

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/04/2026
NAME OF PROVIDER OR SUPPLIER HERITAGE WOODS OF NEWBURGH		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 GRIMM ROAD, NEWBURGH, , 47630			
(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 a State Residential Licensure Survey. This visit included the Investigation of Intake IN00466651. Intake IN00466651- No deficiencies related to the allegations are cited. Survey dates: August 4, 5, and 6, 2026 Facility number: 014377 Residential Census: 116 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on August 11, 2026.	R 0000	The creation of this plan of correction constitutes this provider's written compliance for the alleged deficiencies cited. The submission of this plan of correction is not an admission of nor agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection report. Heritage Woods of Newburgh respectfully requests consideration for a desk review (paper compliance) of this plan of correction.		
R 0092	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(i)(1-2)	R 0092	1. No residents were affected by the alleged deficient practice. 2. All residents have the	09/15/2026	

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	(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows: (1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms. (2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present. Based on record review and interview, the facility failed to attempt to hold fire and disaster drills in conjunction with the local fire department for 12 months reviewed. Finding includes: On 8/4/26 at 10:11 A.M., fire drills conducted in the last 12		potential to be affected by the alleged deficient practice. ED will provide an inservice to the Maintenance Director on at least every six months holding a fire drill in conjunction with the local fire department. 3. ED to inservice Maintenance Director on inviting the fire department in at least every 6 months for the fire drill. A fire drill has been scheduled with the local fire department to be conducted prior to 9/15/2026. 4. This process will be audited by the ED every 6 months for 12 months. Results of the audit will be brought to QA for further review and any needed recommendations.	
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	months were reviewed. The record lacked attempt to invite the local fire department to fire or disaster drills held in the last 12 months. On 8/5/26 at 11:41 A.M., the Maintenance director indicated the fire department had not been invited to fire or disaster drills in the last 12 months, but did show up for an actual fire that occurred in the facility's laundry room on 9/15/25. On 8/5/26 at 2:40 P.M., the Administrator provided a policy titled Emergency Contingency, dated 5/21, that indicated "The Community will be responsible for maintaining all records of emergency drills, such as evacuations, fire, and disaster drills on site. The community will make these records available for review by inspecting agencies when requested. The community's emergency contingency plan will comply with the regulations set forth by the RCF Regulations, FSSA, OSHA, and Fire Safety Codes."			
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	R 0216	1. No residents experienced adverse effects from the alleged deficient practice. 2. All residents that self-administer medications had the potential to be affected by the alleged deficient	09/01/2026

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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 the facility. 3. On 8/4/26 at 2:14 P.M., Resident 105's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and bipolar disorder. Resident was admitted on 2/16/26. Resident 105 had a (Name of University) Mental Status examination (SLUM) performed on 3/3/26 and had score of 15 indicating that the resident had a mild neurocognitive disorder. Current physician orders included but was not limited to the following: Estradiol (hormone) cream 0.01%, insert 0.5 grams vaginally weekly on Tuesday and Thursday dated 2/27/26.	practice.DON or designee will provide an in-service to all Nurses on properly assessing and care planning residents that have been found to have capacity to give their meds independently. Employees found to be out of compliance with proper processes and procedures will receive additional education and possible corrective action. 3. Nursing personnel will be in-serviced on self-medication assessment and care planning related to residents that self-administer their own medications. Any clinical staff member out of compliance with facility's policies and protocols relating to self-medication administration will receive progressive corrective action. The Director of Nursing, or designee will educate all newly hired clinical staff on policies and protocols relating to assessing and care planning those residents found to have capacity to self administer medications, during employee job-specific orientation moving forward. . 4. The Director of Nursing or designee will audit assessment schedule records to ensure all residents that are independent with medications have the "Self	
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Lidocaine 5% ointment apply to affected area daily dated 4/1/26. Lacked an order for self-administration of medications. The Electronic Medicine Administration Record (EMAR) indicated that Resident 105 self-administered the following medications on the following days. Estradiol 7/9, 7/16, and 7/28 Lidocaine: 7/5, 7/9, 7/16, 7/20, 7/23, 7/29 The self-administration assessment conducted on 2/23/26 indicated that the residents' behaviors were not evaluated or not applicable. The results required medications to be stored and locked and nurses to administer. Interview on 8/5/25 at 2:00 P.M., the Director of Nursing (DON) indicated that nurses and Qualified Medicine Aides (QMA's) prepared the medication and handed to Resident 105 to apply herself. On 8/6/26 at 3:02 P.M., the Administrator provided a current policy titled "Medication Management Administration and Storage" dated 5/2026, that indicated "...the Director of Nursing, or licensed nurse		Medication Administration" assessment every 6 months. Results to be reviewed at monthly QI meetings and make further recommendations based off audit results.	
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	designee, will assess the resident's ability to self-administer daily medications utilizing the Self-medication Assessment. The assessment will determine what level of assistance, if any, is needed by the resident. Medication set up and storage protocol will be implemented based on the assessment outcome. The medication assessment will be reviewed biannually as part of the review process, and episodically with any significant change in condition or as level of service indicate..." Based on record review and interview the facility failed to ensure residents who self-administered medications were properly assessed and approved to self-administer medications for 3 of 5 residents reviewed for self-administered medications (Resident 102, Resident 103, Resident 105) Findings include: 1. On 8/4/26 at 10:40 A.M., Resident 102's clinical record was reviewed. Diagnosis included, but was not limited to, Diabetes Mellitus. Physician orders included, but were not limited to: Mounjaro (GLP-1) 15MG/0.5ML (milligrams/milliliter) pen: inject			
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15MG subcutaneous weekly on
Tuesdays; Start date 11/4/25

Mounjaro 7.5MG/0.5ML
(milligrams/milliliter) pen: inject
7.5MG subcutaneous weekly on
Tuesdays; Start date 3/20/26

Mounjaro 10MG/0.5ML
(milligrams/milliliter) pen: inject
10MG subcutaneous weekly on
Tuesdays; Start date 6/18/26

The following days indicated
Resident 102 self-administered
Mounjaro injections:

