STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE WOODS OF NEWBURGH	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 the Investigation of Complaints IN00380941, IN00383564, IN00383399, IN00379120, IN00379043, IN00379483, IN00379449, IN00381082, IN00381386, IN00381810, IN00381870, IN00382648, IN00383118, and IN00383141. Complaint IN00380941 - Substantiated. State deficiencies related to the allegations are cited at 0297. Complaint IN00383564 - Substantiated. State deficiencies related to the allegations are cited at 0297. Complaint IN00383399 - Substantiated. No deficiencies realted to the allegations are sited. Complaint IN00379120 - Substantiated. State deficiencies related to the allegations are cited at 0297.	R 0000		

	Complaint IN00379043 - Substantiated. No deficiencies realted to the allegations are sited. Complaint IN00379483 - Unsubstantiated due to lack of evidence. Complaint IN00379449 - Substantiated. No deficiencies realted to the allegations are sited. Complaint IN00381082 - Substantiated. No deficiencies realted to the allegations are sited. Complaint IN00381386 - Substantiated. State deficiencies related to the allegations are cited at 0297. Complaint IN00381810 - Substantiated. State deficiencies related to the allegations are cited at 0297. Complaint IN00381870 - Substantiated. No deficiencies realted to the allegations are sited. Complaint IN00382648 - Substantiated. No deficiencies realted to the allegations are sited. Complaint IN00383118 - Substantiated. State deficiencies related to the allegations are cited at 0297.			

	Complaint IN00383141 - Substantiated. State deficiencies related to the allegations are cited at 0297. Survey dates: June 22, 23, 24, 2022 Facility number: 014377 Residential Census: 101 This State Residential Finding was cited in accordance with 410 IAC 16.2-5. Quality review completed on July 5, 2022.			
R 0297	Pharmaceutical Services - Noncompliance 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 medications were available for administration as prescribed by the physician for 5 of 8 residents reviewed for medications. Residents did not	R 0297	Newburgh POC 1. Resident medication were obtained by July 21, 2022. 2. Residents receiving medication administration have potential to be affected by this alleged deficient practice. Resident's medications were audited that are receiving medication administration, physicians and pharmacy were contacted and medication obtained if not available for administration.	07/21/2022

receive medications as ordered. (Resident B, Resident C, Resident S, Resident M, and Resident F)

Findings include:

1. During record review On 6/22/22 at 1:00 P.M., Resident B's diagnoses included, but were not limited to, urinary tract infection (UTI).

Resident B's current physician orders included, but were not limited to, Macrobid 100mg [milligram] " ...TAKE 1 CAPSULE BY MOUTH TWICE DAILY FOR 7 DAYS ..." The facility failed to provide Macrobid for Resident B on the following dates and times:

April 9, 2022 at 8:00 A.M.

April 14, 2022 at 8:00 P.M.

April 15, 2022 at 8:00 A.M.

April 15, 2022 at 8:00 P.M.

2. During record review on 6/23/22 at 9:25 A.M., Resident C's diagnosis included, but are not limited to, congestive heart failure, chronic kidney disease, depression disorder, hyperlipidemia, and hypertension.

Resident C's current orders included, but were not limited to, " ...Repatha 140mg/ml [milligram/milliliter]. INJECT

3.
Director of Nursing and/or designee to in-service nurses on _____, 2022 on pharmacy services for refills and obtaining a
Narcotic script in timely manner to ensure residents medications are available
for administration.

4.
Director of Nursing and/or designee will audit medication documentation daily x 3 weeks, then weekly x 3 months, then monthly
x 3 months to ensure medications are available and/or in process of obtaining medication in a timely manner. Medication audits will be reviewed at the
quarterly QA meetings, QA committee will make recommendations for need of ongoing audits.

5.
Compliance date July 21 , 2022.

	1ML SUBCUTANEOUS EVERY 2 WEEKS ..." The facility failed to provide Repatha for Resident () on the following dates and times: April 14, 2022 at 8:00 A.M. April 28, 2022 at 8:00 A.M. May 12, 2022 at 8:00 A.M. June 9, 2022 at 8:00 A.M. 3. During an interview on 6/23/22 at 12:50 P.M., Resident S indicated they did not receive the medication, Ativan, due to the facility being out of the medication. During record review on 6/23/22 at 2:30 P.M., Resident S's diagnoses included, but were not limited to, anxiety. Resident S's current orders included, but were not limited to, " ...ATIVAN 0.5MG TAB. TAKE ½ TABLET BY MOUTH TWICE DAILY ..." The facility failed to provide Ativan for Resident S on May 14, 2022 through May 31, 2022. The facility also failed to provide Ativan on June 4, 2022 through June 24, 2022.			

4. During an interview on 6/23/22 at 9:20 A.M., Resident M indicated they had missed prescribed medications for weeks at a time.

During record review on 6/23/22 at 1:15 P.M., Resident M's diagnoses included, but were not limited to, atrial fibrillation, cirrhosis, and hypertension.

Resident M's physician orders included, but were not limited to, primidone 50 mg three times daily, started 2/19/21, divalproex sodium ER (extended release) 500 mg at bedtime, started 2/19/21, and metoprolol succinate ER 50 mg daily, started 2/25/21.

Resident M's MAR (Medication Administration Record) from April, 2022 indicated the resident did not receive primidone 50 mg from 4/21/22 through 5/29/22. Resident M did not receive divalproex sodium ER from 4/21/22 through 4/30/22. Resident M did not receive metoprolol succinate ER from 5/1/22 through 5/18/22.

