STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155206	A. BUILDING 00 B. WING	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BROWNSBURG HEALTH CARE CENTER	1010 HORNADAY RD BROWNSBURG, IN 46112

(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	This visit was for the Investigation of Complaints IN00421255, IN00427538, and IN00431889. Complaint IN00421255 - No deficiencies related to the allegations are cited. Complaint IN00427538 - Federal/state deficiencies related to the allegations are cited at F602. Complaint IN00431889 - No deficiencies related to the allegations are cited. Survey dates: May 23, and 24, 2024 Facility number: 000113 Provider number: 155206 AIM number: 100287670 Census Bed Type: SNF/NF: 71 SNF: 3 Total: 74 Census Payor Type: Medicare: 3 Medicaid: 40 Other: 31 Total: 74 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on June 6, 2024.	F 0000	.	
F 0602 SS=D Bldg. 00	483.12 Free from Misappropriation/Exploitation §483.12			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155206	A. BUILDING 00 B. WING	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BROWNSBURG HEALTH CARE CENTER	1010 HORNADAY RD BROWNSBURG, IN 46112

(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
	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. Based on interview, and record review, the facility failed to ensure residents' narcotic medications were protected from diversion resulting in at least 56 missing narcotic medication tablets, from 4 of 4 medication carts and 1 of 1 automated drug unit (ADU - an electronic drug dispensary machine) reviewed for misappropriation of medications (Residents C and D). The deficient practice was corrected on 2/16/24, prior to the start of the survey, and was therefore past noncompliance. Finding includes: An Indiana State Department of Health Survey Report System report, dated 2/1/24, indicated the Director of Nursing (DON) observed Licensed Practical Nurse (LPN) 14 had pulled multiple controlled substance medications from an AUD, the controlled substances pulled did not reflect the medications that were documented as having been administered. 1. On 5/23/24 at 10:56 a.m., Resident C was observed sitting in a wheelchair (wc) in her room. She was alert and talkative, but there were signs of confusion as she talked about caring for her stuffed cats in the room as if they were real. The resident asked visitors in her room to sit close beside her as she could not see well. Resident C's record was reviewed on 5/24/23 at 10:56 a.m. Diagnoses on Resident C's profile	F 0602	¿ what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; at , Police and Attorney General notified at the time of incident, Resident C was compensated for 18 Hydrocodone 5- tablets, Resident D was compensated for 27 Hydrocodone 5- tablets. Resident P was compensated for 2 Tramadol tablets. Resident Q was compensated for 9 Hydrocodone 5-325 mg tablets. ¿ how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All Residents have the potential to be affected by the deficient practice. Prior to incident occurrence most PRN narcotics were pulled from the ADU as needed. Facility now stores and secures Narcotic medication in blister cards and/or bottles locked in the medication carts. Nursing personnel were educated to complete narcotic counts between shift changes. Nurses now only dispense medication from the ADU if the	07/19/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155206	A. BUILDING 00 B. WING	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BROWNSBURG HEALTH CARE CENTER	1010 HORNADAY RD BROWNSBURG, IN 46112

