

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

PRINTED: 03/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00397900.</p> <p>Complaint IN00397900- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 13, 14, 15, 16, 17, 20, 21, 2023</p> <p>Facility number: 000173 Provider number: 155273 AIM number: 100290920</p> <p>Census Bed Type: SNF/NF: 80 Total: 80</p> <p>Census Payor Type: Medicare: 3 Medicaid: 39 Other: 38 Total: 80</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 22, 2023.</p>			F 0000	<p>By submitting the enclosed material, we are not admitting the truth or accuracy of any 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 our allegation of compliance effective March 21st, 2023.</p> <p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after March 21 , 2023.</p>		
F 0732 SS=C Bldg. 00	<p>483.35(g)(1)-(4) Posted Nurse Staffing Information §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date.</p>						

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

TITLE

(X6) DATE

Brandon

Burns

03/10/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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: 03/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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
	<p>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview, and record review, the facility failed to ensure completed staffing sheets were posted daily for 7 of 7 days during the survey.</p> <p>Findings include:</p> <p>On 2/13/23 at 11:41 A.M., a nurse staffing sheet</p>			F 0732	<p>· No residents were affected by the alleged deficient practice.</p> <p>· All residents have the potential to be affected by the alleged deficient practice. The daily staffing hours are now being posted daily and have the specific</p>		03/21/2023

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

PRINTED: 03/24/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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
	<p>was observed across from the front desk on the bottom shelf of a sofa table at foot level, dated 2/10/23. The sheet included, but was not limited to, the following information: Shift hours for RN (Registered Nurse), LPN (Licensed Practical Nurse), and CNA (Certified Nurse Aid) Total number of licensed nursing and unlicensed nursing staff Total hours of RN, LPN, and CNA for each shift Total hours worked The sheet did not specify which hours were worked by each discipline during the specified shift.</p> <p>On 2/14/23 at 12:27 P.M., a nurse staffing sheet was observed across from the front desk on the bottom shelf of a sofa table at foot level, dated 2/13/23.</p> <p>On 2/16/23 at 11:51 A.M., a nurse staffing sheet was observed sitting at the front desk, dated 2/15/23.</p> <p>On 2/21/23 at 9:30 A.M., staffing sheets for dates 2/13/23, 2/14/23, 2/15/23, 2/16/23, 2/17/23, 2/20/23, and 2/21/23 were reviewed. Each date lacked the specific hours worked by each discipline during the specified shift. At that time, the DON (Director of Nursing) indicated the column on the staffing sheets titled total number of licensed and unlicensed nursing staff actually listed the total number of hours worked by staff. She indicated the actual number of staff in the building was not listed on the forms.</p> <p>On 2/20/23 at 2:25 P.M., a current Posted Nurse Staffing policy, dated 7/2019, indicated "It is the policy of [company] to make staffing information readily available in a readable format and publicly</p>				<p>hours assigned to each shift.</p> <ul style="list-style-type: none"> <li>Re-education to be completed for Director of Nursing Services by the Administrator and/or designee on the requirements of posting "Posted Nurse Staffing Information" by 3/21/2023.</li> <li>The DNS/designee will be responsible for the completion of a Daily Staffing Posting QA Tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</li> </ul>		

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

PRINTED: 03/24/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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 0761 SS=E Bldg. 00	<p>posted to residents and visitors at any given time ... The facility must post the following information at the beginning of each shift ... The total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: i. Registered nurses ii. Licensed practical nurses iii. Certified nurse aides ... The Total Hours columns should be all hours worked during each specific shift. Total hours should include the total actual hours worked on each shift including partial shifts"</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which</p>						