1/13/26

3/17/26

3/24/26

3/31/26

4/14/26

4/21/26

4/28/26

5/5/26

5/19/26

5/26/26

6/2/26

6/9/26

6/16/26

The most recent service plan,

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	dated 4/13/26, indicated "injections administered per caregiver; needs medication set up and review by Licensed nurse.. Nursing staff will provide (Resident) with assistance at the following task level: Administer" The most recent self-administration of medication assessment, signed 8/4/26, indicated "Can demonstrate administration of accucheck/subcutaneous injections? Yes" The most prior self-administration of medication assessment, dated 11/13/23, indicated "Can (resident) demonstrate administration of accucheck/subcutaneous injections? N/A" On 8/5/26 at 10:54 A.M., Resident 102 indicated she did not self-administer her medications, staff administered all of her medications. On 8/6/26 at 8:22 A.M., the Director of Nursing indicated staff prepared the GLP-1 medication for Resident 102 to administer to herself sometimes, but Resident 102 preferred staff to administer her medications. 2. On 8/4/26 at 11:12 A.M., Resident 103's clinical record			
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	was reviewed. Diagnosis included, but was not limited to, Type 2 Diabetes Mellitus with kidney complications. Physician orders included, but were not limited to: Mounjaro 10MG/0.5ML (milligrams/milliliter) pen: inject 10MG subcutaneous weekly on Sundays; Start date 10/6/25 Mounjaro 12.5MG/0.5ML (milligrams/milliliter) pen: inject 12.5MG subcutaneous weekly on Sundays; Start date 10/31/25 Mounjaro 15MG/0.5ML (milligrams/milliliter) pen: inject 15MG subcutaneous weekly on Sundays; Start date 12/15/25 The following days indicated Resident 103 self-administered Mounjaro injections: 10/16/25 11/9/25 The most recent service plan, dated 5/12/26, indicated "injections administered per caregiver; Needs administration for medication by QMA(Qualified Medication Aide)/Licensed Nurse" The most recent self-administration of medication assessment, dated 6/2/25, indicated "Can demonstrate			
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	administration of accucheck/subcutaneous injections? N/A" "Nurse to administer" During an interview on 8/5/26 at 10:54 A.M., the Director of Nursing indicated Resident 103 did not administer her own medications.			
R 0243	Health Services - Deficiency 410 IAC 16.2-5-4(e)(3) (3) The individual administering the 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 observation, interview, and record review, the facility failed to ensure medication that was administered was documented in the Medication Administration Record (MAR) for 1 of 5 residents observed for medication administration. (Resident 112)	R 0243	1. No residents experienced adverse effects from the alleged deficient practice. 2. All residents requiring proper documentation of medications, had the potential to be affected by the alleged deficient practice.DON or designee will provide an in-service to all QMAs and Nurses on properly documenting medication administration in real time in the EMR. Employees found to be out of compliance with properly documenting will receive additional education and possible corrective action. 3. An in-service will be held by the Director of Nursing for all QMAs and Nurses. Any clinical staff member out of compliance with facility's policies and protocols relating to documentation will	09/15/2026

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Finding includes: On 8/4/26 at 1:22 P.M., Qualified Medication Aide (QMA) 5 was observed preparing and administering one 4-milligram (mg) tizanidine tablet to Resident 112. On 8/4/26 at 2:31P.M., Resident 112's clinical record was reviewed. Diagnoses included, but were not limited to, fibromyalgia. Physician orders included, but were not limited to: tizanidine (a muscle relaxer) 4 mg tablet - Take one tablet by mouth three times daily as needed, dated 6/11/26 The August 2026 MAR was reviewed. The clinical record lacked documentation that tizanidine 4 mg had been given on 8/4/26 at 1:22 P.M. Interview on 8/5/26 at 9:39 A.M., Licensed Practical Nurse (LPN) 7 indicated medications were documented as administered in real time because the charting system was on the facility-provided smart phones. On 8/5/26 at 3:02 P.M., the Administrator provided a current Medication Management, Administration, and Storage policy, dated 5/2026, that		receive progressive corrective action. The Director of Nursing, or designee will educate all newly hired clinical staff on policies and protocols relating to proper documentation during employee job-specific orientation moving forward. 4. The Director of Nursing or designee will audit documentation five (5) times per week for two (2) months, and as needed, then one (1) time a month for twelve (12) months, and then as needed to ensure that documentation is properly being entered into the EMR. Results to be reviewed at monthly QI meetings and make further recommendations based off audit results 5. Education and in-service will be provided to all clinical staff on or by 9/15/26	
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	indicated "At the time of administration, the licensed nurse or QMA administering the medication will document the administration in the medication ...administration record that includes the following: a. Resident Name b. Name of Medication or Treatment c. Date, Time d. Route e. Dosage (if applicable) f. Name or initials of the person administering the drug or treatment g. Response to medication for all PRNs and if indicated".			
R 0244	Health Services - Noncompliance 410 IAC 16.2-5-4(e)(4) (4) Preparation of doses for more than one (1) scheduled administration is not permitted. Based on observation, interview, and record review, the facility failed to ensure that no more than one scheduled dose of medication was prepared in advance prior to administration for 1 of 5 residents observed for medication administration. Two doses of a resident's scheduled narcotic medication was prepared in advance. (Resident 112) Finding includes: On 8/4/26 at 1:22 P.M., Qualified Medication Aide	R 0244	1. Two residents were found to have been affected by the alleged deficient practice. 2. All residents that receive injectable medications, administered by the facility, had the potential to be affected by the alleged deficient practice. Any employee responsible for giving injectable medications must hold a license within the scope of practice which is allowable. Employees found to be out of compliance with medication distribution will receive additional education and corrective action. 3. DON and/or designee will	09/15/2026

(QMA) 5 was observed preparing and administering a scheduled narcotic to Resident 112. QMA 5 entered Resident 112's room and accessed a locked cabinet inside the resident's room with her key. She removed one small white round pill from a small reusable Ziploc pouch. The pouch had the resident's first name and the medication name handwritten on it. At that time, QMA 5 indicated the medication was in the pouch because she prepared the resident's scheduled narcotics for the day at the start of her shift. All narcotics were kept in the facility's locked medication storage room. On 8/4/26 at 2:31 P.M., Resident 112's clinical record was reviewed. Diagnoses included, but were not limited to, fibromyalgia. Physician orders included, but were not limited to: oxycodone-acetaminophen (a narcotic pain medication) 10-235 milligrams (mg) tablet - Take one tablet by mouth daily at 8:00 A.M., 2:00 P.M., 8:00 P.M., and 2:00 A.M., dated 4/22/26 On 8/5/26 at 9:26 A.M., the medication storage room was observed with QMA 5. Three locked narcotic boxes were	ensure any employee responsible for giving injectable medications must hold a license within the scope of practice which is allowable. Staff will chart in the electronic medical record, according to policy. In the event a charting error has occurred, an incident report will be completed and reported to the DON and/or designee immediately. Any clinical staff member out of compliance with facility's policies and protocols will receive progressive corrective action, including termination. The Director of Nursing, or designee will educate all newly hired clinical staff, including any agency staff, on policies and protocols during employee job-specific orientation moving forward. 4. 1. This process will be reviewed by ED/DON or designee on a weekly basis for 8 weeks, monthly for 4 months and as needed thereafter as part of the QA process. 2. Results will be reviewed as part of the QA process in order to identify any anomalies or potential patterns. If indicated, an action plan will be implemented by QA team and reviewed as needed	
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	observed. At that time, QMA 5 indicated there was one box for each floor and each QMA was responsible for their own floor's narcotics. She indicated that she pre-set her narcotics but was not sure if she was allowed to do that. Interview on 8/5/26 at 10:13 A.M., the Director of Nursing (DON) indicated that nursing staff should not pre-set residents' narcotics in their rooms. They should get the medication out of the medication storage room when the medication was due to be administered. On 8/5/26 at 3:02 P.M., the Administrator provided a current Medication Management, Administration, and Storage policy, dated 5/2026, that indicated "If the Community is offering medication administration services for a resident, for quality and safety purposes, the resident will have all medications packaged in pharmacy prepared pill package".		until resolved.	
R 0245	Health Services - Offense 410 IAC 16.2-5-4(e)(5) (5) Injectable medications shall be given only by licensed personnel.	R 0245	1. Two residents were found to have been affected by the alleged deficient practice. 2.	09/15/2026

