STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155208	A. BUILDING 00 B. WING	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HANOVER NURSING CENTER	410 W LAGRANGE RD HANOVER, IN 47243

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00399584, IN00398804, IN00397827, IN00397179, and IN00397047. Complaint IN00399584 - Substantiated. Federal/state deficiencies related to the allegations are cited at F755. Complaint IN00398804 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00397827 - Unsubstantiated due to lack of evidence. Complaint IN00397179 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00397047 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: January 17, 18, and 19, 2023 Facility number: 000115 Provider number: 155208 AIM number: 100291080 Census Bed Type: SNF/NF: 70 Residential: 9 Total: 79 Census Payor Type: Medicare: 4 Medicaid: 65 Other: 1 Total: 70	F 0000	By submitting this we are not admitting the truth of accuracy of the specific findings or allegations we reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. the facility requests that the plan of correction be considered are allegation of compliance effective February the 10th, 2023 for the complaint survey open.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sarah McKenzie/Claire Matheny	AIT/HFA	02/09/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155208	A. BUILDING 00 B. WING	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HANOVER NURSING CENTER	410 W LAGRANGE RD HANOVER, IN 47243

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 23, 2023.			
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155208	A. BUILDING 00 B. WING	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HANOVER NURSING CENTER	410 W LAGRANGE RD HANOVER, IN 47243

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	periodically reconciled. Based on record review and interview, the facility failed to ensure the disposal of controlled medications were appropriately signed off by two staff members for 2 of 3 residents' reviewed for pharmacy services. (Residents G and H) Findings include: During an interview on 1/19/23 at 1:30 p.m., Qualified Medication Aide (QMA) 2 indicated if a pill was dropped on the floor or the resident refused the medication, then two staff, generally a nurse and QMA or two nurses had to sign off the pill was being wasted. She provided three pages from the narcotic book where there had been a pill wasted and she indicated the two signatures were documented. During an interview on 1/19/23 at 1:34 p.m., the Interim Director of Nursing/Registered Nurse (DON/RN) indicated if a resident refused a medication or a narcotic was dropped on the floor, she would have to have another nurse witness the disposal of the medication. During a record review on 1/19/23 at 1:50 p.m., the DON provided Resident G's narcotic sheet. The sheet indicated the resident received Hydrocodone (narcotic) 7.5-325 mg (milligram) three times a day. On 1/18/23 at 1:00 p.m., the resident refused the medication. The nurse indicated she had crushed the pill, but she had not acquired a second witness to the disposal. During a record review and interview on 1/19/23 at 1:50 p.m., the DON provided Resident H's controlled substance sheet. The sheet indicated the resident received Diazepam (benzodiazepine) 2 mg daily. On 11/21/22 one pill was wasted by	F 0755	**The facility does ensure the appropriate disposal of controlled medications.** **Any controlled substances for any resident now have 2 witnesses present at the destruction/disposal and include both signatures on the destruction note.** **Residents that receive controlled medications are at risk from this alleged deficient practice.** **All licensed nursing staff and QMAs received education in-service regarding the facility policy on proper disposable of controlled medications, presented by the administrative assistant on February 9, 2023.** **The Administrator or designee will monitor control sheets 5 days a week x l month, 3 days a week x 1 month, then 1 x a week x 4 months. The Administrator will report findings to the QA committee monthly. If 100% compliance has not been achieved by the 6th month, then monitoring will continue monthly until 100% compliance achieved.**	02/10/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155208	A. BUILDING 00 B. WING	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HANOVER NURSING CENTER	410 W LAGRANGE RD HANOVER, IN 47243

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Licensed Practical Nurse (LPN) 3. The sheet lacked a second signature for the wasting of a controlled substance. During an interview on 1/19/23 at 2:31 p.m., the Administrator indicated the policy was to have two nurses to witness the disposal of any narcotic or controlled medication. At 2:55 p.m., the Administrator indicated the disposal of narcotics was not new and the nurses should have known it required two signatures to dispose of medication. The current facility policy titled "Controlled Substance Disposal," was provided by the Administrator on 1/19/23 at 2:00 p.m. The policy indicated, " ...Medications included in ...classification as controlled substances are subject to special handling, storage, disposal, and record keeping ...Procedures 2. When a dose of a controlled medication is removed from the container for administration but refused ...or not given for any reason ...It is destroyed in the presence of two licensed nursing personnel, and the disposal is documented on the accountability record on the line representing that dose ..." This Federal Tag relates to Complaint IN00399584. 3.1-25(s)(8)			