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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		155704	B. WING			C <b>05/22/2024</b>	
	ROVIDER OR SUPPLIER  N REHABILITATION AND	HEALTHCARE CENTER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		F 0	00			
		Investigation of Complaints 3363 and IN00434334.					
	Complaint IN0042956 to the allegations are	63 No deficiencies related cited.					
	Complaint IN0043336 deficiencies related to F602 and F607.	63 Federal/state o the allegations are cited at					
	Complaint IN0043433 deficiencies related to F602 and F607.	34 Federal/state o the allegations are cited at					
	Survey dates: May 2	1 and 22, 2024					
	Facility number: 000- Provider number: 15 AIM number: 100290	5704					
	Census Bed Type: SNF/NF: 54 Total: 54						
	Census Payor Type: Medicare: 6 Medicaid: 31 Other: 17 Total: 54						
	These deficiencies re accordance with 410	flect State Findings cited in IAC 16.2-3.1.					
F 602 SS=D	Free from Misappropi CFR(s): 483.12	eted on May 28, 2024 riation/Exploitation	F 6	02			

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

TLE (X6) DATI

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		ATE SURVEY DMPLETED
		155704	B. WING _			C <b>05/22/2024</b>
	ROVIDER OR SUPPLIER	D HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182	•	00/22/2024
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F 602	neglect, misappropri and exploitation as dincludes but is not lir corporal punishment any physical or chen treat the resident's many physical or chen treat the resident of physical properties of physical properties of physical physica	right to be free from abuse, ation of resident property, efined in this subpart. This nited to freedom from involuntary seclusion and nical restraint not required to nedical symptoms.  T is not met as evidenced and record review, the facility 2 residents reviewed for property were not subjected nedications. (Residents B.  The facility had immediately on upon learning of the dication and associated in staff education regarding conduct controlled cased on resident erviews, there was not a ne comfort level of either being affected by this  The Executive Director (ED)  The facility Director (ED)  The Executive Director (ED)  The Executive Director (ED)  The Executive Director (ED)  The Executive Director (ED)	F 6	Past noncompliance: no plan correction required.	of	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUC			PLETED
		155704	B. WING				C <b>22/2024</b>
	ROVIDER OR SUPPLIER	D HEALTHCARE CENTER		STREET ADDI		1 03/	22/2024
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E ROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 602	the ED, she further endesidents B and C, misappropriation of puthere was an issue, with prn [as needed] that was to get any puther being used to have to being used to get so routine basis." She were identified as possible and QMA 5, and with the results being members. Review of LPN 3 and RN 4 indicemployment after 1-employment in the fat LPN 3 and RN 4 results QMA 5 remains emporable and the diversion of narcotics Resident B had required the control of the endesident's pain and control of the percocet or Tylenol; "Apparently this got in the resident's pain and control of the percocet or Tylenol; "Apparently this got in the resident's pain and control of the percocet or Tylenol; "Apparently this got in the resident's pain and control of the percocet or Tylenol; "Apparently this got in the percocet or Tylenol; "	on 5-21-24 at 1:35 p.m., with explained only two residents, were involved in the property. "Once we knew we did an audit of everyone narcotics. So, our goal after orn narcotics that weren't hem stopped or if they were mething to help them on a indicated 3 staff members easible suspects, LPN 3, RN ere each sent for drug testing g negative for all three staff of the employment records of cated each began 1-24, with QMA 5 beginning all of 2022. The ED indicated igned after this situation and	F	502	DEFICIENCY)		
	because she recalled week when she had This caused her to g Resident B]'s Percoo That's when she cou count sheet. [Name	e beginning of her shift, d she done this earlier in the done the narcotic counts. o and look to see if [name of cet was in the med cart. Idn't find the med card or the of LPN 6] then immediately f Nursing (DON) to report the					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONS	TRUCTION	(X3) DATE COMP	SURVEY PLETED
		155704	B. WING _			1	C <b>22/2024</b>
	ROVIDER OR SUPPLIER	HEALTHCARE CENTER		505 N M	ADDRESS, CITY, STATE, ZIP CODE AIN ST RON, IN 46182	,	
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F 602	definitely determine of for the misappropriat was able to view seed 4-4-24, that was sustime, the camera vide conducting a destruction and the destruction process able to view RN appeared small and the destruction process into her pocket, then from her pocket, then from her pocket, the ED emphasized she the object or objects being destroyed, but very least, unusual. could say with certain cards of narcotics mipaperwork associate Residents B and C. this video of events of nursing staff were awn arcotics were being management.  On 5-22-24 at 8:58 at timeline of the invest The timeline indicate card for hydrocodone of 3-29-24. "It was not sheet there was only When questioning the and RN 4] destroyed Resident C]. The car was noted that [name	e facility was unable to exactly who was responsible ion of the narcotics, but she urity camera footage from picious. She indicated at the eco captured RN 4 and RN 7 tion of Resident C's pidone. The ED indicated she 4 to place something that white into her hand, during ess, and then place her hand upon removal of her hand same hand was empty. The could not say with certainty were some of the medication seemed suspicious, or at the The ED emphasized that she inty the facility had several	F	602			