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	Based on record review and interview, the facility failed to ensure injectable medications were administered by licensed personnel for 2 of 2 residents reviewed for GLP-1 (glucagon-like-peptide-1) use. (Resident 102 and Resident 103) Findings include: 1. On 8/4/26 at 10:40 A.M., Resident 102's clinical record was reviewed. Diagnosis included, but was not limited to, Diabetes Mellitus. Physician orders included, but were not limited to: Mounjaro (GLP-1) 15MG/0.5ML (milligrams/milliliter) pen: inject 15MG subcutaneous weekly on Tuesdays; Start date 11/4/25 Mounjaro 7.5MG/0.5ML (milligrams/milliliter) pen: inject 7.5MG subcutaneous weekly on Tuesdays; Start date 3/20/26 Mounjaro 10MG/0.5ML (milligrams/milliliter) pen: inject 10MG subcutaneous weekly on Tuesdays; Start date 6/18/26 The following days indicated a QMA (Qualified Medication Aide) administered Mounjaro injection to Resident 102: 1/6/26		All residents that receive injectable medications, administered by the facility, had the potential to be affected by the alleged deficient practice. Any employee responsible for giving injectable medications must hold a license within the scope of practice which is allowable. Employees found to be out of compliance with medication distribution will receive additional education and corrective action. 3. DON and/or designee will ensure any employee responsible for giving injectable medications must hold a license within the scope of practice which is allowable. Staff will chart in the electronic medical record, according to policy. In the event a charting error has occurred, an incident report will be completed and reported to the DON and/or designee immediately. Any clinical staff member out of compliance with facility's policies and protocols will receive progressive corrective action, including termination. The Director of Nursing, or designee will educate all newly hired clinical staff, including any agency staff, on policies and protocols during employee job-specific orientation moving forward.	
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	2/17/26 2. On 8/4/26 at 11:12 A.M., Resident 103's clinical record was reviewed. Diagnosis included, but was not limited to, Type 2 Diabetes Mellitus with kidney complications. Physician orders included, but were not limited to: Mounjaro 10MG/0.5ML (milligrams/milliliter) pen: inject 10MG subcutaneous weekly on Sundays; Start date 10/6/25 Mounjaro 12.5MG/0.5ML (milligrams/milliliter) pen: inject 12.5MG subcutaneous weekly on Sundays; Start date 10/31/25 Mounjaro 15MG/0.5ML (milligrams/milliliter) pen: inject 15MG subcutaneous weekly on Sundays; Start date 12/15/25 The following days indicated a QMA (Qualified Medication Aide) administered Mounjaro injection to Resident 103: 11/16/25 12/14/25 12/28/25 1/11/26 1/25/26 2/8/26		4. a. This process will be reviewed by ED/DON or designee on a weekly basis for 8 weeks, monthly for 4 months and as needed thereafter as part of the QA process. b. Results will be reviewed as part of the QA process in order to identify any anomalies or potential patterns. If indicated, an action plan will be implemented by QA team and reviewed as needed until resolved.	
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	On 8/5/26 at 10:15 A.M., the Director of Nursing indicated only nurses should have administered GLP-1 injections to residents. On 8/5/26 at 3:01 P.M., the Administrator provided a document titled QMA Scope of Practice that indicated "The following tasks shall NOT be included in the QMA scope of practice: (1) Administer medication by the injection route, including the following: (C) Subcutaneous route."			
R 0246	Health Services - Deficiency 410 IAC 16.2-5-4(e)(6) (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact. Based on observation, interview, and record review, the facility failed to ensure as needed (PRN) medications administered by a Qualified Medication Aide (QMA) were	R 0246	1. One resident was found to have been affected by the alleged deficient practice. 2. All residents that receive PRN medications, administered by the facility, had the potential to be affected by the alleged deficient practice. Any QMA responsible for passing PRN medications will ensure that authorization is given by a licensed nurse or physician. Employees found to be out of compliance with medication distribution will receive additional education and corrective action. 3.	09/15/2026

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preauthorized by a licensed nurse for 1 of 5 residents observed for medication administration. (Resident 112) Finding includes: On 8/4/26 at 1:22 P.M., Qualified Medication Aide (QMA) 5 entered Resident 112's room to administer a scheduled medication. Upon entering the room, QMA 5 asked Resident 112 if she needed anything. Resident 112 indicated she would like to take her Tylenol and muscle relaxer. QMA 5 retrieved the schedule medication along with two 325-milligram (mg) acetaminophen pills and one 4-mg tizanidine pill and administered them to the resident. At that time, QMA 5 indicated the acetaminophen and tizanidine were PRN medications. QMA 5 did not contact a licensed nurse prior to administering the medications to the resident. On 8/4/26 at 2:31P.M., Resident 112's clinical record was reviewed. Diagnoses included, but were not limited to, fibromyalgia. Physician orders included, but were not limited to: acetaminophen (pain reliever) 325 mg tablet - Take two tablets by mouth every six hours as		DON and/or designee will ensure that any QMA responsible for passing PRN medications will ensure that authorization is given by a licensed nurse or physician. Staff will chart in the electronic medical record, according to policy. In the event a charting error has occurred, an incident report will be completed and reported to the DON and/or designee immediately. Any clinical staff member out of compliance with facility's policies and protocols will receive progressive corrective action, including termination. The Director of Nursing, or designee will educate all newly hired clinical staff, including any agency staff, on policies and protocols during employee job-specific orientation moving forward. 4. a. This process will be reviewed by ED/DON or designee on a weekly basis for 8 weeks, monthly for 4 months and as needed thereafter as part of the QA process. b. Results will be reviewed as part of the QA process in order to identify any anomalies or potential patterns. If indicated, an action plan will be implemented by QA team and reviewed as needed until	
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needed, dated 4/22/26

tizanidine (muscle relaxer) 4 mg tablet - Take one tablet by mouth three times daily as needed, dated 6/11/26

Interview on 8/5/26 at 9:39 A.M., Licensed Practical Nurse (LPN) 7 indicated QMAs were supposed to contact her to ask for nurse approval prior to administering PRN medication, but some QMAs did it afterwards.

On 8/5/26 at 3:01 P.M., the Administrator provided a current undated QMA Scope of Practice policy that indicated "Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the facility's licensed nurse on duty or on call".

On 8/5/26 at 3:02 P.M., the Administrator provided a current Medication Management, Administration, and Storage policy, dated 5/2026, that indicated "PRN medications may be administered by a QMA only upon authorization by a licensed nurse".

resolved.