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

PRINTED: 03/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to ensure proper storage of medications in 2 of 2 medication storage rooms, 2 of 2 resident treatment carts, and 4 of 4 medication cart observations. Resident treatment carts and medication carts were left unlocked and unattended. Loose pills were found in the bottom of the medication cart drawers.</p> <p>Discontinued/expired medications were stored in the storage rooms and not appropriately disposed. (Veteran's Hall, Willow hall, Moving Forward Hall)</p> <p>Findings include:</p> <p>On 2/13/23 at 10:05 A.M., the resident treatment cart for the Moving Forward hall was observed at the nurse's station unlocked without staff present.</p> <p>On 2/14/23 at 8:07 A.M., the resident treatment cart for the Moving Forward hall was observed at the nurse's station unlocked without staff present.</p> <p>On 2/14/23 8:13 A.M., the resident treatment cart in the Veteran's hall by nurse's station was observed unlocked without staff present.</p> <p>On 2/14/23 at 8:13 A.M., the medication cart on the Willow hall was observed unlocked without staff present.</p> <p>On 2/21/23 at 8:18 A.M., the medication cart in the Veteran's hall was observed unlocked. The narcotic box was also unlocked without staff present. At this time, the Veteran's hall treatment cart was also observed unlocked without staff present.</p>			F 0761	<ul style="list-style-type: none"> <li>No residents were affected by the alleged deficient practice.</li> <li>All Residents had the potential to be affected by the alleged deficient practice. All areas of medication storage have been audited and all outdated/loose medications were destroyed. All medications are now stored properly.</li> <li>Nurses will be in-serviced on medication destruction and storage by 3/21/2023 by DNS and/or designee. DNS and/or designee to check medication rooms and med carts daily to ensure proper medication storage per facility policy.</li> </ul> <p>Medication Storage QAPI tool to be completed weekly times 4 weeks, monthly times 6 months, and quarterly until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination for responsible employee.</p>		03/21/2023

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

PRINTED: 03/24/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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
	<p>On 2/15/23 at 12:40 P.M., a bag laying on the counter in the Moving Forward hall medication storage room was observed with the following medication bottles inside:</p> <p>rosuvastatin 40 mg (milligram)</p> <p>ferrous sulfate 325 mg</p> <p>citalopram 20 mg</p> <p>donazepiril 10 mg</p> <p>tamsulosin 0.4 mg</p> <p>lisinopril 5 mg</p> <p>Multivitamin</p> <p>memantine 10 mg</p> <p>latanoprost 0.005% eye drops</p> <p>During an interview on 2/15/23 at 12:53 P.M., RN (Registered Nurse) 6 indicated this resident passed away approximately 2 (two) weeks ago, the medications looked like they are from the VA (Veteran's Association), and they were not sure what should be done with them.</p> <p>On 2/15/23 at 1:00 P.M., medication cart 1 of 2 on the Moving Forward hall was observed to have the following medications laying loose in the bottom of the drawer:</p> <p>5 (five) ipratropium vials</p> <p>1 (one) small, green pill with "D01" on one side</p> <p>1/2 (half) of a small blue pill</p> <p>On 2/15/23 at 1:07 P.M., medication cart 2 of 2 on the Moving Forward hall was observed to have the following medication laying loose in the bottom of the drawer:</p> <p>1/2 (half) of a rectangular light green pill</p> <p>On 2/15/23 at 1:10 P.M., RN 6 indicated he was unable to identify the pills observed and he would put them in the pharmacy return bag if found. At that time, he indicated a pharmacy representative for (pharmacy name) comes in periodically and</p>						

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

PRINTED: 03/24/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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
	<p>does a complete audit of all medications and carts. He further indicated that the carts should always be locked when staff walk away.</p> <p>On 2/15/23 at 1:15 P.M., a bag containing multiple medication bottles and the following medications laid on the counter in the Veteran's hall medication storage room:</p> <p>wixela inhaler 250 mcg (micrograms)/50 mcg in box, labeled opened 1/10/23</p> <p>wixela inhaler 250 mcg/50 mcg, unopened</p> <p>latanoprost 0.005% eye drops, unopened</p> <p>fluticasone nasal spray 50 mcg</p> <p>systane balance 0.6% eye drops</p> <p>Advair diskus 250 mcg/50mcg in box, labeled opened 12/23/22</p> <p>brimonidine 0.2% eye drops in box, labeled opened 11/26</p> <p>vitamin D3 2000 units pill pack with 28 pills inside small bag</p> <p>albuterol inhaler 90 mcg in box, labeled opened 8/2/22</p> <p>budesonide formoterol inhaler 80/4.5 mcg</p> <p>2 (two) fluticasone nasal sprays 50 mcg</p> <p>fluticasone nasal spray 50 mcg in box, dated 10/15/22</p> <p>fluticasone inhaler 50 mcg</p> <p>Advair 250 mcg/50 mcg in box, dated 11/9/22</p> <p>zinc sulfate 50 mg (milligram) pill pack with 15 capsules inside small bag</p> <p>vitamin D3 2000 units pill pack with 18 pills inside small bag</p> <p>2 (two) lovenox 120 mg/0.8 ml (milliliter) syringes in small bag</p> <p>flextouch tresiba insulin pen, dated 1/21/23</p> <p>On 2/15/23 at 1:25 P.M., the refrigerator inside the Veteran's hall medication storage room was observed unlocked with medications in it. A bag labeled lorazepam 2 mg/ml was observed in the</p>						

