

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

PRINTED: 06/26/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155325		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/02/2025	
NAME OF PROVIDER OR SUPPLIER MEADOW VIEW HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 900 ANSON ST SALEM, IN 47167			
(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 IN00458683 and IN00460457.</p> <p>Complaint IN00458683 - Federal/State deficiency related to the allegations is cited at F755.</p> <p>Complaint IN00460457 - No deficiencies related to the allegation is cited.</p> <p>Survey dates: May 30 and June 2, 2025</p> <p>Facility number: 000218 Provider number: 155325 AIM number: 100274800</p> <p>Census Bed Type: SNF/NF: 76 Total: 76</p> <p>Census Payor Type: Medicare: 4 Medicaid: 42 Other: 30 Total: 76</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 8, 2025.</p>			F 0000			
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>Based on interview and record review, the facility failed to ensure medications were available for administration, as ordered by the physician, for 2 of 4 residents reviewed for pharmaceutical</p>			F 0755	<p>F 755 Pharmacy Services</p> <p>1: What corrective action(s) will be accomplished for those residents</p>		06/30/2025

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

TITLE

(X6) DATE

Krista Smith

Executive Director

06/19/2025

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 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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	<p>services.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 5/30/25 at 11:10 a.m. The resident's diagnosis included, but was not limited to, hyperparathyroidism.</p> <p>The admission order, dated 4/25/25, indicated the resident was to receive Cinacalcet (medication used to treat hyperparathyroidism) 30 mg (milligrams) daily.</p> <p>The April 2025 medication administration record indicated between 4/26/25 through 4/30/25, the resident's medication was unavailable and not administered.</p> <p>The clinical record lacked documentation of the physician and pharmacy notification due to the unavailability for administration.</p> <p>During an interview on 6/2/25 at 8:45 a.m., Licensed Practical Nurse (LPN) 4 indicated if a medication was not available, it can be pulled from Omnicell (emergency drug kit). If the medication was unavailable in the Omnicell, the pharmacy should be called to find out why and then notify the physician.</p> <p>2. The clinical record for Resident C was reviewed on 5/30/25 at 12:26 p.m. The resident's diagnoses included, but were not limited to, hypertension and indigestion.</p> <p>The physician's order, dated 5/22/25, indicated the resident was to receive Metoprolol Succinate (medication for high blood pressure) 25 mg extended release 24 hour once daily.</p>				<p>found to have been affected by the deficient practice?</p> <p>Resident C medications were audited, all medications are available and administered as ordered. Resident B is no longer in the building.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>DNS/Designee completed an audit of resident medications to ensure medications were available as prescribed.</p> <p>DNS/Designee in-servicing licensed staff and qualified nursing staff on availability of medications, and how to order medications.</p> <p>DNS/designee in-servicing licensed and qualified nursing staff on documentation of the physician, pharmacy, family and resident notification due to the unavailability for administration.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p>		

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	<p>The physician's order, dated 5/22/25, indicated the resident was to receive Aluminum hydroxide/magnesium hydroxide/simethicone, 200-200-20 mg/5 ml (milliliters), 15 ml daily for indigestion.</p> <p>The May 2025 medication administration record indicated the Metoprolol was not administered between 5/25/25 through 5/29/25 due to the unavailability of the medication; the Aluminum hydroxide/magnesium hydroxide/simethicone was not administered between 5/25/25 through 5/29/25 due to the unavailability of the medication.</p> <p>The clinical record lacked documentation of physician and pharmacy notification due to the unavailability for administration.</p> <p>On 6/2/25 at 2:55 p.m., the Director of Nursing provided a current copy of the document titled "Medication Shortages/Unavailable Medications" dated 12/01/07. It included, but was not limited to, "Procedure...If a medication is unavailable during normal Pharmacy hours...A Facility nurse should call Pharmacy to determine the status of the order...If a medication is unavailable...after normal Pharmacy hours...A Facility nurse should obtain the ordered medication from the Emergency Medication Supply...If the ordered medication is not available in the Emergency Medication Supply, the licensed Facility nurse should call Pharmacy's emergency answering service and request to speak with the registered pharmacist on duty to manage the plan of action...."</p> <p>This Citation relates to Complaint IN00458683</p> <p>3.1-25(a)</p>				<p>DNS/designee will complete an unavailable medication audit, using a Pharmacy Services Audit Tool, to ensure all medications are administered and documented as ordered. If there are any inaccuracies noted, the resident, NP and family will be notified, and the nurse will be given additional education and/or appropriate disciplinary action.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <p>The DNS/designee will be responsible for the Pharmacy Services Audit Tool daily times 4 weeks, weekly times 4, monthly times 3 then quarterly thereafter until continued compliance is maintained for 2 consecutive quarters.</p> <p>The results of these audits will be reviewed by the QAPI Committee overseen by the ED. If a threshold of 90% is not achieved, an action plan will be developed.</p> <p>5. Date of compliance: 6/30/25</p>		