R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, record review, and interview, the facility failed to ensure that food containers were labeled with open and expiration dates, hair covering were not appropriately worn by staff in the kitchen, and ice bags were laying on the floor of the walk in freezer for 2 of 2 observations of the kitchen. Findings include: On 8/4/26 at 8:40 A.M., during an initial tour of the kitchen, the following was observed: 1 large container of Italian Seasoning with no open or expiration date 1 large container of Onion Powder with no open or expiration date 1 large container of Basil with no open date or expiration date 1 large container of Cajun seasoning with no open or expiration date	R 0273	1. No residents were affected by the alleged deficient practice. All food unlabeled was thrown away. The ice in the freezer was thrown away. 2. All residents have the potential to be affected by the alleged deficient practice. An audit of all food storage was conducted. Any unlabeled food was thrown out. 3. The Dietary Manager conducted an in-service for all dietary staff on wearing a hair net while in the kitchen. The ED in-serviced the Dietary Manager on proper labeling and storage of all food per state and local sanitation and safe food handling standards. 4. The ED will conduct food storage audits 5x week for 12 weeks then 3x week for 12 more weeks. The ED will also audit the use of hair and beard nets in the kitchen 5x week for 12 weeks then 3x week for 12 more weeks. Results of the audit will be brought to QA for any further recommendations.	09/15/2026
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On 8/4/26 at 9:05 A.M., the following was observed in the reach in refrigerator:

1 box of baking soda dated 6/1/25 and expired 7/5/25

1 container of scrambled eggs with no open date

1 container of chicken noodle soup with a prep date of 7/31/26 with an expiration date of 8/2/26

1 large container of burgers with no preparation or use by date

1 bowl of eggs with no date or label

On 8/4/26 at 10:51 A.M., the Dietary Manager indicated that the spices should be dated when opened and there should be no expired food in the refrigerators

On 8/4/26 at 11:05 A.M., the following was observed in the walk-in freezer:

2 bags of ice in the back corner on the floor

On 8/4/26 at 11:09 A.M., Cook 4 was observed with ends of her hair hanging from under the hair net. Cook 8 was observed not having hair net covering his entire head, bangs were not covered, back of head was not completely covered and he had no beard cover to cover his chin

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facial hair.

On 8/4/26 at 11:10 A.M., the Dietary Manager indicated that Activities placed the ice there and that she had told them that it should not be on the floor.

On 8/5/26 at 9:11 A.M., Cook 4 was observed with ends of hair hanging out from under hair net.

On 8/5/26 at 11:10 A.M., the Dietary Manager indicated that hair should be covered.

On 8/5/26 at 2:30 P.M., the Administrator provided a current policy "Culinary Dress Code and Requirements" dated 5/2026. The policy indicated "... long hair must be restrained or tied back. All employees must wear hairnets in the kitchen... beard nets must be worn if facial hair is longer than an 1/8th of an inch long.

On 8/5/26 at 2:30 P.M., the Administrator provided a current policy "Dry Food Storage" dated 5/2026. The policy indicated "... food shall be stored a minimum of six inches above the floor in a manner that protects the food from splash and other contamination, and that permits easy cleaning of the storage area..."

R 0297	Pharmaceutical Services - Noncompliance	R 0297	1.	09/15/2026
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	410 IAC 16.2-5-6(c)(1) (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana. Based on interview and record review, the facility failed to ensure routine medications were available for administration according to physician's orders and documented accurately when unavailable for 1 of 2 closed record reviewed. (Resident 108) Finding includes: On 8/4/26 at 10:41 A.M., Resident 108's clinical record was reviewed. Diagnoses included, but were not limited to, depressive episodes, anxiety, hypertension, hyperlipidemia, low back pain, Vitamin D deficiency, anemia, cirrhosis of liver, chronic kidney disease, osteoporosis, and vascular dementia.		No residents experienced adverse effects from the alleged deficient practice. 2. All residents that the facility controls, handles and administers medications to had the potential to be affected by the alleged deficient practice. DON and/or designee will audit all residents who receive medications from the pharmacy to ensure timely response and/or updates from the physician. 3. DON and/or designee will audit all pharmacy re-orders, to ensure timely delivery and availability of medications. The Director of Nursing, or designee will educate all newly hired clinical staff, including any agency staff, on policies and protocols during employee job-specific orientation moving forward. 4. a. Pharmacy re-ordering will be reviewed by DON/designee as they are received as part of the QA process. b. Results will be reviewed as part of the QA process in order to identify any anomalies or potential patterns. If indicated,	
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	The most current service plan, dated 6/18/26, indicated Resident 108 needed assistance with ordering and setting up medication. Physician orders included, but were not limited to: amlodipine (medication used to treat high blood pressure) 5 milligram (mg) tablet - Take one tablet by mouth twice daily, dated 5/26/26 aspirin (blood thinner) 82 mg - Take one tablet by mouth in the afternoon at 4 P.M., dated 4/20/26 atorvastatin (medication used to treat high cholesterol) 10 mg tablet - Take one tablet by mouth at bedtime, dated 5/26/26 and discontinued on 6/12/26 atorvastatin 20 mg tablet - Take one tablet by mouth at bedtime, dated 6/12/26 bupropion sustained release (antidepressant medication) 100 mg tablet - Take one tablet by mouth once daily, dated 4/20/26 and discontinued on 6/29/26 buspirone (anxiety medication) 10 mg tablet - Take one tablet by mouth three times a day, dated 5/26/26 calcium 600 mg - vitamin D3		an action plan will be implemented by QA team and reviewed as needed until resolved.	
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	800 international unit (iu) (supplement to support bone health) - Take one tablet by mouth twice daily, dated 4/20/26 cetirizine (an antihistamine) 10 mg tablet - Take one tablet by mouth once daily, dated 5/26/26 ferrous sulfate (iron supplement) 325 mg - Take one tablet by mouth once daily for 30 days, dated 6/12/26 and discontinued on 7/12/26 lidocaine (a topical anesthetic) 5% patch - Apply one patch to skin as directed every 24 hours, dated 5/26/26 and discontinued on 6/29/26 omeprazole delayed release (medication used to inhibit stomach acid production) 40 mg capsule - Take one capsule by mouth daily, dated 5/26/26 Miralax powder (laxative) - Mix 17 grams (gm) with liquid and take by mouth every day *hold for diarrhea, dated 5/26/26 potassium chloride extended release (medication used to treat low levels of potassium) 10 milliequivalents (mEq) capsule - Take one capsule by mouth twice daily, dated 5/26/26 sertraline (antidepressant medication) 100 mg tablet - Take one tablet daily with 25 mg to equal 125 mg total, dated			
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5/26/26 and discontinued on 5/29/26 sertraline 25 mg tablet - Take one table daily with 100 mg to equal 125 mg total, dated 5/26/26 and discontinued on 5/29/26 sertraline 50 mg tablet - Take one tablet by mouth daily for seven days, dated 5/29/26 and discontinued on 6/5/26 sertraline 100 mg tablet - Take one tablet by mouth daily for seven days, dated 6/5/26 and discontinued on 6/8/26 sertraline 100 mg tablet - Take one tablet by mouth once daily *take with 25 mg to equal 125 mg, dated 6/8/26 sertraline 25 mg tablet - Take one tablet by mouth once daily *take with 100mg to equal 125mg, dated 6/8/26 tramadol (an opioid pain medication) 50 mg tablet - Take one tablet by mouth twice daily, dated 4/20/26 vitamin B12 (vitamin supplement) 250 micrograms (mcg) tablet - Take two tablets by mouth once daily for 90 days, dated 6/12/26 vitamin D3 (vitamin supplement) 25 mcg tablet - Take one tablet by mouth once daily, dated				
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	5/26/26 A review of Resident 108's Medication Administration Record (MAR) from May and June 2026 indicated that 228 entries of medications were not available, not received from pharmacy, or on order. Medication was documented as given when the medication was unavailable in 151 entries. The MAR indicated that amlodipine 5 mg was marked unavailable or documented as given by nursing staff on the following days between 5/26/26 - 6/24/26: 5/26/26 8:00 P.M. - not available 5/27/26 8:00 A.M. - documented as given 5/27/26 8:00 P.M. - not available 5/28/26 8:00 A.M. - documented as given 5/28/26 8:00 P.M. - not available 5/29/26 - 6/3/26 - both doses documented as given 6/4/26 8:00 A.M. - documented as given 6/4/26 8:00 P.M. - not available			
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6/5/26 8:00 A.M. - documented
as given