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

PRINTED: 03/24/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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
	<p>bottom drawer and contained 1 (one) 1 ml vial with expiration date 3/2022 and a unopened box of 25 lorazepam 2 mg/ml vials with expiration date 4/2022.</p> <p>During an interview on 2/15/23 at 1:30 P.M., RN 10 indicated the bag of pills were from a VA resident that was discharge and had been there for "a while". They further indicated that all the medications should be discarded and since the lorazepam is a controlled medication, they should get a witness and they will discard because it's expired.</p> <p>On 2/15/23 at 1:45 P.M., medication cart 1 of 2 on the Veteran's hall was observed with the narcotic box unlocked and to have the following medications laying loose in the bottom of the drawer: 1/2 (half) white rectangular pill with "5" on one side 1 (one) medium, round, peach pill with "124" on one side 1 (one) small oblong pill with "A10" on one side 1 (one) refresh vial</p> <p>On 2/15/23 at 1:52 P.M., medication cart 1 of 2 on the Veteran's hall was observed with the narcotic box unlocked and to have the following medications laying loose in the bottom of the drawer: 1 (one) large white pill with "J75" on one side 1 (one) round white pill with "C140" on one side 1 (one) oval peach pill with "A" on one side 1 (one) small blue pill with "E5" on one side 1 (one) oval white pill with "TV" on one side 1 (one) tiny white oval pill with "TV" on one side</p> <p>On 2/15/23 at 1:58 P.M. resident treatment cart 1 of 1 on the Veteran's hall was observed to have 2</p>						



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

PRINTED: 03/24/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4255 MEDWELL DR NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>(two) packages of Puracol Plus AG+ wound dressings with expiration of 3/2020.</p> <p>During an interview on 2/15/23 at 2:00 P.M., RN 8 indicated they were not sure what the loose pills were but loose pills laying in the cart should all be discarded, they were unsure if any residents were using the wound dressings but they were expired and should be discarded, and the narcotic box should be locked inside a locked medication cart and you should not be able to get medications from it without a key.</p> <p>During an interview on 2/21/23 at 10:49 A.M., the DON (Director of Nursing) indicated a pharmacist does medication cart audits and the last one done was November 1-3, 2022 and the facility paid extra to get expired, discontinued, and loose pills out of the carts. In between pharmacy audits, the floor nurses should discard these as they see them. The medication fridge and all carts should be locked and the boxes containing narcotics should be locked. The medications not being used for residents on the counter in the storage room should be discarded appropriately. Medical record staff usually will go through them bi-weekly and dispose of or scan to return to pharmacy. Usually when the pharmacy representatives come to drop off medications, the medications to be returned should be sent with them.</p> <p>A current Storage of Medications policy, dated January 2022, was provided by regional staff on 2/20/23 at 2:25 P.M., and indicated " ... 3.1.1 Store all drugs and biologicals in locked compartments, including the storage of Schedule II-V medications in separately locked, permanently affixed compartments, permitting only authorized personnel to have access ... 3.3 Facility should ensure that all medications and biologicals,</p>						

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

PRINTED: 03/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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 0812 SS=E Bldg. 00	<p>including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors ... 9. Facility should ensure that the medications and biologicals for each resident are stored in the containers in which they were originally received ... 16. Facility should destroy or return all discontinued, outdated/expired, or deteriorated medications or biologicals ... "</p> <p>3.1-25(m)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation and interview, the facility failed to ensure food was stored appropriately for 1 of 1 kitchen observations. Food containers were</p>			F 0812	<p>No residents were affected by the alleged deficient practice. All food that was outdated was</p>		03/21/2023

