STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELLENIC SENIOR LIVING OF NEW ALBANY	2632 GRANT LINE ROAD, NEW ALBANY, , 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes IN00463439 and IN00464190. Complaint IN00463439 - No deficiencies related to the allegations are cited. Complaint IN00464190 - State deficiency related to the allegations is cited at R0149. Unrelated deficiencies cited Survey dates: August 28 and 29, 2025 Facility number: 014166 Residential Census: 124 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on September 4, 2025.	R 0000		
R 0149	Sanitation and Safety Standards -	R 0149	**Deficiency 1: Failure to**	10/01/2025

	Deficiency 410 IAC 16.2-5-1.5(f) (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. Based on interview and record review, the facility failed to ensure pest control services were effective to prevent the spread of a bed bug infestation for 9 of 124 resident apartments currently occupied. This deficient practice had the potential to affect 124 of 124 residents residing in the facility. Findings include: On 8/28/25 at 10:50 a.m., the Executive Director indicated they currently had 7 rooms with bed bugs. Three of those Rooms, 128, 237 and 239 were treated today. Multiple staff volunteered and prepped those rooms yesterday. They had 2 repeat rooms with bed bugs, 107 and 236 which were scheduled for chemical treatment on 9/3/25. She believed ground zero was Room 236. They also plan to prepare Rooms 122 and 224 so they can also be treated on 9/3/25. They are having pest control come in and treat and they are heat treating in between. They had a resident council meeting yesterday with 40 residents present. She explained to them that if they suspect they could		**ensure pest control services were effective to prevent the spread of bed bugs** **Corrective Action for Residents Affected** • All identified resident apartments (Rooms 107, 122, 215, 224, 235, 236, 238, 239, 240, and 244) have been evaluated and professionally treated using both chemical and heat treatment methods. • Affected residents were re-educated on safe practices, including not reopening bagged items before clearance, and encouraged to report any suspected activity immediately. • Resident belongings were re-bagged and sealed with staff assistance. **Corrective Action to Prevent Recurrence**	

	have bed bugs to please come and get them so they can look and verify if treatment was necessary. If management does not know they cannot fix the problem. They also educated that if you suspect or know you may have them, be mindful of where you go. The bed bugs are easily transferred to a couch, chair or another resident they may visit. They were not telling residents they had to stay in their rooms, but to be mindful of the other residents. On 8/28/25 at 11:27 a.m., the Maintenance Director indicated he started at the facility 3 weeks ago and kinda jumped in to the situation. which had been a learning process for him. They have implemented staff training, if you see something, say something. It may be nothing but it also may not and they needed to be informed of anything they see so they can evaluate. At the resident council meeting this week, we educated on the importance of being mindful of the other residents if you know you have bed bugs or suspect you might have them. He had just evaluated Room 244 and found live activity on her couch, which was where the resident slept. They had now started professional treatments of the rooms with heat treatments in between. Since pest control was currently at the facility, he was going to ask		• The facility terminated its prior pest control provider and entered into a new contract with **Terminix**, effective 9/17/25, to provide **integrated pest management (IPM)** services, including resident education, full-unit preparation, and follow-up inspections. • A **bed bug policy and protocol** was revised (effective 9/10/25) to require: • Preventive inspections of all resident units quarterly. • Automatic treatment of all adjacent units when live activity is confirmed. • Facility-provided preparation and packing for residents unable to prepare their apartments. •	

	them to evaluate Room 244, since that had to be done prior to scheduling a treatment. Some of the residents don't have anyone to help them prepare their room for treatment. The residents that do, their families refuse to come in to help prepare the rooms for treatment, which he understood. Families don't want to take them home. The pest control technician just educated the resident in Room 239 prior to treatment. The resident wanted a different room and he explained that the resident really needed to sleep in bed to draw the bed bugs out and over the chemical spray to help eradicate them. If the resident moved, the bed bugs would just go dormant because they follow the food source which unfortunately, was us. On 8/29/25 at 9:40 a.m., the pest control invoices were reviewed, which indicated the following: -Room 236 (Resident K) was treated on 3/17/25, 4/21/25, 5/19/25, 6/16/25, 7/21/25, 8/18/25 with another treatment scheduled for 9/3/25. -Room 235 (Resident G and Resident H) was treated on 3/17/25, 4/21/25, 5/19/25, 6/16/25, 7/21/25, 8/18/25 . -Room 107 was treated on 6/11/25, 6/27/25 with a		Staff education was conducted on 9/10/25 regarding the new protocol and responsibilities for reporting. **Monitoring / QA** • The Maintenance Director will keep a **bed bug treatment log** to track treatments, re-treatments, and outcomes. • The Executive Director and DON will review the log **weekly for 90 days** and then **monthly thereafter**. • Findings will be reported to the **QA Committee** quarterly. **Deficiency 1 – Pest Control (Bed Bugs)** **Plan of Correction:** •	