6/5/26 8:00 P.M. - not available

6/6/26 8:00 A.M. - medication
unavailable

6/6/26 8:00 P.M. - documented
as given

6/7/26 8:00 A.M. - documented
as given

6/7/26 8:00 P.M. - not available

6/8/26 8:00 A.M. - not available

6/8/26 8:00 P.M. - documented
as given

6/9/26 8:00 A.M. - documented
as given

6/9/26 8:00 P.M. - not available

6/10/26 - both doses
documented as given

6/11/26 8:00 A.M. - haven't
received

6/11/26 8:00 P.M. - documented
as given

6/12/26 - 6/14/26 - both doses
documented as given

6/15/26 8:00 A.M. - documented
as given

6/15/26 8:00 P.M. - MAR left
blank

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6/16/26 - 6/22/26 - both doses documented as given

6/23/26 8:00 A.M. - documented as given

6/23/26 8:00 P.M. - not available

6/24/26 - both doses marked unavailable

The MAR indicated that aspirin 81 mg was marked unavailable or documented as given by nursing staff on the following days between 6/13/26 - 6/23/26:

6/13/26 - not available

6/14/26 - documented as given

6/15/26 - no medication

6/16/26 - not available

6/17/26 - 6/22/25 - documented as given

6/23/26 - not available

The MAR indicated that atorvastatin 10 mg was marked unavailable or documented as given by nursing staff on the following days between 5/26/26 - 6/11/26:

5/26/26 - not available

5/27/26 - not available

5/28/26 - not available

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5/29/26 - 6/2/26 - documented as given 6/3/26 - medication unavailable 6/4/26 - not available 6/5/26 - not available 6/6/26 - documented as given 6/7/26 - not available 6/8/26 - documented as given 6/9/26 - not available 6/10/26 - not available 6/11/26 - medication unavailable The MAR indicated that atorvastatin 20 mg was marked unavailable or documented as given by nursing staff on the following days between 6/12/26 - 6/18/26: 6/12/26 - unavailable 6/13/26 - documented as given 6/14/26 - documented as given 6/15/26 - MAR left blank 6/16/26 - not available 6/17/26 - not available 6/18/26 - not available The MAR indicated that bupropion 100 mg was marked			
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unavailable or documented as given by nursing staff on the following days between 6/24/26 - 6/29/26:

6/24/26 - not available

6/25/26 - documented as given

6/26/26 - documented as given

6/27/26 - not available

6/28/26 - not available

6/29/26 - not available

The MAR indicated that buspirone 10 mg was marked unavailable or documented as given by nursing staff on the following days between 5/31/26 - 6/17/26:

5/31/26 8:00 A.M. - documented as given

5/31/26 12:00 P.M. - not available

5/31/26 4:00 P.M. - not available

6/1/26 8:00 A.M. - documented as given

6/1/26 12:00 P.M. - haven't received from pharmacy

6/1/26 4:00 P.M. - haven't received from pharmacy

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6/2/26 8:00 A.M. - documented as given 6/2/26 12:00 P.M. - haven't received from pharmacy 6/2/26 4:00 P.M. - haven't received from pharmacy 6/3/26 8:00 A.M. - not available 6/3/26 12:00 P.M. - documented as given 6/3/26 4:00 P.M. - MAR left blank 6/4/26 8:00 A.M. - not available 6/4/26 12:00 P.M. - not available 6/4/26 4:00 P.M. - documented as given 6/5/26 8:00 A.M. - not available 6/5/26 12:00 P.M. - not available 6/5/26 4:00 P.M. - documented as given 6/6/26 - all three doses documented as given 6/7/26 8:00 A.M. - documented as given 6/7/26 12:00 P.M. - haven't received from pharmacy			
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6/7/26 4:00 P.M. - documented as given			
6/8/26 - all three doses documented as given			
6/9/26 8:00 A.M. - documented as given			
6/9/26 12:00 P.M. - haven't received from pharmacy			
6/9/26 4:00 P.M. - haven't received from pharmacy			
6/10/26 8:00 A.M. - documented as given			
6/10/26 12:00 P.M. - not available			
6/10/26 4:00 P.M. - not available			
6/11/26 8:00 A.M. - documented as given			
6/11/26 12:00 P.M. - have not received			
6/11/26 4:00 P.M. - have not received			
6/12/26 8:00 A.M. - documented as given			
6/12/26 12:00 P.M. - not available			
6/12/26 4:00 P.M. - documented as given			

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6/13/26 8:00 A.M. - documented as given			
6/13/26 12:00 P.M. -not available			
6/13/26 4:00 P.M. - not available			
6/14/26 8:00 A.M. - documented as given			
6/14/26 12:00 P.M. - not available			
6/14/26 4:00 P.M. - not available			
6/15/26 8:00 A.M. - documented as given			
6/15/26 12:00 P.M. - not available			
6/15/26 4:00 P.M. - documented as given			
6/16/26 8:00 A.M. - documented as given			
6/16/26 12:00 P.M. - not available			
6/16/26 4:00 P.M. - documented as given			
6/17/26 8:00 A.M. - documented as given			
6/17/26 12:00 P.M. - not available			

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6/17/26 4:00 P.M. - documented as given

The MAR indicated that calcium-vitamin D3 600 mg-800 iu was marked unavailable on the following days between 6/23/26 - 6/24/26:

6/23/26 8:00 P.M

6/24/26 8:00 A.M.

6/24/26 8:00 P.M.