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

PRINTED: 03/24/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4255 MEDWELL DR NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>not labeled with the complete date in the dry storage area, refrigerator, and shelves in the kitchen area. (Kitchen)</p> <p>Findings include:</p> <p>On 2/13/23 at 9:19 A.M., the following was observed in the kitchen:</p> <p>Dry storage:</p> <p>spaghetti noodles wrapped in saran wrap without a label</p> <p>an opened bag of chocolate chips, dated 11/5</p> <p>Refrigerator:</p> <p>an unopened gallon of 2 % milk, expiration date of February 10, 2023</p> <p>an opened tub of cherries with use by date 2/13</p> <p>an opened tub of bite size meat with use by date 2/13</p> <p>an opened tub of pork fritters with use by date 2/14</p> <p>an opened tub of gravy with use by date 2/16</p> <p>an opened tub of bologna with use by date 2/16</p> <p>an opened tub of butterscotch pudding with use by date 2/16</p> <p>an opened tub of pimento cheese with use by date of 2/20</p> <p>an opened tub of small curd cottage cheese dated 2/5</p> <p>a jar of sweet pickle relish with date 12/30 marked out and 1/31 put in place on lid</p> <p>a bottle of lemon juice 1/3 full with visible sediment in bottom dated 2/1 and 2/11</p> <p>an opened tub of caesar dressing opened 12/6, dated 11/4, 2/1 and 3/1</p> <p>an opened bag of parmesan cheese with use by date of 2/10</p> <p>an opened bag of mozzarella cheese with use by date of 2/17</p> <p>an opened tub of salami dated 1/30</p> <p>In kitchen area on shelves:</p>				<p>disposed of immediately. All food storage areas have been audited and any outdated food has been disposed of.</p> <ul style="list-style-type: none"> <li>All residents have the potential to be affected by the alleged deficient practice.</li> <li>All staff will be in-serviced on food storage and handling by 3/21/2023 by DM or designee. Dietary manager and/or designee will check for out dated food daily on rounds.</li> <li>The DM/designee will be responsible for the completion of a Food storage QA Tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</li> </ul>		

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

PRINTED: 03/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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
	<p>lemonade beverage mix open to air sitting on shelf above sink unlabeled</p> <p>1 (one) opened bag of shredded wheat cereal, 1/4 full unlabeled</p> <p>1 (one) opened bag of cinnamon toasts, 1/2 full unlabeled and a slit in package</p> <p>1 (one) opened bag of Cheerios, 1/2 full unlabeled</p> <p>1 (one) opened, bag of Rice Krispies, 1/4 full unlabeled</p> <p>5 (five) cereal containers (1 shredded wheat, 1 Rice Krispies, 1 Fruit Loops, 1 Frosted Flakes, 1 Cheerios) all have use by date 3/1, prepared date 2/1</p> <p>oatmeal in big dry storage bin prepared 12/2/22 use by date 5/2</p> <p>On 2/13/23 at 10:26 A.M., in the Memory Care Unit refrigerator, a pitcher of orange/reddish liquid half full-no label was observed. At that time, above the sink in the cabinet, 2 (two) cereal containers were observed, 1 (one) 1/2 full of Frosted Flakes and 1 (one) 1/2 full of Cheerios were unlabeled.</p> <p>During an interview on 2/20/23 at 12:16 P.M., Kitchen Staff 1 indicated newly opened item will go in a container with a label containing the date of preparation, the use by date . They further indicated they usually just put month and day but don't put the year on it.</p> <p>During an interview on 2/20/23 at 12:18 P.M., the Kitchen Manager indicated dates on the label should contain month, day, and year. At this time, she indicated that the kitchen staff usually try to go through the items and discard them if it's past use by date at the end of each day.</p> <p>A current Food Storage policy, dated October 2017, provided by Regional Staff on 2/20/23 at 2:20 P.M., indicated " ... 4. All containers must be</p>						

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

PRINTED: 03/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155273		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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
	<p>accurately labeled and dated ... 12. The food must clearly be labeled with the name of the product, the date it was prepared and marked to indicate the date by which the food shall be consumed or discarded ... 13. Refrigerated, ready-to-eat, potentially hazardous food ... shall be clearly marked with the date the original container is opened and the date by which the food shall be consumed or discarded ... "</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>						