(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
	included, but were not limited to, dementia with psychotic disturbance (may include symptoms of deficits in thinking and problem-solving, hallucinations, and paranoia), delusional disorders, and category 5 blindness of the right eye (severe blindness without light perception). A physician's order, dated 11/6/23, indicated to administer hydrocodone - acetaminophen 5-325 (Norco- an opioid pain medication) mg(milligrams) 1 tablet by mouth three times a day for pain. ADU reports indicated, a. On 1/24/24 at 9:00 p.m., Hydrocodone 5-325 mg 6 tablets dispensed for prn (as needed) use by LPN 14. b. On 1/26/24 at 6:30 p.m., Hydrocodone 5-325 mg 6 tablets dispensed for prn use by LPN 14. c. On 1/27/24 at 12:49 p.m., Hydrocodone 5-325 mg 6 tablets dispensed for prn use by LPN 14. A Controlled Substance Accountability Sheet for Hydrocodone 5-325 mg, indicated on 1/24/24 at 2:00 p.m. three tablets were dispensed, on 1/25/24 at 2:00 p.m. three tablets were dispensed, on 1/26/24 at 9:00 p.m. three tablets were dispensed, and on 1/27/24 at 12:25 p.m. three tablets were dispensed. A Medication Administration Record (MAR) for Resident C, dated January 2024, indicated the resident was administered Hydrocodone 5-325 mg three times a day as ordered, and her pain level was routinely documented as 0 for no pain. The MAR lacked documentation that the resident was administered Hydrocodone 5-325 mg prn for pain. Quarterly and state optional Minimum Data Set (MDS) assessments completed on 11/24/23, indicated Resident C had the ability to make		resident is a new admission with orders or received a new order for and the pills will be pulled until supplied by pharmacy. Abuse training initiated, Narcotic drugs handling, and documentation training initiated. ¿ what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Narcotic medication is now stored and secured in blister cards and/or bottles locked in the medication carts. Nursing personnel will complete a narcotic count between shift changes. Nurses now only dispense medication from an ADU if the resident is a new admission with orders or if a new order is generated without the ability to be fulfilled by house supply, it is then pulled until supplied by pharmacy on dropship. Each nurse is provided with a separate password to the ADU for additional tracking/security purposes. ¿ how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and An automated drug dispensing system was put into place. This system is more secure and restricted access. This system also helps to monitor for diversion as they can pinpoint and easily track records for records for individual residents. ¿ by what	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155206	A. BUILDING 00 B. WING	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BROWNSBURG HEALTH CARE CENTER	1010 HORNADAY RD BROWNSBURG, IN 46112

(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
	herself understood and to understand others. A BIMS score of 10/15 indicated moderately impaired cognition. The resident received routine pain medication daily. The resident had frequent pain in the past 5 days, which occasionally made it hard to sleep at night and occasionally limited her day-to-day activities. The resident rated her pain a 5/10 rate for her worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain she could imagine. A care plan for Resident C, dated 12/1/22, indicated the resident was at risk for pain related to cholecystitis, brain tumor, congestive heart failure (CHF), coronary heart disease (CAD) and rheumatoid arthritis (RA). The goal was for the resident to not have an interruption in daily activities related to pain. Interventions included administering medications as per order, attempting non-medication interventions i.e.: repositioning, distraction, hot/cold packs, monitoring for complaints of pain, and monitoring for non-verbal signs and symptoms of pain i.e.: crying, increased restlessness, moaning, groaning, guarding of her extremities. 2. On 5/24/25 at 12:00 p.m., Resident D was observed lying in bed watching television (TV) with a stuffed dog lying across her lap. RN 12 indicated, the resident was non-verbal, but could activate her call light for assistance by touching the little box that was on top the stuffed dog on her lap. The resident acknowledged what she wanted by slightly moving her fingers to indicate yes when asked questions. Resident D's record was reviewed on 5/24/24 at 10:31 a.m. Diagnoses on Resident D's profile included, but were not limited to, Huntington's disease (condition in which nerve cells in the		date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it is determined that the correction will not be completed by the date previously submitted, The Division needs to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date. This tag was past noncompliance and was corrected on 2-16-24. Facility kindly request desk review. The latest completion date on an acceptable POC will be considered the date the facility has alleged compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155206	A. BUILDING 00 B. WING	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BROWNSBURG HEALTH CARE CENTER	1010 HORNADAY RD BROWNSBURG, IN 46112

