

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

PRINTED: 04/12/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155265		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/20/2024	
NAME OF PROVIDER OR SUPPLIER WEDGEWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 101 POTTERS LN CLARKSVILLE, IN 47129			
(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 the Investigation of Complaints IN00428466, IN00428993 and IN00430455.</p> <p>Complaint IN00428466 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00428993 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430455 - No deficiencies related to the allegations are cited.</p> <p>An unrelated deficiency cited</p> <p>Survey dates: March 19 and 20, 2024</p> <p>Facility number: 000166 Provider number: 155265 AIM number: 100267080</p> <p>Census Bed Type: SNF/NF: 100 Total: 100</p> <p>Census Payor Type: Medicare: 8 Medicaid: 80 Other: 12 Total: 100</p> <p>This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 24, 2024.</p>			F 0000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. We request that our plan of correction, monitoring tools and review of systemic changes we have made be considered for a paper compliance desk review. Should you have any questions, feel free to contact me at (812-948-0808). Thank you, Molly Linder, Executive Director</p>		
F 0554 SS=D	483.10(c)(7) Resident Self-Admin Meds-Clinically Approp						

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

TITLE

(X6) DATE

Samantha Lawson

RDO

04/01/2024

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 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 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.

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Bldg. 00	<p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. Based on observation, interview, and record review, the facility failed to ensure a resident that self-administered medications was appropriately assessed for self-administration for 1 of 3 residents reviewed for medications. (Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 3/20/24 at 1:30 p.m. The resident's diagnoses included, but were not limited to, osteoarthritis, morbid obesity, congestive heart failure, chronic respiratory failure with hypoxia, depression, and hypertension.</p> <p>Review of the March 2024 physician's orders indicated the resident was to receive the following medications every morning:</p> <ul style="list-style-type: none"> -Aspirin 81 mg (milligrams) chewable for heart health -Carvedilol 3.125 mg twice daily for hypertension -Clopidogrel Bisulfate 75 mg daily for heart health -Ergocalciferol 1.25 mg daily for supplement -Gabapentin 100 mg twice daily for health maintenance -Lexapro 10 mg daily for depression <p>On 3/20/24 at 11:40 a.m., Resident E was observed resting in bed in her room. On the resident's bedside table was a medication cup with 6 unidentified medications. The medication cup had 9:00 a.m. written on the side in red marker.</p> <p>On 3/20/24 at 11:42 a.m., LPN (Licensed Practical Nurse) 10 entered Resident B's room. She indicated she handed the resident her medications</p>			F 0554	<p>STEP 1 Corrective action for the residents found to have been affected by the deficient practice: Residents E was not harmed by the alleged deficient practice. LPN 10 was immediately educated on the "medication administration" policy.</p> <p>STEP 2 Corrective action taken for those residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by the alleged deficient practice. An audit of all resident rooms was completed to ensure no medications have been left at the bedside.</p> <p>STEP 3 Measures/systemic changes put into place to ensure the deficient practice does not recur: The DON/Designee held an in-service for all nurses and QMAs to provide education and expectations as it relates to the " medication administration" policy and procedures.</p> <p>STEP 4 Corrective actions to be monitored to ensure the deficient practice will not</p>		04/08/2024

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	<p>to take this morning, but she did not watch the resident take the medication because she had a lot going on. She made a mistake.</p> <p>During an interview on 3/20/24 at 2:22 p.m., the Regional Director of Clinical Operations indicated there were no residents in the facility that self-administered medications.</p> <p>The clinical record lacked an assessment for the resident to self administer medications.</p> <p>On 3/20/24 at 2:22 p.m., the Regional Director of Clinical Operations provided the current, undated copy of the document titled "Medication Administration". It included, but was not limited to, "Policy...It is the policy of this facility to provide resident centered care...Safety of residents...is a top priority of care...Procedure...Remain with resident until the medication is swallowed...Do not leave medications at bedside...."</p> <p>3.1-11(a)</p>				<p>recur:</p> <p>The DON/Designee will observe 3 nurses medication pass a week x 4 weeks, then 2 nurses medication pass a week x 4 weeks, then 1 nurses medication pass a week x 4 weeks for no less than 3 months and compliance is maintained to ensure proper medication administration procedures.</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated.</p> <p>The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>		