	scheduled treatment on 9/3/25 -Room 238 was treated on 6/24/25, 7/9/25 and 8/18/25 -Room 239 was treated on 8/28/25 -Room 240 was treated on 6/24/25, 7/9/25 and 8/18/25 -Room 215 was treated on 8/4/25 and 8/19/25 -Room 122 was scheduled to be treated on 9/3/25 -Room 224 was scheduled to be treated on 9/3/25 -Room 244 was evaluated on 8/28/25 with live activity found On 8/29/25 at 1:55 p.m., the Executive Director indicated the ineffectiveness of room treatments were due to the residents not staying put. The residents in rooms 107 and 236 kept spreading the bed bugs back and forth to one another. Prior to treatment, all linens and clothing were to be bagged, tied and left that way for 2 weeks to suffocate the bed bugs. The residents open the bags right after the room had been sprayed and start going through them looking for something before the 2 weeks were up, just starting the process all over again. They follow the pest control recommendations. They will not spray rooms on either		All affected rooms treated with professional chemical and heat methods; residents re-educated. • New contract signed with **Terminix** effective 9/17/25 for integrated pest management (IPM). • Policy revised to include: quarterly inspections, treatment of adjacent units, and facility-provided prep for residents. • Staff inserviced on 9/10/25 regarding bed bug protocols and reporting. Maintenance Director to maintain treatment log, reviewed weekly x 90 days then monthly. Reports to QA Committee	

	side of the room with bed bugs because, per pest control, bed bugs do not travel. Before pest control will treat, they have to complete an evaluation to determine live activity. They then have to schedule around other jobs. The do not have a general pest control policy. On 8/29/25 at 10:05 a.m., the Executive Director provided a current copy of the document titled "Bed Bugs" dated 9/30/22. It included, but was not limited to, "Procedure...The Maintenance Director is responsible to coordinate actions to be taken in the Community to minimize the spread of infestation and for extermination...The Maintenance Director is responsible to inform the Director of Nursing of actions to be taken with residents and staff to minimize the spread of infestation...Infestation eradication is the responsibility of the Maintenance Director. This State Citation relates to Complaint IN00464190. Based on interview and record review, the facility failed to ensure pest control services were effective to prevent the spread of a bed bug infestation for 9 of 124 resident apartments currently occupied. This deficient practice had the potential to affect 124 of 124			

	residents residing in the facility. Findings include: On 8/28/25 at 10:50 a.m., the Executive Director indicated they currently had 7 rooms with bed bugs. Three of those Rooms, 128, 237 and 239 were treated today. Multiple staff volunteered and prepped those rooms yesterday. They had 2 repeat rooms with bed bugs, 107 and 236 which were scheduled for chemical treatment on 9/3/25. She believed ground zero was Room 236. They also plan to prepare Rooms 122 and 224 so they can also be treated on 9/3/25. They are having pest control come in and treat and they are heat treating in between. They had a resident council meeting yesterday with 40 residents present. She explained to them that if they suspect they could have bed bugs to please come and get them so they can look and verify if treatment was necessary. If management does not know they cannot fix the problem. They also educated that if you suspect or know you may have them, be mindful of where you go. The bed bugs are easily transferred to a couch, chair or another resident they may visit. They were not telling residents they had to stay in their rooms, but to be mindful of the other residents.			

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	-Room 224 was scheduled to be treated on 9/3/25 -Room 244 was evaluated on 8/28/25 with live activity found On 8/29/25 at 1:55 p.m., the Executive Director indicated the ineffectiveness of room treatments were due to the residents not staying put. The residents in rooms 107 and 236 kept spreading the bed bugs back and forth to one another. Prior to treatment, all linens and clothing were to be bagged, tied and left that way for 2 weeks to suffocate the bed bugs. The residents open the bags right after the room had been sprayed and start going through them looking for something before the 2 weeks were up, just starting the process all over again. They follow the pest control recommendations. They will not spray rooms on either side of the room with bed bugs because, per pest control, bed bugs do not travel. Before pest control will treat, they have to complete an evaluation to determine live activity. They then have to schedule around other jobs. The do not have a general pest control policy. On 8/29/25 at 10:05 a.m., the Executive Director provided a current copy of the document titled "Bed Bugs" dated 9/30/22. It included, but was not limited to, "Procedure...The			

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R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in	R 0216	**Deficiency 2: Failure to ensure annual medication self-administration safety screen assessments were completed** **Corrective Action for Residents Affected**	10/01/2025

	the facility. Based on interview and record review, the facility failed to ensure annual medication self-administration safety screen assessments were completed for 6 of 6 residents reviewed for assessments (Resident B, Resident C, Resident E, Resident F, Resident L and Resident M). Findings include: 1. The clinical record for Resident B was reviewed on 8/28/25 at 12:18 p.m. The resident's diagnoses included, but were not limited to, diabetes, hyperlipidemia, major depressive disorder, polymyalgia, rheumatica, chronic pain and asthma. Review of the July 2025 and August 2025 medication administration record indicated the resident self-administered their own medications. The clinical record indicated the resident's last medication self-administration safety screen was completed on 10/25/23. The clinical record lacked documentation of any other medication self-administration safety screens for the resident as of 10/25/23. During an interview, on 8/29/25		• All residents who self-administer medications (Residents B, C, E, F, L, and M) received updated **self-administration safety screens** on 9/5/25. **Corrective Action to Prevent Recurrence** • The DON revised the **Self-Administration of Medications Policy** on 9/5/25 to include: • Screening at admission, annually, and with any change of condition. • Tracking through the EMR system with alerts for due dates. • Nursing staff were re-educated on 9/7/25 on documentation requirements.	

