 at 10:39 A.M., CNA 45 indicated Resident 51 was a total assist of staff with bathing, and took two showers per week. 4. On 3/19/24 at 11:00 A.M., Resident 44 was observed with greasy hair. On 3/21/24 at 10:18 A.M., Resident 44 was observed sitting in a chair in the common area with greasy hair. On 3/21/24 at 11:52 A.M., Resident 44's clinical record was reviewed. Diagnosis included, but were not limited to, dementia, anxiety, and depression. The most recent Quarterly MDS Assessment, dated 3/7/24, indicated a severe cognitive impairment, and no refusals or rejection of care. Resident 44's clinical record lacked care plans and/or current physician orders related to providing assistance for showers or rejection of care. Resident 44's progress notes lacked refusals of showers or rejection of care from 2/1/24 through 3/21/24. Resident 44's clinical record included the following related to bathing from 2/1/24 through 3/21/24: Showers: 2/27/24 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Villages at Oak Ridge, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Bed Baths: 2/1/24 2/23/24 Refusals: 2/6/24 2/13/24 3/19/24 On 3/21/24 at 11:22 A.M., a shower schedule was provided that indicated Resident 44 received showers on Tuesday and Fridays (day shift). On 3/21/24 at 10:39 A.M., CNA 45 indicated Resident 44 would sometimes refuse bathing, and when that happens, staff should attempt again later. She indicated anytime a resident refuses bathing, staff should document the refusal. On 3/25/24 at 2:45 P.M., QMA 39 indicated following a shower, staff were supposed to fill out a skin assessment and give that form to the nurse, then document the bathing in the resident's clinical record. She indicated at that time that Resident 44 required limited assistance of staff for bathing with a lot of cueing. On 3/25/24 at 11:53 A.M., the Director of Nursing (DON) provided a current Nursing ADL Documentation Guidelines policy, dated 12/31/23, that indicated Completion of ADL services will be validated through the use of the CARE ASSIST ADL reports. This will be accomplished by the (DON) or designee. The CARE ASSIST Compliance Report will be reviewed and utilized during the morning stand-up interdisciplinary team meeting to review provision of services . ADL services will be conducted and documented by the CNA each shift at the point of care or as reasonably possible after care. Access the CARE ASSIST Kiosk tap button ADL 3.1-38(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 45933 Based on observation, interview, and record review, the facility failed to maintain safe and secure storage of medications for 1 of 2 medication carts observed. Loose pills were observed in the medication cart. (300 Hall) Findings include: On 3/26/24 at 10:31 A.M., the 300 Hall medication cart was observed with the following loose pills in the drawers: 1 round yellow pill 1 round white pill marked with HH210 on the pill 2 oblong white tablets marked with L484 on the pill 1 round pink pill marked with L21 on the pill 1 round light yellow pill During an interview on 3/26/24 at 10:37 A.M., QMA (Qualified Medication Aide) 23 indicated all nursing staff was responsible to clean out medication carts every other day and loose pills should be disposed of. During an interview on 3/27/24 at 10:26 A.M., the IP (Infection Preventionist) indicated there should not be loose pills in the med cart. On 3/27/24 at 12:20 P.M., the Administrator provided a Medication Storage in the Facility policy, revised 11/18 that indicated, .contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal . 3.1-25(m)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Villages at Oak Ridge, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 38770 Based on observation and interview, the facility failed to ensure infection control practices were in place for 1 of 1 residents observed for insulin administration, and 1 of 1 random observation. Staff handled medications with bare hands prior to administering them to a resident, and staff placed an insulin syringe on the sink and an insulin supply case on a resident's catheter bag prior to administration of insulin. (Resident 107, Resident 43) Findings include: 1. On 3/19/24 at 11:14 A.M., Registered Nurse (RN) 3 was observed to prepare medications for administration. RN 3 removed medication cards from the medication cart, popped the pills into her bare other hand, then placed them into a medication cup. RN 3 was then observed to administer the medications to Resident 107. 2. On 3/25/24 at 10:22 A.M., Qualified Medication Aide (QMA) 5 was observed to administer insulin to Resident 43. QMA 5 entered the room, and placed the insulin supply box on top of the resident's catheter bag which was lying on top of his leg at the foot of the bed. QMA 5 then went into the bathroom, placed the insulin syringe containing the insulin onto the sink, and washed her hands. QMA put on a pair of gloves, picked up the syringe from the back of the sink, and administered the insulin to the resident. On 3/27/24 at 10:26 A.M., the Infection Preventionist (IP) indicated when retrieving medications from the medication cart, staff should put them directly into the medication cup, and not touch them with bare hands. At that time, he indicated if insulin supply containers were brought into the room, they should be placed on the bedside table, and place a paper towel or other protective layer between an insulin syringe and the surface where it was placed. On 3/27/24 at 12:20 P.M., a current medication administration policy, dated 12/31/23, was provided, and indicated staff should not handle medications with bare hands. At that time, a basic infection control policy was requested and not provided. 3.1-18(b)(2)