

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00429563, IN00433363 and IN00434334.</p> <p>Complaint IN00429563 -- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00433363 -- Federal/state deficiencies related to the allegations are cited at F602 and F607.</p> <p>Complaint IN00434334 -- Federal/state deficiencies related to the allegations are cited at F602 and F607.</p> <p>Survey dates: May 21 and 22, 2024</p> <p>Facility number: 000423 Provider number: 155704 AIM number: 100290450</p> <p>Census Bed Type: SNF/NF: 54 Total: 54</p> <p>Census Payor Type: Medicare: 6 Medicaid: 31 Other: 17 Total: 54</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 28, 2024</p>	F 000			
F 602 SS=D	<p>Free from Misappropriation/Exploitation</p> <p>CFR(s): 483.12</p>	F 602			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 602	<p>Continued From page 1</p> <p>§483.12</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure 2 of 2 residents reviewed for misappropriation of property were not subjected to missing narcotic medications. (Residents B and C)</p> <p>The deficient practice was corrected on 4-4-24, prior to the start of the survey, and was therefore past noncompliance. The facility had immediately began an investigation upon learning of the missing narcotic medication and associated paperwork and begin staff education regarding the correct means to conduct controlled substance counts. Based on resident assessments and interviews, there was not a negative impact to the comfort level of either resident identified as being affected by this deficient practice.</p> <p>Findings include:</p> <p>In an interview with the Executive Director (ED) 5-21-24 at 11:22 a.m., she indicated the facility "recently had an issue with diversion of narcotics." She indicated the concern was reported to the Indiana Department of Health's Long Care Division on 3-28-24, the date it was identified, and investigation has continued since that date.</p>	F 602	<p>Past noncompliance: no plan of correction required.</p>		

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 602	<p>Continued From page 2</p> <p>In another interview on 5-21-24 at 1:35 p.m., with the ED, she further explained only two residents, Residents B and C, were involved in the misappropriation of property. "Once we knew there was an issue, we did an audit of everyone with prn [as needed] narcotics. So, our goal after that was to get any prn narcotics that weren't being used to have them stopped or if they were being used to get something to help them on a routine basis." She indicated 3 staff members were identified as possible suspects, LPN 3, RN 4 and QMA 5, and were each sent for drug testing with the results being negative for all three staff members. Review of the employment records of LPN 3 and RN 4 indicated each began employment after 1-1-24, with QMA 5 beginning employment in the fall of 2022. The ED indicated LPN 3 and RN 4 resigned after this situation and QMA 5 remains employed by the facility.</p> <p>In an interview on 5-22-24 at 9:23 a.m., with the ED, she indicated the manner in which the diversion of narcotics was brought to light was Resident B had requested something for pain from LPN 6 on the evening shift of 3-27-24. She shared LPN 6 inquired about the pain level of the resident's pain and offered Resident B a choice of Percocet or Tylenol; Resident B chose Tylenol. "Apparently this got [name of LPN 6] to thinking she could not remember counting the Percocet for the resident at the beginning of her shift, because she recalled she done this earlier in the week when she had done the narcotic counts. This caused her to go and look to see if [name of Resident B]'s Percocet was in the med cart. That's when she couldn't find the med card or the count sheet. [Name of LPN 6] then immediately called the Director of Nursing (DON) to report the</p>	F 602			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 602	<p>Continued From page 3 discrepancy."</p> <p>The ED indicated the facility was unable to definitely determine exactly who was responsible for the misappropriation of the narcotics, but she was able to view security camera footage from 4-4-24, that was suspicious. She indicated at the time, the camera video captured RN 4 and RN 7 conducting a destruction of Resident C's discontinued hydrocodone. The ED indicated she was able to view RN 4 to place something that appeared small and white into her hand, during the destruction process, and then place her hand into her pocket, then upon removal of her hand from her pocket, the same hand was empty. The ED emphasized she could not say with certainty the object or objects were some of the medication being destroyed, but seemed suspicious, or at the very least, unusual. The ED emphasized that she could say with certainty the facility had several cards of narcotics missing, as well as the paperwork associated with the medications for Residents B and C. The ED added, by the time this video of events of 4-4-24, were viewed, the nursing staff were aware of the situation in which narcotics were being evaluated by the facility management.