The MAR indicated that cetirizine 10 mg was marked unavailable or documented as given by nursing staff on the following days between 5/27/26 - 6/19/26:

5/27/26 - haven't received from pharmacy

5/28/26 - documented as given

5/29/26 - haven't received from pharmacy

5/30/26 - no medication

5/31/26 - documented as given

6/1/26 - haven't received from pharmacy

6/2/26 - haven't received from pharmacy

6/3/26 - documented as given

6/4/26 - documented as given

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6/5/26 - documented as given 6/6/26 - medication unavailable 6/7/26 - haven't received from pharmacy 6/8/26 - not available 6/9/26 - haven't received from pharmacy 6/10/26 - documented as given 6/11/26 - have not received 6/12/26 - not available 6/13/26 - documented as given 6/14/26 - not available 6/15/26 - not available 6/16/26 - not available 6/17/26 - not available 6/18/26 - documented as given 6/19/26 - not available The MAR indicated that ferrous sulfate 325 mg was marked unavailable between 6/13/26 - 6/17/26. The MAR indicated that lidocaine 5% patch was marked unavailable or documented as given by nursing staff on the following days between 5/27/26 - 6/20/26:			
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5/27/26 - haven't received from
pharmacy

5/28/26 - documented as given

5/29/26 - haven't received from
pharmacy

5/30/26 - documented as given

5/31/26 - haven't received from
pharmacy

6/1/26 - haven't received from
pharmacy

6/2/26 - haven't received from
pharmacy

6/3/26 - not available

6/4/26 - not available

6/5/26 - documented as given

6/6/26 - medication unavailable

6/7/26 - haven't received from
pharmacy

6/8/26 - not available

6/9/26 - haven't received from
pharmacy

6/10/26 - not available

6/11/26 - have not received

6/12/26 - not available

6/13/26 - not available

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6/14/26 - not available

6/15/26 - not available

6/16/26 - not available

6/17/26 - not available

6/18/26 - on order

6/19/26 - not available

6/20/26 - not available

The MAR indicated that omeprazole 40 mg was marked unavailable or documented as given by nursing staff on the following days between 5/27/26 - 6/17/26:

5/27/26 - haven't received from pharmacy

5/28/26 - documented as given

5/29/26 - haven't received from pharmacy

5/30/26 - no medication

5/31/26 - documented as given

6/1/26 - haven't received from pharmacy

6/2/26 - haven't received from pharmacy

6/3/26 - documented as given

6/4/26 - documented as given

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6/5/26 - documented as given

6/6/26 - medication unavailable

6/7/26 - haven't received from pharmacy

6/8/26 - not available

6/9/26 - haven't received from pharmacy

6/10/26 - documented as given

6/11/26 - have not received

6/12/26 - not available

6/13/26 - not available

6/14/26 - not available

6/15/26 - not available

6/16/26 - not available

6/17/26 - not available

The MAR indicated that Miralax powder was marked unavailable or documented as given by nursing staff on the following days between 5/27/26 - 6/18/26:

5/27/26 - haven't received from pharmacy

5/28/26 - documented as given

5/29/26 - haven't received from pharmacy

5/30/26 - documented as given

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5/31/26 - documented as given			
6/1/26 - haven't received from pharmacy			
6/2/26 - haven't received from pharmacy			
6/3/26 - documented as given			
6/4/26 - documented as given			
6/5/26 - documented as given			
6/6/26 - medication unavailable			
6/7/26 - haven't received from pharmacy			
6/8/26 - not available			
6/9/26 - haven't received from pharmacy			
6/10/26 - documented as given			
6/11/26 - have not received			
6/12/26 - not available			
6/13/26 - not available			
6/14/26 - not available			
6/15/26 - not available			
6/16/26 - not available			
6/17/26 - not available			
6/18/26 - on order			
The MAR indicated that potassium 10mEq was marked			

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unavailable or documented as
given by nursing staff on the
following days between 5/26/26
- 6/17/26:

5/26/26 8:00 P.M. - not
available

5/27/26 8:00 A.M. - haven't
received from pharmacy

5/27/26 8:00 P.M. - not
available

5/28/26 - both doses
documented as given

5/29/26 8:00 A.M. - haven't
received from pharmacy

5/29/26 8:00 P.M. - documented
as given

5/30/26 8:00 A.M. - no
medication

5/30/26 8:00 P.M. - documented
as given

5/31/26 - both doses
documented as given

6/1/26 8:00 A.M. - haven't
received from pharmacy

6/1/26 8:00 P.M. - documented
as given

6/2/26 8:00 A.M. - haven't
received from pharmacy

6/2/26 8:00 P.M. - documented
as given

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6/3/26 8:00 A.M. - documented as given			
6/3/26 8:00 P.M. - mediation unavailable			
6/4/26 - both doses documented as given			
6/5/26 8:00 A.M. - documented as given			
6/5/26 8:00 P.M. - not available			
6/6/26 8:00 A.M. - medication unavailable			
6/6/26 8:00 P.M. - documented as given			
6/7/26 8:00 A.M. - haven't received from pharmacy			
6/7/26 8:00 P.M. - not available			
6/8/26 8:00 A.M. - not available			
6/8/26 8:00 P.M. - documented as given			
6/9/26 8:00 A.M. - haven't received from pharmacy			
6/9/26 8:00 P.M. - not available			
6/10/26 8:00 A.M. - documented as given			
6/10/26 8:00 P.M. - not available			
6/11/26 8:00 A.M. - have not received			

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6/11/26 8:00 P.M. - medication unavailable			
6/12/26 8:00 A.M. - not available			
6/12/26 8:00 P.M. - not available			
6/13/26 8:00 A.M. - not available			
6/13/26 8:00 P.M. - documented as given			
6/14/26 8:00 A.M. - not available			
6/14/26 8:00 P.M. - documented as given			
6/15/26 8:00 A.M. - not available			
6/15/26 8:00 P.M. - MAR left blank			
6/16/26 8:00 A.M. - not available			
6/16/26 8:00 P.M. - not available			
6/17/26 8:00 A.M. - not available			
6/17/26 8:00 P.M. - not available			
The MAR indicated that sertraline 100 mg was marked unavailable or documented as given by nursing staff on the following days between 5/27/26			

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	- 5/29/26: 5/27/26 - haven't received from pharmacy 5/28/26 - documented as given 5/29/26 - haven't received from pharmacy The MAR indicated that sertraline 25 mg was marked unavailable or documented as given by nursing staff on the following days between 5/27/26 - 5/29/26: 5/27/26 - haven't received from pharmacy 5/28/26 - documented as given 5/29/26 - haven't received from pharmacy The MAR indicated that sertraline 50 mg was marked unavailable or documented as given by nursing staff on the following days between 5/30/26 - 6/5/26: 5/30/26 - no medication 5/31/26 - documented as given 6/1/26 - haven't received from pharmacy 6/2/26 - haven't received from pharmacy 6/3/26 - documented as given			
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6/4/26 - documented as given

6/5/26 - documented as given

The MAR indicated that sertraline 100 mg was marked unavailable between 6/6/26 - 6/8/26.