5. During record review on 6/23/22 at 1:40 P.M., Resident F's diagnoses included, but were not limited to hypertension.

Resident F's physician orders included, but were not limited to, amlodipine 10 mg daily, started 3/16/22, and Eliquis 5 mg twice daily, started 5/25/22.

Resident F's MAR indicated the resident did not receive the amlodipine 10 mg daily from 4/19/22 through 4/21/22. Resident F did not receive Eliquis 5 mg from 6/3/22 through 6/14/22.

During an interview 6/24/22 at 2:25 P.M. the DON (Director of Nursing) indicated they have had trouble with medications due to residents' insurance not covering certain medications and they have had difficulty receiving prescriptions from the physician in order for the pharmacy to fill the medications.

On 6/24/22 at 2:20 P.M., the facility administrator supplied a facility policy titled, Medication Management, Administration, & Storage, dated 03/2022. The policy included, "...B. Medication Administration: Medication administration shall be administered as ordered by the resident's physician and shall be administered by a licensed nurse or a QMA [Qualified Medication Assistant]."

This State Residential finding relates to Complaints IN00380941, IN00383564, IN00379120, IN00381386,

IN00381810, IN00383118, and IN00383141.

Based on interview and record review, the facility failed to ensure medications were available for administration as prescribed by the physician for 5 of 8 residents reviewed for medications. Residents did not receive medications as ordered. (Resident B, Resident C, Resident S, Resident M, and Resident F)

Findings include:

1. During record review On 6/22/22 at 1:00 P.M., Resident B's diagnoses included, but were not limited to, urinary tract infection (UTI).

Resident B's current physician orders included, but were not limited to, Macrobid 100mg [milligram] " ...TAKE 1 CAPSULE BY MOUTH TWICE DAILY FOR 7 DAYS ..." The facility failed to provide Macrobid for Resident B on the following dates and times:

April 9, 2022 at 8:00 A.M.

April 14, 2022 at 8:00 P.M.

April 15, 2022 at 8:00 A.M.

April 15, 2022 at 8:00 P.M.

2. During record review on 6/23/22 at 9:25 A.M., Resident C's diagnosis included, but are

not limited to, congestive heart failure, chronic kidney disease, depression disorder, hyperlipidemia, and hypertension.

Resident C's current orders included, but were not limited to, " ...Repatha 140mg/ml [milligram/milliliter]. INJECT 1ML SUBCUTANEOUS EVERY 2 WEEKS ..." The facility failed to provide Repatha for Resident () on the following dates and times:

April 14, 2022 at 8:00 A.M.

April 28, 2022 at 8:00 A.M.

May 12, 2022 at 8:00 A.M.

June 9, 2022 at 8:00 A.M.

3. During an interview on 6/23/22 at 12:50 P.M., Resident S indicated they did not receive the medication, Ativan, due to the facility being out of the medication.

During record review on 6/23/22 at 2:30 P.M., Resident S's diagnoses included, but were not limited to, anxiety.

Resident S's current orders included, but were not limited to, " ...ATIVAN 0.5MG TAB. TAKE ½ TABLET BY MOUTH TWICE DAILY ..."

The facility failed to provide Ativan for Resident S on May

14, 2022 through May 31, 2022. The facility also failed to provide Ativan on June 4, 2022 through June 24, 2022.

4. During an interview on 6/23/22 at 9:20 A.M., Resident M indicated they had missed prescribed medications for weeks at a time.

During record review on 6/23/22 at 1:15 P.M., Resident M's diagnoses included, but were not limited to, atrial fibrillation, cirrhosis, and hypertension.

Resident M's physician orders included, but were not limited to, primidone 50 mg three times daily, started 2/19/21, divalproex sodium ER (extended release) 500 mg at bedtime, started 2/19/21, and metoprolol succinate ER 50 mg daily, started 2/25/21.

Resident M's MAR (Medication Administration Record) from April, 2022 indicated the resident did not receive primidone 50 mg from 4/21/22 through 5/29/22. Resident M did not receive divalproex sodium ER from 4/21/22 through 4/30/22. Resident M did not receive metoprolol succinate ER from 5/1/22 through 5/18/22.

5. During record review on 6/23/22 at 1:40 P.M., Resident F's diagnoses included, but were not limited to hypertension.

Resident F's physician orders included, but were not limited to, amlodipine 10 mg daily, started 3/16/22, and Eliquis 5 mg twice daily, started 5/25/22.

Resident F's MAR indicated the resident did not receive the amlodipine 10 mg daily from 4/19/22 through 4/21/22. Resident F did not receive Eliquis 5 mg from 6/3/22 through 6/14/22.

During an interview 6/24/22 at 2:25 P.M. the DON (Director of Nursing) indicated they have had trouble with medications due to residents' insurance not covering certain medications and they have had difficulty receiving prescriptions from the physician in order for the pharmacy to fill the medications.

On 6/24/22 at 2:20 P.M., the facility administrator supplied a facility policy titled, Medication Management, Administration, & Storage, dated 03/2022. The policy included, "...B. Medication Administration: Medication administration shall be administered as ordered by the resident's physician and shall be administered by a licensed nurse or a QMA [Qualified Medication Assistant]."

This State Residential finding relates to Complaints IN00380941, IN00383564, IN00379120, IN00381386,

	IN00381810, IN00383118, and IN00383141.			

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