STATEMENT OF DEFICAND PLAN OF CORRE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		STRUCTION	(X3) DATE COMP	SURVEY PLETED
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was per series were RN 4 medi into he came a whi into the picket In an p.m., even medi truly pape some all the corporate per some institute 5-21-cond institute 5-21-cond to rei In reven (MAF) indicate nine had report 2024 2024 been every	destroying. The destroying the controlled spin shift of 3-27-cations and placed interview with the she indicated sing shift of 3-27-cations and mediooked all over the transfer assistance rocess. She incertain she including was wrong that administ enarcotics and housed. She indicated, including uted. She indicated she indicated with staff inforce these conview of the medial of t	e medications the 2 nurses e camera shows [name of card and placing the calm and slipping her hand Further review of the the dropped somethingand as picked up 2 times and put candthe 3rd white object was do in her pocket."  The DON on 5-22-24 at 12:50 the was notified on the cast of the missing dication paperwork. "We this building for the the apparent pretty quick go." She indicated an audit of stances was conducted and was provided to help with dicated the following day, are education was conducted the process was to be changes that were atted the previous day, aservice education was who administer medications	F	602			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	, ,	COMPLETED
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	ROVIDER OR SUPPLIER	D HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182	<b>I</b>	03/22/2024
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F 602	pharmacy records rebeen re-ordered and 12-23-23, 2-6-23, 2-3-11-24 and 3-19-24 A review of the cont Resident B had rece and indicated she was needed with her usi 12-21-23, less than average. No other could be located for by the contracted pharmace of the MAI 2024, it indicated he hydrocodone 16 tim 2024. The hydrocobeen ordered on 12 tablets every 4 hour discontinued on 2-1 restarted on 2-20-24 3-27-24. A new ord mg 1 tablet every 4 moderate pain was stopped on 3-29-24	eflected the medication had direceived 30 tablets on 14-24, 2-24-24, 3-3-24, 4.  rolled substance log indicated eived 30 tablets on 11-6-24 as administered 1 tablet as ing the 30 tablet supply by one tablet per day on controlled substance logs the for the Percocet delivered narmacy company on 14-24, 2-24-24, 3-3-24, 4, a total of 210 tablets.  R for Resident C for February, as was administered es and six (6) times in March, done-apap 5-325 mg had 1-22-23, to be administered 2 as a needed for pain and 18-24. This order was 14 and discontinued on 18-25 error the hydrocodone 5-325 hours as needed for mild to 18-26 issued on 3-27-29 and	F 6	· ·		
	Resident C had receindicated he had be supply by 2-23-24 a receiving 2 doses of remainder of the dopill dose fourteen tir substance log indicapage "1 of 2" was re	eived 30 tablets on 2-6-24 and en administered the 30 tablet nd was documented as f 1 tablet twice and the ses were documented as a 2 nes. The second controlled ated a supply of 30 tablets on eceived on 3-21-24. The order was not located. On				