The MAR indicated that sertraline 100 mg was marked unavailable or documented as given by nursing staff on the following days between 6/9/26 - 6/17/26:

6/9/26 - haven't received from pharmacy

6/10/26 - documented as given

6/11/26 - have not received

6/12/26 - not available

6/13/26 - not available

6/14/26 - not available

6/15/26 - not available

6/16/26 - not available

6/17/26 - not available

The MAR indicated that sertraline 25 mg was marked unavailable or documented as given by nursing staff on the following days between 6/9/26 - 6/17/26:

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6/9/26 - haven't received from pharmacy 6/10/26 - documented as given 6/11/26 - have not received 6/12/26 - not available 6/13/26 - not available 6/14/26 - not available 6/15/26 - not available 6/16/26 - not available 6/17/26 - not available The MAR indicated that tramadol 50 mg was marked unavailable or documented as given by nursing staff on the following days between 6/7/26 - 6/12/26: 6/7/26 8:00 A.M. - haven't received from pharmacy 6/7/26 8:00 P.M. - not available 6/8/26 8:00 A.M. - not available 6/8/26 8:00 P.M. - not available 6/9/26 8:00 A.M. - haven't received from pharmacy 6/9/26 8:00 P.M. - not available 6/10/26 8:00 A.M. - not available 6/10/26 8:00 P.M. - not			
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available

6/11/26 8:00 A.M. - have not received

6/11/26 8:00 P.M. - medication unavailable

6/12/26 8:00 A.M. - not available

The MAR indicated that vitamin B12 250 mcg was marked unavailable or documented as given by nursing staff on the following days between 6/13/26 - 6/19/26:

6/13/26 - not available

6/14/26 - not available

6/15/26 - not available

6/16/26 - not available

6/17/26 - not available

6/18/26 - documented as given

6/19/26 - not available

The MAR indicated that vitamin D3 25 mcg was marked unavailable or documented as given by nursing staff on the following days between 5/27/26 - 6/19/26:

5/27/26 - haven't received from pharmacy

5/28/26 - documented as given

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5/29/26 - haven't received from
pharmacy

5/30/26 - no medication

5/31/26 - documented as given

6/1/26 - haven't received from
pharmacy

6/2/26 - haven't received from
pharmacy

6/3/26 - documented as given

6/4/26 - documented as given

6/5/26 - documented as given

6/6/26 - medication unavailable

6/7/26 - haven't received from
pharmacy

6/8/26 - not available

6/9/26 - haven't received from
pharmacy

6/10/26 - documented as given

6/11/26 - have not received

6/12/26 - not available

6/13/26 - not available

6/14/26 - not available

6/15/26 - not available

6/16/26 - not available

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6/17/26 - not available

6/18/26 - documented as given

6/19/26 - not available

A facility observation note, dated 5/30/26 at 6:00 A.M., indicated Resident 108 was out of several medications. The pharmacy and provider were notified that she was missing the following medications:

omeprazole 40 mg

potassium 10 mEq

sertraline 50 mg

vitamin D3 25 mcg

cetirizine 10 mg

The clinical record lacked documentation to indicate the provider and pharmacy were notified that Resident 108 was missing the following medications:

amlodipine 5 mg, beginning 5/26/26

atorvastatin 10 mg, beginning 5/26/26

lidocaine 5% patch, beginning 5/27/26

Miralax powder, beginning 5/27/26

sertraline 100 mg, from 5/27/26

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- 5/29/26

sertraline 25 mg, from 5/27/26 - 5/29/26

A facility observation note, dated 6/5/26 at 1:45 P.M., indicated the pharmacy was contacted about Resident 108's buspirone 10 mg medication. No refills were left on the prescription. The provider was notified that a new script needed to be sent to the pharmacy.

A facility observation note, dated 6/8/26 at 5:44 P.M., indicated new orders were received from the provider to discontinue all sertraline orders and start sertraline 25 mg with 100 mg for a total of 125 mg.

A facility observation note, dated 6/8/26 at 5:45 P.M., indicated new orders were received from the provider for the following medications:

omeprazole 40 mg

cetirizine 10 mg

lidocaine patch

Miralax

potassium chloride ER 10 mEq

vitamin D3

A facility observation note,

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dated 6/12/26 at 12:15 P.M.,
indicated new orders were
received from the provider for
the following medications:

ferrous sulfate 325 mg

vitamin B12 250 mcg

discontinue atorvastatin 10 mg

start atorvastatin 20 mg

A facility observation note,
dated 6/12/26 at 1:30 P.M.,
indicated that the provider was
contacted about all of Resident
108's missing medications. The
pharmacy requested updated
prescriptions, and the facility
was awaiting confirmation from
the provider that all missing
medication prescriptions had
been sent to the pharmacy.

A facility observation note,
dated 6/15/26 at 10:58 A.M.,
indicated the provider sent all
new prescriptions to the
pharmacy so that they could fill
the missing medications.

A facility observation note,
dated 6/17/26 at 4:15 P.M.,
indicated Resident 108
indicated to a nurse that she felt
depressed and hoped that she
would find relief from her
depression soon. She enquired
about her sertraline medication.

A facility observation noted,
dated 6/19/26 at 10:30 A.M.,

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indicated Resident 108 continued to have multiple missing medications from the pharmacy. The pharmacy was contacted and required a prescription to be sent to the pharmacy by the provider in order for the medications to be filled. The provider was contacted to either fill the medications or discontinue them if not needed.

The clinical record lacked documentation that staff followed up with the provider or pharmacy about Resident 108's missing medication on the following dates:

Between 5/30/26 at 6:00 A.M.
and 6/5/26 at 1:45 P.M.

Between 6/5/26 at 1:45 P.M.
and 6/8/26 at 5:44 P.M.

Between 6/8/26 at 5:45 P.M.
and 6/12/26 at 12:15 P.M.

Between 6/12/26 at 1:30 P.M.
and 6/15/26 at 10:58 A.M.

Between 6/15/26 at 10:58 A.M.
and 6/19/26 at 10:30 A.M.

Interview on 8/5/26 at 9:25 A.M., Qualified Medication Aide (QMA) 5 indicated that when a resident was almost out of a medication, she gave the reorder sticker to the nurse. The nurse called the provider and the pharmacy to get the

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medication refilled. If the resident was out of medication, staff were supposed to document that the medication was not available and tell the nurse so that the nurse could follow up with the provider and the pharmacy. She indicated pharmacies delivered medication to the facility daily.

Interview on 8/5/26 at 9:39 A.M., Licensed Practical Nurse (LPN) 7 indicated that the QMAs were supposed to let her know seven to ten days before a resident ran out of a medication to give the medication time to be reordered and delivered. The QMA would bring her the reorder sticker, and she would fax it to the pharmacy. Sometimes the pharmacy would fax back that the provider needed to sign the order so she would follow up with the provider as well. She indicated that staff did not need to let the provider know every time a resident missed a dose of medication.