	at 1:55 p.m., the Executive Director indicated the residents' medication self-administration safety screens were to be completed on admission and annually there after. 2. The clinical record for Resident C was reviewed on 8/28/25 at 12:43 p.m. The resident's diagnoses included, but were not limited to, hypertension, anxiety, congenital herpesviral infection, alcoholic polyneuropathy and muscle spasms. Review of the July 2025 and August 2025 medication administration record indicated the resident self-administered his own medications. The clinical record lacked documentation of any medication self-medication safety assessment for the resident since admission in April 2024. 3. The clinical record for Resident E was reviewed on 8/28/25 at 1:41 p.m. The resident's diagnoses included, but were not limited to, malignant neoplasm of the pancreas, hyperlipidemia, chronic pain, anemia, diabetes, bipolar disorder, anxiety, insomnia, hypertension and osteoarthritis. Review of the July 2025 and August 2025 medication		**Monitoring / QA** • The DON or designee will run a **monthly audit** of residents authorized to self-administer medications to confirm safety screens are up to date. Any deficiencies will be corrected immediately and discussed at the monthly **QA Committee** meeting. **Deficiency 2 – Self-Administration Safety Screens** **Plan of Correction:** • Safety screens updated on 9/10/25 for all identified residents. • Policy revised to require admission, annual, and change-of-condition screens.	

	administration record indicated the resident self-administered her own medications. The clinical record indicated the resident's last medication self-administration safety screen was completed on 10/11/23. The clinical record lacked documentation of any other medication self-administration safety screens for the resident as of 10/11/23. 4. The clinical record for Resident F was reviewed on 8/28/25 at 1:51 p.m. The resident's diagnoses included, but were not limited to, hypertension, polyneuropathy, diabetes, atrial fibrillation and hyperlipidemia. Review of the July 2025 and August 2025 medication administration record indicated the resident self-administered his own medications. The clinical record indicated the resident's last medication self-administration safety screen was completed on 10/12/23. The clinical record lacked documentation of any other medication self-administration safety screens for the resident as of 10/12/23. 5. The clinical record for Resident L was reviewed on 8/29/25 at 1:09 p.m. The		• EMR alerts implemented to track due dates. • Nursing staff re-educated on 9/10/25. • DON/designee to audit monthly and review in QA Committee.	

	resident's diagnoses included, but was not limited to, anxiety, hypertension, postpolio syndrome, osteoporosis and migraines. Review of the July 2025 and August 2025 medication administration record indicated the resident self-administered his own medications. The clinical record indicated the resident's last medication self-administration safety screen was completed on 10/19/23. The clinical record lacked documentation of any other medication self-administration safety screens for the resident as of 10/19/23. 6. The clinical record for Resident M was reviewed on 8/29/25 at 1:22 p.m. The resident's diagnoses included, but were not limited to, diplopia, hyperlipidemia, osteoarthritis, diabetes and hypertension. The July 2025 and August 2025 medication administration record indicated the resident self-administered his own medications. The clinical record lacked any medication self-administration safety screen for the resident since admission to the facility in August 2024. On 8/29/25 at 9:46 a.m., the			

	Director of Nursing provided a current copy of the document titled "Resident Self-Management and Storage of Medications" dated 10/03/22. It included, but was not limited to, "Policy ...The Resident Management and Storage of Medications Procedure must be followed ...A re-evaluation of the resident's ability to self-manage medications will be conducted at the same time a Level of Care Assessment is completed ...A re-evaluation of the resident's ability to ...self-administer their medications will be conducted during each service plan review ...." Based on interview and record review, the facility failed to ensure annual medication self-administration safety screen assessments were completed for 6 of 6 residents reviewed for assessments (Resident B, Resident C, Resident E, Resident F, Resident L and Resident M). Findings include: 1. The clinical record for Resident B was reviewed on 8/28/25 at 12:18 p.m. The resident's diagnoses included, but were not limited to, diabetes, hyperlipidemia, major depressive disorder, polymyalgia, rheumatica, chronic pain and asthma.			

	Review of the July 2025 and August 2025 medication administration record indicated the resident self-administered their own medications. The clinical record indicated the resident's last medication self-administration safety screen was completed on 10/25/23. The clinical record lacked documentation of any other medication self-administration safety screens for the resident as of 10/25/23. During an interview, on 8/29/25 at 1:55 p.m., the Executive Director indicated the residents' medication self-administration safety screens were to be completed on admission and annually there after. 2. The clinical record for Resident C was reviewed on 8/28/25 at 12:43 p.m. The resident's diagnoses included, but were not limited to, hypertension, anxiety, congenital herpesviral infection, alcoholic polyneuropathy and muscle spasms. Review of the July 2025 and August 2025 medication administration record indicated the resident self-administered his own medications. The clinical record lacked documentation of any medication self-medication			

safety assessment for the resident since admission in April 2024.

3. The clinical record for Resident E was reviewed on 8/28/25 at 1:41 p.m. The resident's diagnoses included, but were not limited to, malignant neoplasm of the pancreas, hyperlipidemia, chronic pain, anemia, diabetes, bipolar disorder, anxiety, insomnia, hypertension and osteoarthritis.

Review of the July 2025 and August 2025 medication administration record indicated the resident self-administered her own medications.

The clinical record indicated the resident's last medication self-administration safety screen was completed on 10/11/23.

The clinical record lacked documentation of any other medication self-administration safety screens for the resident as of 10/11/23.

4. The clinical record for Resident F was reviewed on 8/28/25 at 1:51 p.m. The resident's diagnoses included, but were not limited to, hypertension, polyneuropathy, diabetes, atrial fibrillation and hyperlipidemia.