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F 602	page "1 of 2," six 2-pas administered to Ripills were documented by RN 4 and RN 7.  On 5-22-24 at 2:25 pacopies of documents pharmacy which individe hydrocodone-apap 5 received: -2-6-24, 30 tablets3-3-24, 2 orders of 3 tablets. None of the associated paperword 3-21-24, 2 orders of tablets. Only the natural orders, page "1 of 2, In random interviews 5-22-24, another issis with the misapproprisination administriction administ	sill doses were documented desident C, and 16 (sixteen) and as destroyed on 3-29-24 and as destroyed on 3-29-24 and the ED provided a from the contracted cated the following tablets of 325 mg for Resident C were associated medication or the were located.  30 tablets for total of 60 associated medication or the were located.  30 tablets for total of 60 associated medication or the were located.  30 tablets for total of 60 associated medication or the were located.  30 tablets for total of 60 associated medication of those the could be located.  30 tablets for total of 60 associated medication of those the could be located.  30 tablets for total of 60 associated medication of those the could be located.  31 tablets for total of 60 associated medication of those the could be located.  32 tablets for total of 60 associated medication or those the could be located.  33 tablets for total of 60 associated medication or the second of those the could be located.  34 tablets for total of 60 associated medication or the second of those the could be located.  35 tablets for total of 60 associated medication or the second of those the could be located.  36 tablets for total of 60 associated medication or the second of those the could be located.  36 tablets for total of 60 associated medication or the second of those the could be located.  36 tablets for total of 60 associated medication or the second of those the could be located.  37 tablets for total of 60 associated medication or the second of those the could be located.  38 tablets for total of 60 associated medication or the second of those the could be located.  39 tablets for total of 60 associated medication or the second of the could be located.  30 tablets for total of 60 associated medication or the second of the could be located.  30 tablets for total of 60 associated medication or the second of the could be located.	F 60		

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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 602	In an interview with In 11:34 a.m., she indicated the staff haprovide her pain merequests it.  2. The clinical recorreviewed on 5-21-24 included, but were neuropathy, muscle above knee amputation and age-related oste Minimum Data Set a indicated he was more and had not received within the previous 7.  In an interview with In 11:45 a.m., he indicated he was more and had not received within the previous 7.  In an interview with In 11:45 a.m., he indicated amputation above his February of this year requested pain medicated the facility pain medication in a requested it.  On 5-22-24 at 10:55 copy of a policy entity Storage," with a revipolicy indicated its prediction in a requested its prediction in a revipolicy indicated its prediction in a revipolicy indicated its predictions.	Resident B on 5-22-24 at cated she has low-grade pain her arthritis, but only requests in it gets worse. She ave always been good to dication to her when she dication to her when she at 1:54 p.m. His diagnoses of limited to, diabetes with wasting and atrophy, right ion within the last 6 months exporosis. His most recent assessment, dated 4-17-24, aderately cognitively impaired d any opioid medications day look-back period.  Resident C on 5-22-24 at ated he had a surgical s right knee in January or r. He indicated he initially ication frequently after his	F 6	02	

			3) DATE SURVEY COMPLETED			
		155704	B. WING			C
NAME OF P	ROVIDER OR SUPPLIER	100704	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD		5/22/2024
				505 N MAIN ST	_	
WALDRO	ALDRON REHABILITATION AND HEALTHCARE CENTER			WALDRON, IN 46182		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 602	Continued From pag	ge 8	F 6	02		
1 002	drugs Schedule II-V abusesand a miss detectedRegulation have a system to an disposition, and recomedicationsRecomedication (i.e., sof medication (i.e., sof medication, the quantitation of all consufficient detail to all proof-of-use sheets, sheets) including depharmacy/manufact accordance with apprequirementsPerion or receipt, disposition or receipt, d	and other drugs subject to ing dose can be readily be ans require that the facility account for the receipt, usage, possible of all controlled of receipt of all controlled ufficient detail to allow pecifying name and strength uantity and date received, and ecords of all usage and atrolled medication(s) with allow reconciliation (i.e., MAR, or declining inventory estruction, wastage, return to urer, or disposal in policable State and inventory of all and inventory of all and inventory of all and implement or resolving discrepancies are ponciliation, the facility and and implement or resolving discrepancies A an accountability record is a remacy for all Schedule II-V sical inventory of all controlled ding emergency supply is a shift change by two (2) a is documented on the an accountability record per any discrepancy in controlled as reported to the ediately. The DON/designee kes every reasonable effort to didiscrepancies. The aments irreconcilable eport to the administrator	FO			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182	03/22/2024
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F 602	criminal activity the administrator and pha administrator, pharma determine whether of (i.e., notification of popersonnel, State depomedication regimen of medication(s) that ha reviewed to ensure the medication(s) ordered met. As an example, pain medication complement controlled merecords are kept in the Book). When complemented are submitted kept on file at the fact medication(s) remain order has been discottwo(2) licensed nurse by law, in a timely mapharmacist/designee	of discrepancies/Apparent DON/designee notifies the armacy immediately. The acy, and/or DON/designee ther action(s) are needed olice or other enforcement artment of health). The of residents using we such discrepancies are ne resident has received all d and the goal of therapy is is the resident receiving a plaining of unrelieved pain. Redication accountability he Narcotic Book (Narceted, the accountability do to the DON/designee and dilityControlled ing in the facility after the intinued are destroyed by the set of anner. The routinely monitors controlled tecords, and expiration test to Complaints	F 6	02	
F 607 SS=D	CFR(s): 483.12(b)(1) §483.12(b) The facilit	ty must develop and licies and procedures that:	F 6	07	