Interview on 8/5/26 at 12:00 P.M., the Director of Nursing (DON) indicated that she was not sure exactly what happened with Resident 108's missing medications during May and June, but it appeared that the provider did not send the orders to the pharmacy. She indicated a breakdown occurred

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	somewhere. Staff did not document the unavailability of medications correctly if they marked it given when it was not available from pharmacy. On 8/5/26 at 2:48 P.M., the Administrator provided a current Pharmacy Services policy, dated 5/2026, that indicated "Our Community controls, handles, and administers medications for a resident if medication management is needed. Medication management includes but is not limited to: Ensuring that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana". Interview on 8/5/26 at 3:17 P.M., the DON indicated that the facility did not have a documentation policy, but staff should follow good nursing practice and document accurately.			
R 0299	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(3) (3) The medication review, recommendations, and notification of the physician, if necessary, shall be documented in accordance with the facility ' s policy.	R 0299	1. No residents experienced adverse effects from the alleged deficient practice. 2. All residents that receive pharmacy reviews had the potential to be affected by the	09/15/2026

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Based on interview and record review, the facility failed to ensure pharmacist medication recommendations were reviewed, notification was sent to the physician, or physician response to the pharmacy recommendations was made, in a timely manner for 2 of 2 residents reviewed for unsigned pharmacist recommendations following medication reviews. (Resident 104 and Resident 105) Finding includes: 1. On 8/4/26 at 1:25 P.M., Resident 104's clinical record was reviewed. Diagnoses included, but were not limited to, hypertension and heart failure. Physician orders included, but were not limited to: Carvedilol 12.5MG (milligrams) Take one tablet by mouth once daily; Start date 1/6/26 A unsigned Pharmacy Consultation Report, dated 3/12/26, stated "Patient is currently taking carvedilol 12.5 MG take one tablet by mouth once daily. This dose only provides coverage for a portion of the day. Recommendation: Medication should be switched to carvedilol 6.25 mg take one tablet by mouth twice daily." On 8/5/26 at 3:17 P.M., the Director of Nursing indicated	alleged deficient practice.DON and/or designee will audit all residents who receive pharmacy recommendations to ensure timely response and/or updates from the physician. 3. DON and/or designee will audit all pharmacy reviews, as they occur, to ensure timely response and/or updated from the physician. The Director of Nursing, or designee will educate all newly hired clinical staff, including any agency staff, on policies and protocols during employee job-specific orientation moving forward. 4. a. Pharmacy recommendations will be reviewed by DON/designee as they are received as part of the QA process. b. Results will be reviewed as part of the QA process in order to identify any anomalies or potential patterns. If indicated, an action plan will be implemented by QA team and reviewed as needed until resolved.	
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	she did not have access to pharmacy recommendations, pharmacy kept track of and entered medication recommendations. On 8/6/26 at 8:22 A.M., the Director of Nursing indicated she does not have and is unable to obtain pharmacy recommendations because pharmacy does not have record if the pharmacist recommendation had been reviewed or addressed by the physician. 2. On 8/4/26 at 2:14 P.M., Resident 105's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and bipolar disorder. Resident was admitted on 2/16/26. Current physician's order include, but was not limited to, Donepexil (dementia) 5 MG (Milligrams) tabs, take 1 tablet by mouth at bedtime dated 2/27/26. On 8/5/26 at 1:58 P.M., the Administrator provided a Pharmacy Review dated 3/12/26 for Resident 105. The resident was taking Donepezil 5 mg to take 1 tablet by mouth at bedtime. Dose may be increased after 4-6 weeks to 10 mg in mild/moderate cases of dementia and further to 23 mg			
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	Immoderate/severe cases. Recommendation: Evaluate possible need for increase In dose and discuss with physician If necessary. There was no documentation in the clinical chart at that time that the physician had been notified about the recommendation or signed the review. On 8/6/26 at 2:48 P.M., the Administrator provided a current policy "Pharmacy Services" dated 5/2026. The policy indicated "...the Director of Nursing, or designee, will ensure that the medication review, recommendations and notifications of the provider, if necessary, is documented in accordance to policy..."			
R 0304	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(e) (e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized personnel are present. All Schedule II drugs administered by the facility shall be kept in individual containers under double lock and stored in a substantially constructed box, cabinet, or mobile drug storage unit. Based on observation, interview, and record review, the facility failed to ensure narcotics	R 0304	1. No residents experienced adverse effects from the alleged deficient practice. 2. All residents receiving Schedule II medication had the potential to be affected by the alleged deficient practice.DON or designee will provide an in-service to all QMAs and Nurses on proper storage of all Schedule II medications. Employees found to be out of compliance with proper disposal of medications will receive	09/15/2026

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FORM APPROVED

OMB NO. 0938-0391

were kept in individual containers under double lock for 1 of 5 residents observed for medication administration. (Resident 112)

Finding includes:

On 8/4/26 at 1:22 P.M., Qualified Medication Aide (QMA) 5 was observed preparing and administering a scheduled narcotic to Resident 112. QMA 5 knocked and entered Resident 112's room. The room was not locked. QMA 5 accessed a locked cabinet inside the resident's room with her key. She removed one small white round pill from a small reusable Ziploc pouch. The pouch had the resident's first name and the medication name handwritten on it. At that time, QMA 5 indicated the medication was in the pouch because she prepared the resident's scheduled narcotics for the day at the start of her shift. The supply of narcotics were kept in a locked box in the facility's locked medication storage room.

On 8/4/26 at 2:31 P.M., Resident 112's clinical record was reviewed. Diagnoses included, but were not limited to, fibromyalgia.

Physician orders included, but were not limited to:

additional education and possible corrective action.

3.

Director of Nursing or designee will provide education to all QMAs and Nurses on proper storage of all Schedule II medications. Any clinical staff members out of compliance with facility's policies and protocols relating to Schedule II medication storage will receive progressive corrective action. The Director of Nursing, or designee will educate all newly hired clinical staff on policies and protocols relating to medication disposal during employee job-specific orientation moving forward.

4.

The Director of Nursing or designee will audit the medication room and residents medication cabinets two (2) times per week for eight (8) weeks, then one (1) time a week for four (4) weeks, and then as needed to ensure that medications are being disposed of properly and timely. Results to be reviewed at monthly QI meetings for 6 months and make further recommendations based off audit results.

5.

Education and in-service will be

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oxycodone-acetaminophen (a narcotic pain reliever) 10-235 milligrams (mg) tablet - Take one tablet by mouth daily at 8:00 A.M., 2:00 P.M., 8:00 P.M., and 2:00 A.M., dated 4/22/26

Interview on 8/5/26 at 10:13 A.M., the Director of Nursing (DON) indicated that nursing staff should get narcotic medication out of the locked box in the medication storage room when the medication was due to be administered.

On 8/5/26 at 3:02 P.M., the Administrator provided a current Medication Management, Administration, and Storage policy, dated 5/2026, that indicated "All controlled substances will be kept in a designated, secured location under double lock".

provided to all clinical staff between now and concluding on 9/15/26

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
SIGNATUREJanie Swedenburg

TITLEExecutive Director

(X6) DATE08/21/2026