Review of the July 2025 and August 2025 medication

	administration record indicated the resident self-administered his own medications. The clinical record indicated the resident's last medication self-administration safety screen was completed on 10/12/23. The clinical record lacked documentation of any other medication self-administration safety screens for the resident as of 10/12/23. 5. The clinical record for Resident L was reviewed on 8/29/25 at 1:09 p.m. The resident's diagnoses included, but was not limited to, anxiety, hypertension, postpolio syndrome, osteoporosis and migraines. Review of the July 2025 and August 2025 medication administration record indicated the resident self-administered his own medications. The clinical record indicated the resident's last medication self-administration safety screen was completed on 10/19/23. The clinical record lacked documentation of any other medication self-administration safety screens for the resident as of 10/19/23. 6. The clinical record for Resident M was reviewed on 8/29/25 at 1:22 p.m. The			

	resident's diagnoses included, but were not limited to, diplopia, hyperlipidemia, osteoarthritis, diabetes and hypertension. The July 2025 and August 2025 medication administration record indicated the resident self-administered his own medications. The clinical record lacked any medication self-administration safety screen for the resident since admission to the facility in August 2024. On 8/29/25 at 9:46 a.m., the Director of Nursing provided a current copy of the document titled "Resident Self-Management and Storage of Medications" dated 10/03/22. It included, but was not limited to, "Policy ...The Resident Management and Storage of Medications Procedure must be followed ...A re-evaluation of the resident's ability to self-manage medications will be conducted at the same time a Level of Care Assessment is completed ...A re-evaluation of the resident's ability to ...self-administer their medications will be conducted during each service plan review ...."			
R 0243	Health Services - Deficiency 410 IAC 16.2-5-4(e)(3) (3) The individual administering the	R 0243	**Deficiency 3: Failure to ensure medication administration records reflected medications**	09/28/2025

	medication shall document the administration in the individual ' s medication and treatment records that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment. Based on interview and record review, the facility failed to ensure medication administration records reflected medications administered for 4 of 4 residents reviewed for medication administration. (Resident D, Resident G, Resident H and Resident K) Findings include: 1. The clinical record for Resident D was reviewed on 8/28/25 at 1:06 p.m. The residents' diagnoses included, but were not limited to, insomnia, bipolar disease, gastroesophageal reflux disease, hypertension, seizure disorder and peripheral vascular disease. Review of the July 2025 and August 2025 medication administration record indicated the resident was to receive the following medications:		**administered** **Corrective Action for Residents Affected** • MARs for Residents D, G, H, and K were audited and compared to physician orders. Missing documentation was addressed immediately through direct review with assigned nurses. • Physicians were notified on 9/7/25 for all potentially missed doses to ensure no negative resident outcomes occurred. • **Deficiency 3 – Medication Administration Records (MARs)** **Plan of Correction:** • MARs for identified residents reviewed; missing documentation addressed; physicians	

	- Divalproex Sodium (medication for seizures), 250 mg (milligrams) in the evening - Trazadone (medication for insomnia), 100 mg in the evening - Levetiracetam (medication for seizures), 500 mg at 8:00 a.m. and 4:00 p.m. - Pantoprazole Sodium (medication for acid reflux), 40 mg twice daily in the morning and the evening - Propranolol (medication for high blood pressure), 10 mg three times daily in the morning, midday and at bedtime - Gabapentin (medication for peripheral vascular disease) 100 mg four time a day in the morning, midday, evening and bedtime - Mirtazapine (medication for bipolar) 30 mg at bedtime. The clinical record lacked documentation of the administration of the medications on the following dates and times: - Divalproex Sodium on 7/22/25, 8/15/25 and 8/21/25 in the evening - Trazadone on 7/22/25, 8/15/25 and 8/21/25 in the evening		notified 9/7/25. • Staff re-educated on immediate documentation 9/7/25. • eMAR alerts implemented 9/8/25. • DON/designee to audit 10 random MARs weekly x 90 days, then monthly. Results to QA Committee. **Completion Date:** 9/10/25	

- Levetiracetam on 7/22/25, 8/15/25 and 8/21/25 at 4:00 p.m.

- Pantoprazole on 8/15/25 and 8/21/25 in the evening

- Propranolol 10 mg on 7/15/25 midday; 7/1/25, 7/4/25, 7/6/25 - 7/9/25, 7/11/25, 7/13/25, 7/18/25 through 7/26/25, 7/28 through 7/31, and 8/1/25 through 8/27/25 at bedtime

- Gabapentin on 7/15/25 midday; 8/15/25 and 8/21/25 evening; 7/1/25, 7/4/25, 7/6/25 through 7/9/25, 7/11/25, 7/13/25, 7/18/25 through 7/26/25, 7/28 through 7/31, and 8/1/25 through 8/27/25 at bedtime

- Mirtazapine on 7/18/25 through 7/26/25, 7/28/25 through 7/31/35 and 8/1/25 through 8/27/25 at bedtime

During an interview, on 8/29/25 at 2:14 p.m., Licensed Practical Nurse (LPN) 3 indicated when medications were administered, the nurse should sign them off on the medication administration record to show they were administered.

2. The clinical record for Resident G was reviewed on 8/29/25 at 12:40 p.m. The residents' diagnoses included, but were not limited to, bradycardia, hyperlipidemia, diabetes, hypertension, chronic

obstructive pulmonary disease, depression, arthritis, tremors, irritable bowel syndrome and gastroesophageal reflux disease.