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	ROVIDER OR SUPPLIER	D HEALTHCARE CENTER	1	5	TREET ADDRESS, CITY, STATE, ZIP CODE 05 N MAIN ST VALDRON, IN 46182	, 30.	
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F 607	Continued From pag		F (	607			
	§483.12(b)(2) Estab to investigate any su	lish policies and procedures					
		lish coordination with the red under §483.75.					
	occurring in federall facilities in accordar Act. The policies ar	re reporting of crimes y-funded long-term care nce with section 1150B of the nd procedures must include to the following elements.					
		sting a conspicuous notice of defined at section 1150B(d)					
	retaliation, as define (2) of the Act. This REQUIREMEN by: Based on interview failed to implement prelated to misapprop for 2 of 2 residents re	rohibiting and preventing and at section 1150B(d)(1) and  T is not met as evidenced and record review, the facility policies and procedures priation of resident property reviewed for misappropriation of drug diversion. (Residents			Past noncompliance: no plan of correction required.		
	prior to the start of the past noncompliance began an investigation missing narcotic me	te was corrected on 4-4-24, the survey, and was therefore . The facility had immediately on upon learning of the dication and associated the staff education regarding					

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WALDROI	N REHABILITATION AND	HEALINGARE CENTER		WALDRON, IN 46182			
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F 607	Continued From page	e 11	F 6	607			
F 607	the correct means to substance counts. B assessments and intervention in the resident identified as deficient practice.  Findings include:  In an interview with the 5-21-24 at 11:22 a.m. "recently had an issure narcotics." She indicated in the	conduct controlled ased on resident erviews, there was not a ecomfort level of either being affected by this  The Executive Director (ED)  The Executive Director	F	607			
	employment in the fa LPN 3 and RN 4 resig QMA 5 remains empl	-24, with QMA 5 beginning Il of 2022. The ED indicated gned after this situation and					

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NAME OF PROVIDER OR SUPPLIER  WALDRON REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP 505 N MAIN ST WALDRON, IN 46182	CODE	03/22/2024
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F 607	diversion of narcotics Resident B had requ from LPN 6 on the exshared LPN 6 inquire resident's pain and of Percocet or Tylenol; "Apparently this got [she could not rememfor the resident at the because she recalled week when she had This caused her to go Resident B]'s Percocontat's when she cour count sheet. [Name called the Director of discrepancy."	e 12 e manner in which the swas brought to light was ested something for pain vening shift of 3-27-24. She ed about the pain level of the ffered Resident B a choice of Resident B chose Tylenol. name of LPN 6] to thinking the rounting the Percocet be beginning of her shift, dishe done this earlier in the done the narcotic counts. In and look to see if [name of the text was in the med cart. In Idn't find the med card or the of LPN 6] then immediately hursing (DON) to report the efacility was unable to exactly who was responsible ion of the narcotics, but she urity camera footage from	F	507		
	4-4-24, that was sustime, the camera vide conducting a destruction discontinued hydrocological was able to view RN appeared small and the destruction procedinto her pocket, then from her pocket, the ED emphasized she the object or objects being destroyed, but very least, unusual. could say with certain cards of narcotics middisconductions.	bicious. She indicated at the eo captured RN 4 and RN 7 tion of Resident C's bidone. The ED indicated she 4 to place something that white into her hand, during less, and then place her hand upon removal of her hand same hand was empty. The could not say with certainty were some of the medication seemed suspicious, or at the The ED emphasized that she inty the facility had several				