</p> <p>On 5-22-24 at 8:58 a.m., the ED provided a timeline of the investigation of missing narcotics. The timeline indicated Resident C's medication card for hydrocodone had been discontinued as of 3-29-24. "It was noted the drug destruction sheet there was only 1 sheet of 2 in the file. When questioning the 2 nurses, [names of RN 7 and RN 4] destroyed the medication for [name of Resident C]. The camera was reviewed, and it was noted that [name of RN 4] walked around the nurse's station--while talking on the telephone</p>	F 602			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 602	<p>Continued From page 4</p> <p>was punching out the medications the 2 nurses were destroying. The camera shows [name of RN 4] punching the card and placing the medication into her palm and slipping her hand into her left pocket. Further review of the camera--it is noted she dropped something--and a while [sic] object was picked up 2 times and put into the cup in her hand--the 3rd white object was picked up and placed in her pocket."</p> <p>In an interview with the DON on 5-22-24 at 12:50 p.m., she indicated she was notified on the evening shift of 3-27-24 by LPN 6 of the missing medications and medication paperwork. "We truly looked all over this building for the paperwork. It became apparent pretty quick something was wrong." She indicated an audit of all the controlled substances was conducted and corporate assistance was provided to help with the process. She indicated the following day, 3-28-24, an inservice education was conducted for staff that administer medications on counting of the narcotics and how the process was to be conducted, including changes that were instituted. She indicated the previous day, 5-21-24, additional inservice education was conducted with staff who administer medications to reinforce these concepts.</p> <p>In review of the medication administration records (MAR) for Resident B for January, 2024, the MAR indicated Resident B had received the Percocet nine (9) times, for February, 2024, it indicated she had received Percocet five (5) times, for March, 2024, five (5) times and none for April or May, 2024. The Percocet 10-324 milligrams (mg) had been ordered on 12-27-20, to be administered every 8 hours as needed for pain and was discontinued 3-29-24. A review of the contracted</p>	F 602			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 602	<p>Continued From page 5</p> <p>pharmacy records reflected the medication had been re-ordered and received 30 tablets on 12-23-23, 2-6-23, 2-14-24, 2-24-24, 3-3-24, 3-11-24 and 3-19-24.</p> <p>A review of the controlled substance log indicated Resident B had received 30 tablets on 11-6-24 and indicated she was administered 1 tablet as needed with her using the 30 tablet supply by 12-21-23, less than one tablet per day on average. No other controlled substance logs could be located for the for the Percocet delivered by the contracted pharmacy company on 12-23-23, 2-6-23, 2-14-24, 2-24-24, 3-3-24, 3-11-24 and 3-19-24, a total of 210 tablets.</p> <p>In review of the MAR for Resident C for February, 2024, it indicated he was administered hydrocodone 16 times and six (6) times in March, 2024. The hydrocodone-apap 5-325 mg had been ordered on 12-22-23, to be administered 2 tablets every 4 hours as needed for pain and discontinued on 2-18-24. This order was restarted on 2-20-24 and discontinued on 3-27-24. A new order for the hydrocodone 5-325 mg 1 tablet every 4 hours as needed for mild to moderate pain was issued on 3-27-29 and stopped on 3-29-24.</p> <p>A review of the controlled substance log indicated Resident C had received 30 tablets on 2-6-24 and indicated he had been administered the 30 tablet supply by 2-23-24 and was documented as receiving 2 doses of 1 tablet twice and the remainder of the doses were documented as a 2 pill dose fourteen times. The second controlled substance log indicated a supply of 30 tablets on page "1 of 2" was received on 3-21-24. The second page of this order was not located. On</p>	F 602			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 602	<p>Continued From page 6</p> <p>page "1 of 2," six 2-pill doses were documented as administered to Resident C, and 16 (sixteen) pills were documented as destroyed on 3-29-24 by RN 4 and RN 7.</p> <p>On 5-22-24 at 2:25 p.m., the ED provided a copies of documents from the contracted pharmacy which indicated the following tablets of hydrocodone-apap 5-325 mg for Resident C were received: -2-6-24, 30 tablets. -3-3-24, 2 orders of 30 tablets for total of 60 tablets. None of the associated medication or associated paperwork were located. 3-21-24, 2 orders of 30 tablets for total of 60 tablets. Only the narcotic log for one of those orders, page "1 of 2," could be located.</p> <p>In random interviews with the ED and DON on 5-22-24, another issue that had been identified with the misappropriation investigation was inconsistent documentation of controlled substance documentation of administration between the controlled substance logs and the medication administration records. Each indicated this topic was identified and is being addressed by placing into the facility's quality improvement process and the facility is continuing audits of this.