The July 2025 and August 2025 physician's orders indicated the resident was to receive the following medications:

- Amlodipine (hypertensive medication) 10 mg daily in the morning

- Aspirin (blood thinner) 81 mg daily in the morning

- Clopidogrel (antiplatelet medication) 75 mg daily in the morning

- Duloxetine (antidepressant) 60 mg daily in the morning

- Furosemide (hypertensive medication) 10 mg daily in the morning

- Levothyroxin (thyroid medication) 88 mcg (micrograms) daily in the morning

- Loratadine (allergy medication) 10 mg daily

- Propranolol (hypertensive medication) 60 mg, extended release, daily in the morning

- Pantoprazole (acid reflex medication) 40 mg twice daily in the morning and evening

- Primidone (medication for tremors) 100 mg twice daily in the morning and evening

On 8/6/25, the Primidone 100 gm twice daily was discontinued and a new order written to increase the medication to three times a day at 10:00 a.m., 1:30 p.m. and 5:00 p.m.

- Gabapentin (pain medication) 400 mg three times a day in the morning, midday and evening

The July 2025 and August 2025 medication administration lacked documentation of the administration of the above medications on the following dates and times:

- Amlodipine on 7/10/25 in the morning

- Aspirin on 7/10/25 in the morning

- Clopidogrel on 7/10/25 in the morning

- Duloxetine on 7/10/25 in the morning

- Furosemide on 7/10/25 in the morning

- Levothryoxin on 7/10/25 in the morning

- Loratadine on 7/10/25 in the morning

- Propranolol on 7/10/25 in the morning

- Pantoprazole on 7/10/25 in the morning and 8/13/25 in the evening

- Primidone on 7/10/25 in the morning; 7/29/25 in the evening; 8/06/25 through 8/09/25 at 10:00 a.m., 1:30 p.m. and 5:00 p.m.; 8/11/25 at 1:30 p.m.; 8/12/25 at 5:00 p.m.; 8/13/25 at 1:30 p.m. and 5:00 p.m.; 8/16/25 at 5:00 p.m.; 8/19/25 through 8/22/25 at 5:00 p.m.; 8/25/25 at 1:30 p.m. and 5:00 p.m.; and 8/26/25 through 8/27/25 at 5:00 p.m.

- Gabapentin on 7/01/25 bedtime; 7/04/25 bedtime; 7/06/25 through 7/09/25 bedtime; 7/10/25 in the morning and midday; 7/11/25 at bedtime; 7/13/25 at bedtime; 7/18/25 through 7/26/25 at bedtime; 7/28/25 through 7/31/25 at bedtime; 8/01/25 through 8/02/25 at bedtime; and 8/04/25 through 8/27/25 at bedtime

3. The clinical record for Resident H was reviewed on 8/29/25 at 12:54 p.m. The residents' diagnoses included, but were not limited to, hypertension, atrial fibrillation, diabetes, restless leg syndrome, neuropathy, chronic obstructive pulmonary disease, depression,

hyperlipidemia, heart disease, BPH and insomnia.

The July 2025 and August 2025 physician's orders indicated the resident was to receive the following medications:

- Duloxetine (antidepressant) 60 mg daily in the morning

- Furosemide (medication for edema) 40 mg daily in the morning

- Hydroxyz HCl (hydrochloride) 25 mg at bedtime for itching

- Isosorbide mononitrate (medication for heart disease) 30 mg daily in the morning

- Jardiance (diabetic medication) 10 mg daily in the morning

- Potassium Chloride (supplement) 20 meq (milliequivalents) daily in the morning

- Simvastatin (medication for hyperlipidemia) 40 mg daily

- Eliquis (blood thinner) 2.5 mg twice daily in the morning and evening

- Tamsulosin (medication for urine flow) 0.4 mg daily in the morning

- Metformin (diabetic medication) 500 mg twice daily

in the morning and evening

- Midodrine (hypotensive medication) 5 mg twice daily in the morning and evening

- Oxybutin (medication for overactive bladder) 5 mg three times a day in the morning, midday and bedtime

- Ropinrole (medication for restless leg syndrome) 1 mg three times a day in the morning, midday and bedtime

The July 2025 and August 2025 medication administration lacked documentation of the administration of the above medications on the following dates and times:

- Duloxetine on 7/10/25 in the morning

- Furosemide on 7/10/25 in the morning

- Hydroxyz HCl on 7/22/25 through 7/26/25 at bedtime; 7/28/25 through 7/31/25 at bedtime; 8/1/25 through 8/2/25 at bedtime; and 8/4/25 through 8/28/25 at bedtime.

- Isosorbide mononitrate on 7/10/25 in the morning

- Jardiance on 7/10/25 in the morning

	- Potassium Chloride on 7/10/25 in the morning - Simvastatin on 7/10/25 in the morning - Tamsulosin on 7/10/25 in the morning - Eliquis on 7/10/25 in the morning and 8/13/25 in the evening - Metformin on 7/10/25 in the morning and 8/13/25 in the evening - Midodrine on 7/10/25 in the morning and 8/13/25 in the evening - Oxybutin on 7/01/25 at bedtime; 7/04/25 at bedtime; 7/06/26 through 7/09/25 at bedtime; 7/10/25 in the morning and midday; 7/11/25 at bedtime; 7/13/25 at bedtime; 7/18/25 through 7/26/25 at bedtime; 7/28/25 through 7/31/25 at bedtime; 8/01/25 through 8/02/25 at bedtime; 8/03/25 through 8/28/25 at bedtime.			