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F 607	Continued From pag	ge 13	F 6	07		
	this video of events nursing staff were at narcotics were being management.  On 5-22-24 at 8:58 a	The ED added, by the time of 4-4-24, were viewed, the ware of the situation in which g evaluated by the facility				
	The timeline indicate card for hydrocodon of 3-29-24. "It was a sheet there was only	tigation of missing narcotics.  ed Resident C's medication  e had been discontinued as  noted the drug destruction  y 1 sheet of 2 in the file.  ne 2 nurses, [names of RN 7				
	and RN 4] destroyed Resident C]. The ca was noted that [nam nurse's stationwhil	d the medication for [name of amera was reviewed, and it he of RN 4] walked around the he talking on the telephone				
	were destroying. The RN 4] punching the medication into her	e medications the 2 nurses ne camera shows [name of card and placing the palm and slipping her hand Further review of the				
	a while [sic] object w	she dropped somethingand vas picked up 2 times and put andthe 3rd white object was d in her pocket."				
	p.m., she indicated sevening shift of 3-27 medications and me truly looked all over paperwork. It becar	the DON on 5-22-24 at 12:50 she was notified on the 7-24 by LPN 6 of the missing edication paperwork. "We this building for the ne apparent pretty quicking." She indicated an audit of				
	corporate assistance the process. She in 3-28-24, an inservice	ostances was conducted and e was provided to help with dicated the following day, e education was conducted ster medications on counting				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		155704	B. WING		C <b>05/22/2024</b>	
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	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
F 607	Continued From pag	ne 14	F 60	7		
	conducted, including instituted. She indic 5-21-24, additional in conducted with staff to reinforce these could be included in the med (MAR) for Resident indicated Resident Enine (9) times, for Fe	ated the previous day, nservice education was who administer medications incepts.  ication administration records B for January, 2024, the MAR had received the Percocet ebruary, 2024, it indicated she				
	2024, five (5) times a 2024. The Percocel been ordered on 12-every 8 hours as ned discontinued 3-29-24 pharmacy records rebeen re-ordered and	set five (5) times, for March, and none for April or May, 10-324 milligrams (mg) had 27-20, to be administered eded for pain and was 4. A review of the contracted effected the medication had 1 received 30 tablets on 14-24, 2-24-24, 3-3-24,				
	Resident B had rece and indicated she we needed with her usin 12-21-23, less than a average. No other of could be located for by the contracted ph 12-23-23, 2-6-23, 2- 3-11-24 and 3-19-24. In review of the MAF 2024, it indicated he hydrocodone 16 time 2024. The hydrocod been ordered on 12-	rolled substance log indicated ived 30 tablets on 11-6-24 as administered 1 tablet as any the 30 tablet supply by one tablet per day on controlled substance logs the for the Percocet delivered armacy company on 14-24, 2-24-24, 3-3-24, a total of 210 tablets.  R for Resident C for February, was administered es and six (6) times in March, done-apap 5-325 mg had 22-23, to be administered 2 as needed for pain and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		155704	B. WING _				C / <b>22/2024</b>
NAME OF PROVIDER OR SUPPLIER  WALDRON REHABILITATION AND HEALTHCARE CENTER				505 N N	TADDRESS, CITY, STATE, ZIP CODE IAIN ST RON, IN 46182	1 03/	22/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 607	Continued From pag- discontinued on 2-18 restarted on 2-20-24	-24. This order was	F€	607			
	mg 1 tablet every 4 h	or for the hydrocodone 5-325 cours as needed for mild to esued on 3-27-29 and					
	Resident C had receindicated he had bee supply by 2-23-24 and receiving 2 doses of remainder of the dospill dose fourteen time substance log indicate page "1 of 2" was received page of this compage "1 of 2," six 2-pas administered to R	olled substance log indicated ived 30 tablets on 2-6-24 and n administered the 30 tablet id was documented as 1 tablet twice and the less were documented as a 2 less. The second controlled led a supply of 30 tablets on seived on 3-21-24. The lorder was not located. On ill doses were documented lesident C, and 16 (sixteen) and as destroyed on 3-29-24					
	copies of documents pharmacy which indice hydrocodone-apap 5 received: -2-6-24, 30 tablets3-3-24, 2 orders of 3 tablets. None of the associated paperwor 3-21-24, 2 orders of 3 tablets. Only the nar orders, page "1 of 2,"	cated the following tablets of -325 mg for Resident C were 60 tablets for total of 60 associated medication or k were located. 30 tablets for total of 60 cotic log for one of those could be located.					
	5-22-24, another issu	with the ED and DON on ue that had been identified ation investigation was ntation of controlled					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTR AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTR A. BUILDING			(X3) DATE SURVEY COMPLETED			
		155704	B. WING		C <b>05/22/2024</b>	
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	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 607	between the control medication administ indicated this topic addressed by placin improvement procesuality of this.  1. The clinical reconstruction of this of this.  1. The clinical reconstruction of this of th	ontation of administration lled substance logs and the tration records. Each was identified and is being and into the facility's quality ss and the facility is continuing ord of Resident B was 4 at 12:09 p.m. Her , but were not limited to, muscle wasting and atrophy, prosis without pathological ation, transient ischemic unspecified osteoarthritis. Inimum Data Set assessment, cated she was cognitively	F 607			