</p> <p>1. The clinical record of Resident B was reviewed on 5-21-24 at 12:09 p.m. Her diagnoses included, but were not limited to, recent cholangitis, muscle wasting and atrophy, age-related osteoporosis without pathological fracture, atrial fibrillation, transient ischemic attacks (TIA's) and unspecified osteoarthritis. Her most recent Minimum Data Set assessment, dated 3-31-24, indicated she was cognitively</p>	F 602			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 602	<p>Continued From page 7</p> <p>intact and had not received any opioid medications within the previous 7 day look-back period.</p> <p>In an interview with Resident B on 5-22-24 at 11:34 a.m., she indicated she has low-grade pain "all the time" due to her arthritis, but only requests pain medication when it gets worse. She indicated the staff have always been good to provide her pain medication to her when she requests it.</p> <p>2. The clinical record of Resident C was reviewed on 5-21-24 at 1:54 p.m. His diagnoses included, but were not limited to, diabetes with neuropathy, muscle wasting and atrophy, right above knee amputation within the last 6 months and age-related osteoporosis. His most recent Minimum Data Set assessment, dated 4-17-24, indicated he was moderately cognitively impaired and had not received any opioid medications within the previous 7 day look-back period.</p> <p>In an interview with Resident C on 5-22-24 at 11:45 a.m., he indicated he had a surgical amputation above his right knee in January or February of this year. He indicated he initially requested pain medication frequently after his surgery, but rarely does at this point. He indicated the facility staff have provided him his pain medication in a timely manner when he has requested it.</p> <p>On 5-22-24 at 10:55 a.m., the ED provided a copy of a policy entitled, "Controlled Medication Storage," with a review date of 2-22-22. This policy indicated its purpose as, "To ensure the facility provides separately locked, permanently affixed compartments for storage of controlled</p>	F 602			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 602	Continued From page 8 drugs Schedule II-V and other drugs subject to abuses...and a missing dose can be readily be detected...Regulations require that the facility have a system to account for the receipt, usage, disposition, and reconciliation of all controlled medications...Record of receipt of all controlled medication(s) with sufficient detail to allow reconciliation (i.e., specifying name and strength of medication, the quantity and date received, and resident name.)...Records of all usage and disposition of all controlled medication(s) with sufficient detail to allow reconciliation (i.e., MAR, proof-of-use sheets, or declining inventory sheets) including destruction, wastage, return to pharmacy/manufacturer, or disposal in accordance with applicable State requirements...Periodic reconciliation of records or receipt, disposition, and inventory of all controlled medication(s) monthly or more frequently as defined by the facility's procedures or when loss is identified. If discrepancies are identified during reconciliation, the facility and pharmacist develop and implement recommendations for resolving discrepancies...A controlled medication accountability record is provided by the pharmacy for all Schedule II-V medications...A physical inventory of all controlled medication(s), including emergency supply is completed at each shift change by two (2) licensed nurses and is documented on the controlled medication accountability record per facility procedure. Any discrepancy in controlled medication counts is reported to the DON/designee immediately. The DON/designee investigates and makes every reasonable effort to reconcile all reported discrepancies. The DON/designee documents irreconcilable discrepancies in a report to the administrator and/or state as applicable. Major	F 602			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 602	Continued From page 9 discrepancy/Pattern of discrepancies/Apparent criminal activity -- the DON/designee notifies the administrator and pharmacy immediately. The administrator, pharmacy, and/or DON/designee determine whether other action(s) are needed (i.e., notification of police or other enforcement personnel, State department of health). The medication regimen of residents using medication(s) that have such discrepancies are reviewed to ensure the resident has received all medication(s) ordered and the goal of therapy is met. As an example, is the resident receiving a pain medication complaining of unrelieved pain. Current controlled medication accountability records are kept in the Narcotic Book (Narc Book). When completed, the accountability records are submitted to the DON/designee and kept on file at the facility...Controlled medication(s) remaining in the facility after the order has been discontinued are destroyed by two(2) licensed nurses, or as otherwise directed by law, in a timely manner. The pharmacist/designee routinely monitors controlled medication storage, records, and expiration dates." This Federal tag relates to Complaints IN00433363 and IN00434334.	F 602			