- Ropinrole on 7/01/25 at bedtime; 7/04/25 at bedtime; 7/06/26 through 7/09/25 at bedtime; 7/10/25 in the morning and midday; 7/11/25 at bedtime; 7/13/25 at bedtime; 7/18/25 through 7/26/25 at bedtime; 7/28/25 through 7/31/25 at bedtime; 8/01/25 through 8/02/25 at bedtime; and 8/03/25 through 8/28/25 at bedtime.

4. The clinical record for Resident K was reviewed on 8/29/25 at 1:00 p.m. The residents' diagnoses included, but were not limited to, hyperlipidemia, depression, anxiety, hypertension, bladder spasms and constipation.

The July 2025 and August 2025 physician's orders indicated the resident was to receive the following medications:

- Gemtesa (medication for bladder spasms) 75 mg daily at 7:00 p.m.

- Amlodipine (hypertension medication) 5 mg daily in the morning

- Atorvastatin (medication for high cholesterol) 40 mg at bedtime

- Buspirone (antidepressant) 5 mg daily at 7:00 p.m.

- Farxiga (diabetic medication) 10 mg daily in the morning

- Fenofibrate (medication for high cholesterol) 48 mg at bedtime

- Losartin (medication for high blood pressure) 50 mg daily in the morning

- Rexulti (antianxiety medication) 1 mg daily at 7:00 p.m.

- Trintellix (antidepressant) 20 mg daily in the morning

- Venlafaxine (antianxiety medication) 150 mg daily at 7:00 a.m.

The July 2025 and August 2025 medication administration lacked documentation of the administration of the above medications on the following dates and times:

- Gemtesa at 7:00 p.m on 7/01/25; 7/06/25; 7/08/25 through7/09/25; 7/11/25; 7/19/25 through 7/20/25; 7/22/25 through 7/25/25; 7/28/25 through 7/30/25; 8/01/25; 8/02/25; 8/05/25 through 8/06/25; 8/08/25; 8/11/25 through 8/13/25; 8/16/25 through 8/17/25; 8/19/25 through 8/22/25; 8/25/25 through 8/27/25.

- Amlodipine on 7/10/25 in the morning

- Atorvastatin on 7/01/25; 7/04/25; 7/06/25 through

	7/09/25; 7/11/25; 7/13/25; 7/18/25 through 7/26/25; 7/28/25 through 7/31/25; 8/01/25; 8/02/25; 8/04/25 through 8/28/25. - Buspirone at 7:00 p.m. on 7/01/25; 7/06/25; 7/08/25 through 7/09/25; 7/11/25; 7/19/25 through 7/20/25; 7/22/25 through 7/25/25; 7/28/25 through 7/30/25; 8/01/25; 8/02/25; 8/05/25 through 8/06/25; 8/08/25; 8/11/25 through 8/13/25; 8/16/25 through 8/17/25; 8/19/25 through 8/22/25; and 8/25/25 through 8/27/25. - Farxiga on 7/10/25 in the morning - Fenofibrate on 7/01/25; 7/04/25; 7/06/25 through 7/09/25; 7/11/25; 7/13/25; 7/18/25 through 7/26/25; 7/28/25 through 7/31/25; 8/01/25 8/02/25; and 8/04/25 through 8/28/25.			

- Rexulti at 7:00 p.m. on 7/01/25; 7/06/25; 7/08/25 through 7/09/25; 7/11/25; 7/19/25 through 7/20/25; 7/22/25 through 7/25/25; 7/28/25 through 7/30/25; 8/01/25; 8/02/25; 8/05/25 through 8/06/25; 8/08/25; 8/11/25 through 8/13/25; 8/16/25 through 8/17/25; 8/19/25 through 8/22/25; and 8/25/25 through 8/27/25.

- Trintellix on 7/10/25 in the morning

- Venlafaxine on 7/10/25 in the morning

On 8/29/25 at 9:26 a.m., the Director of Nursing provided a current copy of the document titled "Medication Administration" dated 9/30/22. It included, but was not limited to, "Procedure...Document...administration immediately after administration..."

Based on interview and record review, the facility failed to ensure medication administration records reflected medications administered for 4 of 4 residents reviewed for medication administration. (Resident D, Resident G, Resident H and Resident K)

Findings include:

1. The clinical record for Resident D was reviewed on 8/28/25 at 1:06 p.m. The

residents' diagnoses included, but were not limited to, insomnia, bipolar disease, gastroesophageal reflux disease, hypertension, seizure disorder and peripheral vascular disease.

Review of the July 2025 and August 2025 medication administration record indicated the resident was to receive the following medications:

- Divalproex Sodium (medication for seizures), 250 mg (milligrams) in the evening

- Trazadone (medication for insomnia), 100 mg in the evening

- Levetiracetam (medication for seizures), 500 mg at 8:00 a.m. and 4:00 p.m.

- Pantoprazole Sodium (medication for acid reflux), 40 mg twice daily in the morning and the evening

- Propranolol (medication for high blood pressure), 10 mg three times daily in the morning, midday and at bedtime

- Gabapentin (medication for peripheral vascular disease) 100 mg four time a day in the morning, midday, evening and bedtime

- Mirtazapine (medication for bipolar) 30 mg at bedtime.

The clinical record lacked documentation of the administration of the medications on the following dates and times:

- Divalproex Sodium on 7/22/25, 8/15/25 and 8/21/25 in the evening

- Trazadone on 7/22/25, 8/15/25 and 8/21/25 in the evening

- Levetiracetam on 7/22/25, 8/15/25 and 8/21/25 at 4:00 p.m.