AND DLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING			
		155704	B. WING			C <b>05/22/2024</b>
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	•	03/22/2024
WALDRO	N REHABILITATION ANI	HEALTHCARE CENTER		505 N MAIN ST WALDRON, IN 46182		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 607	Continued From pag	e 17	F 6	07		
	11:45 a.m., he indica amputation above hi February of this year requested pain medi surgery, but rarely do indicated the facility pain medication in a requested it.	staff have provided him his timely manner when he has				
	copy of a policy entit Storage," with a revie policy indicated its policy affixed compartment drugs Schedule II-V abusesand a missi detectedRegulation have a system to action disposition, and recommedicationsRecommedicationsRecommedication (i.e., spof medication (i.e., spof medication, the quiresident name.)Redisposition of all consufficient detail to all proof-of-use sheets, sheets) including despharmacy/manufacturaccordance with apprequirementsPeriodor receipt, disposition controlled medication frequently as defined	licable State dic reconciliation of records n, and inventory of all				

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		(X3) DATE SURVEY COMPLETED	
155704	B. WING _		C 05/22/2024	
		STREET ADDRESS, CITY, STATE, ZIP CO	•	ᅥ
AND HEALTHCARE CENTER		WALDRON, IN 46182		
CIENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	ON SHOULD BE COMPLETION DATE	
ation accountability record is charmacy for all Schedule II-V obysical inventory of all controlled cluding emergency supply is charmacy for all schedule II-V obysical inventory of all controlled cluding emergency supply is charmacy for all schedule II-V obysical inventory of all controlled cluding emergency supply is charmacy in controlled cluding emergency supply is charmacy in controlled is is reported to the action accountability record per example and accountability record per example and in accountability record per example and in accountability. The DON/designee makes every reasonable effort to orted discrepancies. The ocuments irreconcilable a report to the administrator pplicable. Major ern of discrepancies/Apparent end pharmacy immediately. The armacy, and/or DON/designee er other action(s) are needed of police or other enforcement department of health). The men of residents using at have such discrepancies are use the resident has received all dered and the goal of therapy is accomplaining of unrelieved pain. In the Narcotic Book (Narcompleted, the accountability in the Narcotic Book (Narcompleted, the accountability after the liscontinued are destroyed by	F6	507		
		A BUILDIN  155704  B. WING  RY STATEMENT OF DEFICIENCIES DENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)  Page 18  Iop and implement Is for resolving discrepancies A ation accountability record is oharmacy for all Schedule II-V ohysical inventory of all controlled cluding emergency supply is ch shift change by two (2) and is documented on the ation accountability record per e. Any discrepancy in controlled ts is reported to the numediately. The DON/designee makes every reasonable effort to orted discrepancies. The ocuments irreconcilable a report to the administrator upplicable. Major ern of discrepancies/Apparent - the DON/designee notifies the d pharmacy immediately. The tarmacy, and/or DON/designee er other action(s) are needed of police or other enforcement department of health). The tern of residents using at have such discrepancies are ure the resident has received all dered and the goal of therapy is nple, is the resident receiving a complaining of unrelieved pain. d medication accountability in the Narcotic Book (Narc mpleted, the accountability in the DON/designee and e facilityControlled maining in the facility after the discontinued are destroyed by nurses, or as otherwise directed	A BUILDING  155704  155704  B. WING  STREET ADDRESS, CITY, STATE, ZIP CO  505 N MAIN ST  WALDRON, IN 46182  PROVIDERS PLAN OF C  505 N MAIN ST  WALDRON, IN 46182  PROVIDERS PLAN OF C  CROSS-REFERENCED TO TAG  PREFIX TAG  P	TISTOPH B. WIND  TISTOPH  TIST

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		155704	B. WING _		C 05/22/2024	
	ROVIDER OR SUPPLIER	HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
F 607	, ,	e 19 routinely monitors controlled	F 6	07		
		ecords, and expiration				
	This Federal tag relation IN00433363 and IN00					
	3.1-28(a)					