(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
	brain break down over time resulting in progressive movement, thinking [cognitive], and psychiatric symptoms), and quadriplegia (paralysis that affects all four limbs plus the torso). A physician's order, dated 12/26/23, indicated to administer Hydrocodone-acetaminophen 5-325 mg, 1 tablet via gastrostomy tube (g-tube) every 4 hours as needed (prn) for pain. A physician's order, dated 1/2/24, indicated to administer Hydrocodone-acetaminophen 5-325 mg, 1 tablet via g-tube two times a day for pain. ADU reports indicated, a. On 1/24/24 at 6:58 p.m., Hydrocodone 5-325 mg 6 tablets dispensed for prn use by LPN 14. b. On 1/26/24 at 9:50 p.m., Hydrocodone 5-325 mg 6 tablets dispensed for prn use by LPN 14. c. On 1/27/24 at 8:23 p.m., Hydrocodone 5-325 mg 6 tablets dispensed for prn use by LPN 14. A Controlled Substance Accountability Sheet for Hydrocodone 5-325 mg, indicated on 1/24/24 at 2:00 p.m. two tablets were dispensed, on 1/25/24 at 8:00 a.m. one tablet was dispensed and at 2:00 p.m. two tablets were dispensed, on 1/26/24 at 9:00 p.m. two tablets were dispensed, and on 1/27/24 at 2:00 p.m. two tablets were dispensed. A Medication Administration Record (MAR) for Resident D, dated January 2024, indicated the resident was administered Hydrocodone 5-325 mg two times a day as ordered. The MAR lacked documentation that the resident was administered Hydrocodone 5-325 mg prn for pain 1/21/24 - 1/31/24. Quarterly and state optional MDS assessments,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155206	A. BUILDING 00 B. WING	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BROWNSBURG HEALTH CARE CENTER	1010 HORNADAY RD BROWNSBURG, IN 46112

(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
	completed on 12/1/23, indicated Resident D was usually able to make herself understood and usually able to understand others. A brief interview for mental status (BIMS) score 9/15 indicated moderately impaired cognition. The resident received routine pain medication daily. She was unable to participate in an interview regarding how often she had pain, the pain intensity, if the pain limited her day to day activities, or made it hard for her to sleep. A care plan for Resident D, dated 9/27/22, indicated she was at risk for pain related to Huntington's disease, neuropathy (weakness, numbness, and pain from nerve damage), and general aches and pain. The goal was for her to not have an interruption in daily activities related to pain. Interventions included administering medications as per order, monitoring for complaints of pain, and monitoring for non-verbal signs and symptoms of pain i.e. crying, increased restlessness, moaning, groaning, or guarding of her extremities. 3. Additional diversion by LPN 14 identified during the facility investigation included, a. On 1/28/24 Resident P had Tramadol (narcotic pain medication) 50 mg 2 tablets diverted. b. On 1/21/24 Resident Q had Hydrocodone 5-325 mg 3 tablets diverted, and on 1/24/24 6 tablets of Hydrocodone 5-325 mg tablets were diverted. On 1/12/24, LPN 14 signed as having received education on the Prohibition of Mistreatment, Neglect, Exploitation, and Abuse of Residents and Misappropriation of Resident Property policy. An Indiana State Department of Health Survey Report System 5 day follow - up report, dated 2/1/24, indicated LPN 14 had pulled multiple			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155206	A. BUILDING 00 B. WING	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BROWNSBURG HEALTH CARE CENTER	1010 HORNADAY RD BROWNSBURG, IN 46112

(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
	controlled substance medications from an ADU, the controlled substances pulled did not reflect the medications that were documented as having been administered. A 5-day follow-up, dated 2/6/24 indicated LPN 14 was suspended pending an investigation. Multiple calls and messages were left for LPN 14 to obtain a statement with no response. The local police, the physician, and family members were notified of the drug diversion. Staff and resident statements were obtained, pain assessments were completed with no abnormal findings, and staff education on drug diversion was initiated. The investigation found LPN 14 had pulled prn narcotic medications from the ADU for 5 residents. LPN 14 was terminated. A Staff Education Signature Sheet, dated 2/1/24, indicated 14 nurse and Qualified Medication Aide (QMA) signatures were documented as having received education on drug diversion and the consequences. On 2/1/24 at 3:45 p.m., an officer from the enforcement department of a local policy department met with the facility administrator and opened a case related to the alleged drug diversion by LPN 14. A pharmacy fax, dated 2/16/24, indicated, a. Resident C was compensated for 18 Hydrocodone 5-325 mg tablets. b. Resident D was compensated for 27 Hydrocodone 5-325 mg tablets. c. Resident P was compensated for 2 Tramadol 50 mg tablets. d. Resident Q was compensated for 9 Hydrocodone 5-325 mg tablets. A State of Indiana Office of The Attorney General, Subpoena, dated 2/19/24, indicated the facility had			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155206	A. BUILDING 00 B. WING	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BROWNSBURG HEALTH CARE CENTER	1010 HORNADAY RD BROWNSBURG, IN 46112