- Pantoprazole on 8/15/25 and 8/21/25 in the evening

- Propranolol 10 mg on 7/15/25 midday; 7/1/25, 7/4/25, 7/6/25 - 7/9/25, 7/11/25, 7/13/25, 7/18/25 through 7/26/25, 7/28 through 7/31, and 8/1/25 through 8/27/25 at bedtime

- Gabapentin on 7/15/25 midday; 8/15/25 and 8/21/25 evening; 7/1/25, 7/4/25, 7/6/25 through 7/9/25, 7/11/25, 7/13/25, 7/18/25 through 7/26/25, 7/28 through 7/31, and 8/1/25 through 8/27/25 at bedtime

- Mirtazapine on 7/18/25 through 7/26/25, 7/28/25 through 7/31/35 and 8/1/25 through 8/27/25 at bedtime

During an interview, on 8/29/25 at 2:14 p.m., Licensed Practical Nurse (LPN) 3 indicated when medications were administered, the nurse should sign them off on the medication administration record to show they were administered.

2. The clinical record for Resident G was reviewed on 8/29/25 at 12:40 p.m. The residents' diagnoses included, but were not limited to, bradycardia, hyperlipidemia, diabetes, hypertension, chronic obstructive pulmonary disease, depression, arthritis, tremors, irritable bowel syndrome and gastroesophageal reflux disease.

The July 2025 and August 2025 physician's orders indicated the resident was to receive the following medications:

- Amlodipine (hypertensive medication) 10 mg daily in the morning

- Aspirin (blood thinner) 81 mg daily in the morning

- Clopidogrel (antiplatelet medication) 75 mg daily in the morning

- Duloxetine (antidepressant) 60 mg daily in the morning

- Furosemide (hypertensive medication) 10 mg daily in the morning

- Levothyroxin (thyroid medication) 88 mcg (micrograms) daily in the morning

- Loratadine (allergy medication) 10 mg daily

- Propranolol (hypertensive medication) 60 mg, extended release, daily in the morning

- Pantoprazole (acid reflex medication) 40 mg twice daily in the morning and evening

- Primidone (medication for tremors) 100 mg twice daily in the morning and evening

On 8/6/25, the Primidone 100 gm twice daily was discontinued and a new order written to increase the medication to three times a day at 10:00 a.m., 1:30 p.m. and 5:00 p.m.

- Gabapentin (pain medication) 400 mg three times a day in the morning, midday and evening

The July 2025 and August 2025 medication administration lacked documentation of the administration of the above medications on the following dates and times:

- Amlodipine on 7/10/25 in the morning

- Aspirin on 7/10/25 in the morning

- Clopidogrel on 7/10/25 in the morning

- Duloxetine on 7/10/25 in the morning

- Furosemide on 7/10/25 in the morning

- Levothryoxin on 7/10/25 in the morning

- Loratadine on 7/10/25 in the morning

- Propranolol on 7/10/25 in the morning

- Pantoprazole on 7/10/25 in the morning and 8/13/25 in the evening

- Primidone on 7/10/25 in the morning; 7/29/25 in the evening; 8/06/25 through 8/09/25 at 10:00 a.m., 1:30 p.m. and 5:00 p.m.; 8/11/25 at 1:30 p.m.; 8/12/25 at 5:00 p.m.; 8/13/25 at 1:30 p.m. and 5:00 p.m.; 8/16/25 at 5:00 p.m.; 8/19/25 through 8/22/25 at 5:00 p.m.; 8/25/25 at 1:30 p.m. and 5:00 p.m.; and 8/26/25 through 8/27/25 at 5:00 p.m.

- Gabapentin on 7/01/25 bedtime; 7/04/25 bedtime; 7/06/25 through 7/09/25

bedtime; 7/10/25 in the morning and midday; 7/11/25 at bedtime; 7/13/25 at bedtime; 7/18/25 through 7/26/25 at bedtime; 7/28/25 through 7/31/25 at bedtime; 8/01/25 through 8/02/25 at bedtime; and 8/04/25 through 8/27/25 at bedtime

3. The clinical record for Resident H was reviewed on 8/29/25 at 12:54 p.m. The residents' diagnoses included, but were not limited to, hypertension, atrial fibrillation, diabetes, restless leg syndrome, neuropathy, chronic obstructive pulmonary disease, depression, hyperlipidemia, heart disease, BPH and insomnia.

The July 2025 and August 2025 physician's orders indicated the resident was to receive the following medications:

- Duloxetine (antidepressant) 60 mg daily in the morning

- Furosemide (medication for edema) 40 mg daily in the morning

- Hydroxyz HCl (hydrochloride) 25 mg at bedtime for itching

- Isosorbide mononitrate (medication for heart disease) 30 mg daily in the morning

- Jardiance (diabetic medication) 10 mg daily in the morning

- Potassium Chloride (supplement) 20 meq (milliequivalents) daily in the morning

- Simvastatin (medication for hyperlipidemia) 40 mg daily

- Eliquis (blood thinner) 2.5 mg twice daily in the morning and evening

- Tamsulosin (medication for urine flow) 0.4 mg daily in the morning

- Metformin (diabetic medication) 500 mg twice daily in the morning and evening

- Midodrine (hypotensive medication) 5 mg twice daily in the morning and evening

- Oxybutin (medication for overactive bladder) 5 mg three times a day in the morning, midday and bedtime

- Ropinrole (medication for restless leg syndrome) 1 mg three times a day in the morning, midday and bedtime

The July 2025 and August 2025 medication administration lacked documentation of the administration of the above medications on the following dates and times:

- Duloxetine on 7/10/25 in the morning

- Furosemide on 7/10/25 in the morning

- Hydroxyz HCl on 7/22/25 through 7/26/25 at bedtime; 7/28/25 through 7/31/25 at bedtime; 8/1/25 through 8/2/25 at bedtime; and 8/4/25 through 8/28/25 at bedtime.