F 607 SS=D	3.1-28(a) Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and	F 607			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 607	<p>Continued From page 10</p> <p>misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement policies and procedures related to misappropriation of resident property for 2 of 2 residents reviewed for misappropriation of property related to drug diversion. (Residents B and C)</p> <p>The deficient practice was corrected on 4-4-24, prior to the start of the survey, and was therefore past noncompliance. The facility had immediately began an investigation upon learning of the missing narcotic medication and associated paperwork and begin staff education regarding</p>	F 607	<p>Past noncompliance: no plan of correction required.</p>		

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 607	<p>Continued From page 11</p> <p>the correct means to conduct controlled substance counts. Based on resident assessments and interviews, there was not a negative impact to the comfort level of either resident identified as being affected by this deficient practice.</p> <p>Findings include:</p> <p>In an interview with the Executive Director (ED) 5-21-24 at 11:22 a.m., she indicated the facility "recently had an issue with diversion of narcotics." She indicated the concern was reported to the Indiana Department of Health's Long Care Division on 3-28-24, the date it was identified, and investigation has continued since that date.</p> <p>In another interview on 5-21-24 at 1:35 p.m., with the ED, she further explained only two residents, Residents B and C, were involved in the misappropriation of property. "Once we knew there was an issue, we did an audit of everyone with prn [as needed] narcotics. So, our goal after that was to get any prn narcotics that weren't being used to have them stopped or if they were being used to get something to help them on a routine basis." She indicated 3 staff members were identified as possible suspects, LPN 3, RN 4 and QMA 5, and were each sent for drug testing with the results being negative for all three staff members. Review of the employment records of LPN 3 and RN 4 indicated each began employment after 1-1-24, with QMA 5 beginning employment in the fall of 2022. The ED indicated LPN 3 and RN 4 resigned after this situation and QMA 5 remains employed by the facility.</p> <p>In an interview on 5-22-24 at 9:23 a.m., with the</p>	F 607			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 607	<p>Continued From page 12</p> <p>ED, she indicated the manner in which the diversion of narcotics was brought to light was Resident B had requested something for pain from LPN 6 on the evening shift of 3-27-24. She shared LPN 6 inquired about the pain level of the resident's pain and offered Resident B a choice of Percocet or Tylenol; Resident B chose Tylenol. "Apparently this got [name of LPN 6] to thinking she could not remember counting the Percocet for the resident at the beginning of her shift, because she recalled she done this earlier in the week when she had done the narcotic counts. This caused her to go and look to see if [name of Resident B]'s Percocet was in the med cart. That's when she couldn't find the med card or the count sheet. [Name of LPN 6] then immediately called the Director of Nursing (DON) to report the discrepancy."</p> <p>The ED indicated the facility was unable to definitely determine exactly who was responsible for the misappropriation of the narcotics, but she was able to view security camera footage from 4-4-24, that was suspicious. She indicated at the time, the camera video captured RN 4 and RN 7 conducting a destruction of Resident C's discontinued hydrocodone. The ED indicated she was able to view RN 4 to place something that appeared small and white into her hand, during the destruction process, and then place her hand into her pocket, then upon removal of her hand from her pocket, the same hand was empty. The ED emphasized she could not say with certainty the object or objects were some of the medication being destroyed, but seemed suspicious, or at the very least, unusual. The ED emphasized that she could say with certainty the facility had several cards of narcotics missing, as well as the paperwork associated with the medications for</p>	F 607			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 607	<p>Continued From page 13</p> <p>Residents B and C. The ED added, by the time this video of events of 4-4-24, were viewed, the nursing staff were aware of the situation in which narcotics were being evaluated by the facility management.