

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155693</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SILVER OAKS HEALTH CAMPUS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2011 CHAPA STREET COLUMBUS, IN 47203</b>	
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 0697  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide safe, appropriate pain management for a resident who requires such services.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to recognize when a non-verbal resident was experiencing pain, to evaluate existing pain and provide pain management for a resident experiencing pain for 1 of 3 residents reviewed for pain. (Resident B) Finding includes: The record for Resident B was reviewed on 03/06/20 at 12:00 p.m. The [DIAGNOSES REDACTED]. She was alert and orientated and able to provide self-care. A progress note, dated 03/04/20 at 11:43 a.m., indicated Resident B had [MEDICAL CONDITION] with previous laryngectomy and brief [MEDICAL CONDITION] therapy. [MEDICAL CONDITION] therapy was stopped secondary to pain. On 03/06/20 at 10:07 a.m., Resident B provided a hand written communication statement between herself and the nurse. The statement was dated 02/29/20 at 10:00 p.m. The resident had written, Please bring any PRNs (as needed). On 03/06/20 at 10:07 a.m., Resident B provided a hand written communication statement dated 03/01/20. The statement indicated she had requested [MEDICATION NAME] (a muscle relaxer) and pain pill every 4 hours and [MEDICATION NAME] (an antianxiety medication) to be given at bed time. At this point I'm hurting. On 03/06/20 at 10:07 a.m., Resident B provided a hand written communication statement. The statement indicated CNA (Certified Nursing Assistant) 2 witnessed Resident B request medication at the nurses' station. The nurse stated, It's a PRN and you have to ask for it. The nurse then indicated she would check the computer, but as of 3:00 a.m. Resident B had not received any medication. The statement was signed by Resident B and CNA 2 on 03/01/20 at 3:30 a.m. During an interview, on 03/06/20 at 10:35 a.m., Resident B indicated she had requested pain medication on the night of 03/01/20 and had not received any medication. A progress note, dated 03/01/20 at 3:04 a.m., indicated Resident B had been on the call light several times and it was difficult to understand the resident related to mouth reading. The resident was upset due to her pain pills and [MEDICATION NAME] were medications she had to ask for. During a telephone interview, on 03/06/20 at 11:33 a.m., LPN (Licensed Practical Nurse) 3 indicated Resident B did not ask for any pain medication until 4:00 a.m. and then she did receive it. She did not ask for any medication before this time. She would have assessed her for pain and nausea and helped her if she had ask. LPN 3 indicated two different aides told her the resident requested pain medication but this was at 4:00 a.m. and she gave her the medication. During a telephone interview, on 03/06/20 at 11:46 a.m., CNA 2 indicated she overheard LPN 3 and Resident B. Resident B asked for pain medication. She thought it was a misunderstanding. It happened mid-shift and Resident B was at the desk two times. During an interview, on 03/06/20 at 11:54 a.m., Resident B indicated, on 03/01/20, her pain from her neck, head, and right side reached a 10 out of 10 on the pain scale of 0-10 with 10 being the highest level of pain. An incident report, dated 03/02/20 at 2:01 p.m., was provided by the DON (Director of Nursing) on 03/06/20 at 12:00 p.m. The report indicated Resident B reported to a staff member a nurse on the night shift did not give her pain medication when requested. A Resident Concern Form, dated 03/02/20 at 2:00 p.m., was provided by the DON on 03/06/20 at 12:00 p.m. The concern form indicated Resident B alleged LPN 3 did not give PRN pain medication and stated, She had to verbally ask for it. A Statement of Witness Form, dated 03/02/20 was provided by the DON on 03/06/20 at 12:00 p.m. The statement indicated CNA 2 was at the nurses' station on 03/01/20, when Resident B came up and began trying to ask the nurse why she had not received any pain medication and CNA 2 heard LPN 3 state, because you haven't asked for any, it's a PRN medication and you have to request it. A Statement of Witness Form, dated 03/02/20 was provided by the DON on 03/06/20 at 12:00 p.m. The statement indicated LPN 3 was working the night of 03/01/20 and was sitting behind the nurses' station when Resident B came up. Resident B was trying to tell her something and LPN 3 stated she could not understand her. A physician's orders [REDACTED]. A 14 day MAR (Medication Administration Record) was provided by the DON on 3/6/20 at 1:12 p.m. It indicated Resident B had received [MEDICATION NAME] 10-325 mg the following times: a. On 02/28/20 at 00:48 a.m., for a pain level of 7, at 12:06 p.m., for a pain level of 7, at 8:29 p.m., for a pain level of 7 and assessed as effective on 02/29/20 at 2:45 a.m. b. On 02/29/20 at 9:20 a.m., for a pain level of 7, at 1:38 p.m., for a pain level of 7 and assessed as effective at 5:51 p.m. and at 9:09 p.m. for a pain level of 7. c. On 03/01/20 at 8:24 a.m., for a pain level of 6 and at 8:08 p.m., for a pain level of 7. d. On 03/02/20 at 4:14 a.m., for a pain level of 8 and assessed as effective at 6:23 a.m., at 7:46 a.m. for a pain level of 8 and assessed as effective at 12:34 p.m., at 12:38 p.m., for a pain level of 7 and assessed as effective at 1:22 p.m., and at 9:09 p.m. for a pain level of 6. The current facility policy, titled Guidelines for Pain Observation and Management, dated 05/11/16, was provided by the Director of Nursing (DON) on 03/06/20 at 1:23 p.m. The policy indicated .Purpose .To ensure each resident's pain .will be observed and documented according to the needs of each individual .Procedures .1. C. the observation should include self-report of pain .7. Evaluate the effectiveness of pain management interventions and modify as indicated This Federal tag relates to Complaint IN 366. 3.1-37(a)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.