- Isosorbide mononitrate on 7/10/25 in the morning

- Jardiance on 7/10/25 in the morning

- Potassium Chloride on 7/10/25 in the morning

- Simvastatin on 7/10/25 in the morning

- Tamsulosin on 7/10/25 in the morning

- Eliquis on 7/10/25 in the morning and 8/13/25 in the evening

- Metformin on 7/10/25 in the morning and 8/13/25 in the evening

- Midodrine on 7/10/25 in the morning and 8/13/25 in the evening

- Oxybutin on 7/01/25 at bedtime; 7/04/25 at bedtime; 7/06/26 through 7/09/25 at bedtime; 7/10/25 in the morning and midday; 7/11/25 at bedtime; 7/13/25 at bedtime; 7/18/25 through 7/26/25 at bedtime;

7/28/25 through 7/31/25 at bedtime; 8/01/25 through 8/02/25 at bedtime; 8/03/25 through 8/28/25 at bedtime.

- Ropinrole on 7/01/25 at bedtime; 7/04/25 at bedtime; 7/06/26 through 7/09/25 at bedtime; 7/10/25 in the morning and midday; 7/11/25 at bedtime; 7/13/25 at bedtime; 7/18/25 through 7/26/25 at bedtime; 7/28/25 through 7/31/25 at bedtime; 8/01/25 through 8/02/25 at bedtime; and 8/03/25 through 8/28/25 at bedtime.

4. The clinical record for Resident K was reviewed on 8/29/25 at 1:00 p.m. The residents' diagnoses included, but were not limited to, hyperlipidemia, depression, anxiety, hypertension, bladder spasms and constipation.

The July 2025 and August 2025 physician's orders indicated the resident was to receive the following medications:

- Gemtesa (medication for bladder spasms) 75 mg daily at 7:00 p.m.

- Amlodipine (hypertension medication) 5 mg daily in the morning

- Atorvastatin (medication for high cholesterol) 40 mg at bedtime

- Buspirone (antidepressant) 5

mg daily at 7:00 p.m.

- Farxiga (diabetic medication) 10 mg daily in the morning

- Fenofibrate (medication for high cholesterol) 48 mg at bedtime

- Losartin (medication for high blood pressure) 50 mg daily in the morning

- Rexulti (antianxiety medication) 1 mg daily at 7:00 p.m.

- Trintellix (antidepressant) 20 mg daily in the morning

- Venlafaxine (antianxiety medication) 150 mg daily at 7:00 a.m.

The July 2025 and August 2025 medication administration lacked documentation of the administration of the above medications on the following dates and times:

- Gemtesa at 7:00 p.m on 7/01/25; 7/06/25; 7/08/25 through7/09/25; 7/11/25; 7/19/25 through 7/20/25; 7/22/25 through 7/25/25; 7/28/25 through 7/30/25; 8/01/25; 8/02/25; 8/05/25 through 8/06/25; 8/08/25; 8/11/25 through 8/13/25; 8/16/25 through 8/17/25; 8/19/25 through 8/22/25; 8/25/25 through 8/27/25.

- Amlodipine on 7/10/25 in the morning

- Atorvastatin on 7/01/25; 7/04/25; 7/06/25 through 7/09/25; 7/11/25; 7/13/25; 7/18/25 through 7/26/25; 7/28/25 through 7/31/25; 8/01/25; 8/02/25; 8/04/25 through 8/28/25.

- Buspirone at 7:00 p.m. on 7/01/25; 7/06/25; 7/08/25 through 7/09/25; 7/11/25; 7/19/25 through 7/20/25; 7/22/25 through 7/25/25; 7/28/25 through 7/30/25; 8/01/25; 8/02/25; 8/05/25 through 8/06/25; 8/08/25; 8/11/25 through 8/13/25; 8/16/25 through 8/17/25; 8/19/25 through 8/22/25; and 8/25/25 through 8/27/25.

- Farxiga on 7/10/25 in the morning

- Fenofibrate on 7/01/25; 7/04/25; 7/06/25 through 7/09/25; 7/11/25; 7/13/25; 7/18/25 through 7/26/25; 7/28/25 through 7/31/25; 8/01/25

8/02/25; and 8/04/25 through 8/28/25.

- Rexulti at 7:00 p.m. on 7/01/25; 7/06/25; 7/08/25 through 7/09/25; 7/11/25; 7/19/25 through 7/20/25; 7/22/25 through 7/25/25; 7/28/25 through 7/30/25; 8/01/25; 8/02/25; 8/05/25

	through 8/06/25; 8/08/25; 8/11/25 through 8/13/25; 8/16/25 through 8/17/25; 8/19/25 through 8/22/25; and 8/25/25 through 8/27/25. - Trintellix on 7/10/25 in the morning - Venlafaxine on 7/10/25 in the morning On 8/29/25 at 9:26 a.m., the Director of Nursing provided a current copy of the document titled "Medication Administration" dated 9/30/22. It included, but was not limited to, "Procedure...Document...administration immediately after administration..."			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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