</p> <p>On 5-22-24 at 8:58 a.m., the ED provided a timeline of the investigation of missing narcotics. The timeline indicated Resident C's medication card for hydrocodone had been discontinued as of 3-29-24. "It was noted the drug destruction sheet there was only 1 sheet of 2 in the file. When questioning the 2 nurses, [names of RN 7 and RN 4] destroyed the medication for [name of Resident C]. The camera was reviewed, and it was noted that [name of RN 4] walked around the nurse's station--while talking on the telephone was punching out the medications the 2 nurses were destroying. The camera shows [name of RN 4] punching the card and placing the medication into her palm and slipping her hand into her left pocket. Further review of the camera--it is noted she dropped something--and a while [sic] object was picked up 2 times and put into the cup in her hand--the 3rd white object was picked up and placed in her pocket."</p> <p>In an interview with the DON on 5-22-24 at 12:50 p.m., she indicated she was notified on the evening shift of 3-27-24 by LPN 6 of the missing medications and medication paperwork. "We truly looked all over this building for the paperwork. It became apparent pretty quick something was wrong." She indicated an audit of all the controlled substances was conducted and corporate assistance was provided to help with the process. She indicated the following day, 3-28-24, an inservice education was conducted for staff that administer medications on counting</p>	F 607			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 607	<p>Continued From page 14</p> <p>of the narcotics and how the process was to be conducted, including changes that were instituted. She indicated the previous day, 5-21-24, additional inservice education was conducted with staff who administer medications to reinforce these concepts.</p> <p>In review of the medication administration records (MAR) for Resident B for January, 2024, the MAR indicated Resident B had received the Percocet nine (9) times, for February, 2024, it indicated she had received Percocet five (5) times, for March, 2024, five (5) times and none for April or May, 2024. The Percocet 10-324 milligrams (mg) had been ordered on 12-27-20, to be administered every 8 hours as needed for pain and was discontinued 3-29-24. A review of the contracted pharmacy records reflected the medication had been re-ordered and received 30 tablets on 12-23-23, 2-6-23, 2-14-24, 2-24-24, 3-3-24, 3-11-24 and 3-19-24.</p> <p>A review of the controlled substance log indicated Resident B had received 30 tablets on 11-6-24 and indicated she was administered 1 tablet as needed with her using the 30 tablet supply by 12-21-23, less than one tablet per day on average. No other controlled substance logs could be located for the for the Percocet delivered by the contracted pharmacy company on 12-23-23, 2-6-23, 2-14-24, 2-24-24, 3-3-24, 3-11-24 and 3-19-24, a total of 210 tablets.</p> <p>In review of the MAR for Resident C for February, 2024, it indicated he was administered hydrocodone 16 times and six (6) times in March, 2024. The hydrocodone-apap 5-325 mg had been ordered on 12-22-23, to be administered 2 tablets every 4 hours as needed for pain and</p>	F 607			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 607	<p>Continued From page 15</p> <p>discontinued on 2-18-24. This order was restarted on 2-20-24 and discontinued on 3-27-24. A new order for the hydrocodone 5-325 mg 1 tablet every 4 hours as needed for mild to moderate pain was issued on 3-27-29 and stopped on 3-29-24.</p> <p>A review of the controlled substance log indicated Resident C had received 30 tablets on 2-6-24 and indicated he had been administered the 30 tablet supply by 2-23-24 and was documented as receiving 2 doses of 1 tablet twice and the remainder of the doses were documented as a 2 pill dose fourteen times. The second controlled substance log indicated a supply of 30 tablets on page "1 of 2" was received on 3-21-24. The second page of this order was not located. On page "1 of 2," six 2-pill doses were documented as administered to Resident C, and 16 (sixteen) pills were documented as destroyed on 3-29-24 by RN 4 and RN 7.</p> <p>On 5-22-24 at 2:25 p.m., the ED provided a copies of documents from the contracted pharmacy which indicated the following tablets of hydrocodone-apap 5-325 mg for Resident C were received: -2-6-24, 30 tablets. -3-3-24, 2 orders of 30 tablets for total of 60 tablets. None of the associated medication or associated paperwork were located. 3-21-24, 2 orders of 30 tablets for total of 60 tablets. Only the narcotic log for one of those orders, page "1 of 2," could be located.</p> <p>In random interviews with the ED and DON on 5-22-24, another issue that had been identified with the misappropriation investigation was inconsistent documentation of controlled</p>	F 607			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 607	<p>Continued From page 16</p> <p>substance documentation of administration between the controlled substance logs and the medication administration records. Each indicated this topic was identified and is being addressed by placing into the facility's quality improvement process and the facility is continuing audits of this.