(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
	been asked to produce complete and unredacted copies of all relevant records and documents related to the internal investigation of LPN 14 to the Attorney General office at 5:00 p.m. on March 19, 2024. During an interview on 5/24/24 at 2:00 p.m., Registered Nurse (RN) 11 indicated staff had recently received education on drug diversion after an incident of narcotic theft in January 2024. Before the incident, most prn narcotics were gotten out of the ADU as needed. After the incident the process was changed, and resident prn narcotics were ordered from the pharmacy to be kept in bingo cards or bottles locked in the medication carts on the hallways. Nursing personnel were supposed to complete a narcotic count between shift changes. Nurses now only dispensed medications from the ADU if the resident was a new admission with orders or got a new order for the medication and a pill(s) were pulled until supplied by the pharmacy. During an interview with the DON on 5/24/24 at 12:28 p.m., she indicated on 1/19/24 at 10:30 p.m., LPN 14 had filled out a narcotic destruction sheet and signed as having destroyed an Oxycodone tablet (narcotic pain medication) for Resident R by herself, and all nursing staff knew two signatures were required when destroying narcotic medication. This prompted an investigation. The DON interviewed staff and residents, and those residents suspected of having their pain medications diverted had pain assessments completed and were monitored for pain. Staff education was completed regarding drug diversion, and the local police were notified. LPN 14 had been called and told not to come in to work due to the investigation, and then when she was called to come in for an interview, she would not			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155206	A. BUILDING 00 B. WING	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BROWNSBURG HEALTH CARE CENTER	1010 HORNADAY RD BROWNSBURG, IN 46112

(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
	answer the phone or return calls. The residents' medications were replaced, or they were monetarily compensated. The DON indicated, LPN 14 was hired on 1/12/24, and worked only 9 shifts before she was suspended on 2/1/24. During the investigation, the DON observed documentation that LPN 14 had been pulling prn narcotics from the ADU for residents that normally did not ask for prn medications or those residents that were not cognitively intact enough to answer questions about medications they may or may not have received. The DON ran reports from the ADU that listed resident names, dates, medication names and amounts dispensed by LPN 14, and found she was signing out more pills than she would have needed to in a shift. At the conclusion of the investigation, it was determined LPN 14 had diverted at least 56 narcotic pills. On 5/24/24 at 1:45 p.m., the DON provided a Prohibition of Mistreatment, Neglect, Exploitation, and Abuse of Residents and Misappropriation of Resident Property policy, undated, and indicated the policy was the one currently being used by the facility. The policy indicated, " ...Definition of [Misappropriation of Resident Property] -The taking, secretion, misapplication, deprivation, transfer, or attempted transfer to any person not entitled to receive any property, real or personal, or anything of value belonging to or under the legal control of a resident without the effective consent of the resident or other appropriate legal authority ...By signing below, I acknowledge that I have been made aware of and agree to abide by the above-explained policy. I further understand that my failure to abide by this prohibitive policy by taking part in and or failed to immediately report such activity to the administrator of the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155206	A. BUILDING 00 B. WING	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BROWNSBURG HEALTH CARE CENTER	1010 HORNADAY RD BROWNSBURG, IN 46112

(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
	facility subjects me to immediate termination and/or criminal liability." On 5/24/24 at 1:45 p.m., the DON provided a Narcotic Drugs: Handling and Documentation policy, dated November 2023, and indicated the policy was the one currently being used by the facility. The policy indicated, " ...Automated drug dispensing systems ...Some automated systems have individual drawers for patients and others individual drawers for medications, like a mini pharmacy. These systems are more secure and allow restricted access ...Also, these systems help to monitor for diversion as they can pinpoint records for individuals patients and individual caregivers. If for example, one nurse gives many more narcotics than other nurses, this information is easily tracked ...Disposal ...When controlled substances must be disposed of, the disposal should be witnessed by two RN's and the disposal documented with both healthcare providers signing ...." This citation relates to Complaint IN00427538. 3.1-28(a)			