</p> <p>1. The clinical record of Resident B was reviewed on 5-21-24 at 12:09 p.m. Her diagnoses included, but were not limited to, recent cholangitis, muscle wasting and atrophy, age-related osteoporosis without pathological fracture, atrial fibrillation, transient ischemic attacks (TIA's) and unspecified osteoarthritis. Her most recent Minimum Data Set assessment, dated 3-31-24, indicated she was cognitively intact and had not received any opioid medications within the previous 7 day look-back period.</p> <p>In an interview with Resident B on 5-22-24 at 11:34 a.m., she indicated she has low-grade pain "all the time" due to her arthritis, but only requests pain medication when it gets worse. She indicated the staff have always been good to provide her pain medication to her when she requests it.</p> <p>2. The clinical record of Resident C was reviewed on 5-21-24 at 1:54 p.m. His diagnoses included, but were not limited to, diabetes with neuropathy, muscle wasting and atrophy, right above knee amputation within the last 6 months and age-related osteoporosis. His most recent Minimum Data Set assessment, dated 4-17-24, indicated he was moderately cognitively impaired and had not received any opioid medications within the previous 7 day look-back period.</p>	F 607			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 607	<p>Continued From page 17</p> <p>In an interview with Resident C on 5-22-24 at 11:45 a.m., he indicated he had a surgical amputation above his right knee in January or February of this year. He indicated he initially requested pain medication frequently after his surgery, but rarely does at this point. He indicated the facility staff have provided him his pain medication in a timely manner when he has requested it.</p> <p>On 5-22-24 at 10:55 a.m., the ED provided a copy of a policy entitled, "Controlled Medication Storage," with a review date of 2-22-22. This policy indicated its purpose as, "To ensure the facility provides separately locked, permanently affixed compartments for storage of controlled drugs Schedule II-V and other drugs subject to abuses...and a missing dose can be readily be detected...Regulations require that the facility have a system to account for the receipt, usage, disposition, and reconciliation of all controlled medications...Record of receipt of all controlled medication(s) with sufficient detail to allow reconciliation (i.e., specifying name and strength of medication, the quantity and date received, and resident name.)...Records of all usage and disposition of all controlled medication(s) with sufficient detail to allow reconciliation (i.e., MAR, proof-of-use sheets, or declining inventory sheets) including destruction, wastage, return to pharmacy/manufacturer, or disposal in accordance with applicable State requirements...Periodic reconciliation of records or receipt, disposition, and inventory of all controlled medication(s) monthly or more frequently as defined by the facility's procedures or when loss is identified. If discrepancies are identified during reconciliation, the facility and</p>	F 607			

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 607	Continued From page 18 pharmacist develop and implement recommendations for resolving discrepancies...A controlled medication accountability record is provided by the pharmacy for all Schedule II-V medications...A physical inventory of all controlled medication(s), including emergency supply is completed at each shift change by two (2) licensed nurses and is documented on the controlled medication accountability record per facility procedure. Any discrepancy in controlled medication counts is reported to the DON/designee immediately. The DON/designee investigates and makes every reasonable effort to reconcile all reported discrepancies. The DON/designee documents irreconcilable discrepancies in a report to the administrator and/or state as applicable. Major discrepancy/Pattern of discrepancies/Apparent criminal activity -- the DON/designee notifies the administrator and pharmacy immediately. The administrator, pharmacy, and/or DON/designee determine whether other action(s) are needed (i.e., notification of police or other enforcement personnel, State department of health). The medication regimen of residents using medication(s) that have such discrepancies are reviewed to ensure the resident has received all medication(s) ordered and the goal of therapy is met. As an example, is the resident receiving a pain medication complaining of unrelieved pain. Current controlled medication accountability records are kept in the Narcotic Book (Narc Book). When completed, the accountability records are submitted to the DON/designee and kept on file at the facility...Controlled medication(s) remaining in the facility after the order has been discontinued are destroyed by two(2) licensed nurses, or as otherwise directed by law, in a timely manner. The	F 607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2024
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 607	Continued From page 19 pharmacist/designee routinely monitors controlled medication storage, records, and expiration dates." This Federal tag relates to Complaints IN00433363 and IN00434334. 3.1-28(a)	F 607			