

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

PRINTED: 07/08/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155659		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/24/2025	
NAME OF PROVIDER OR SUPPLIER  SELLERSBURG HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 7823 OLD STATE ROAD 60 SELLERSBURG, IN 47172			
(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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00460759.</p> <p>Complaint IN00460759 - Federal/State deficiency related to the allegations is cited at F684.</p> <p>Survey date: June 24, 2025</p> <p>Facility number: 010613 Provider number: 155659 AIM number: 200221040</p> <p>Census Bed Type: SNF/NF: 96 Total: 96</p> <p>Census Payor Type: Medicare: 10 Medicaid: 73 Other: 13 Total: 96</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 26, 2025.</p>			F 0000			
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on interview and record review, the facility failed to ensure a blood pressure medication was held for a resident (Resident E) with blood pressure readings in the physician's ordered hold parameters for 1 of 4 residents reviewed for quality of care.</p>			F 0684	<p><b>STEP 1 Corrective action for the residents found to have been affected by the deficient practice:</b></p> <p>/p&gt;</p>		07/07/2025

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

TITLE

(X6) DATE

Maria Diaz

HFA

07/02/2025

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 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.

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	<p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 6/24/25 at 2:40 p.m. The resident's diagnosis included, but was not limited to, hypotension.</p> <p>The physician's order, dated 5/27/25, indicated the resident was to receive Midodrine HCl (hydrochloride) 15 mg (milligrams) three times a day at 6:00 a.m., 2:00 p.m. and 10:00 p.m. for hypotension. The medication was to be held if the resident's systolic blood pressure (SBP) was greater than 120.</p> <p>The June 2025 medication administration record indicated the resident's medication was administered when the resident's SBP was greater than 120 on the following dates and times:</p> <ul style="list-style-type: none"> <li>- On 6/24/25 at 2:00 p.m., the resident's Midodrine was administered with a SBP of 139.</li> <li>- On 6/15/25 at 2:00 p.m., the resident's Midodrine was administered with a SBP of 132.</li> <li>- On 6/20/25 at 2:00 p.m., the resident's Midodrine was administered with a SBP of 141.</li> <li>- On 6/20/25 at 10:00 p.m., the resident's Midodrine was administered with a SBP of 125.</li> <li>- On 6/21/25 at 10:00 p.m., the resident's Midodrine was administered with a SBP of 126.</li> <li>- On 6/22/25 at 2:00 p.m., the resident's Midodrine was administered with a SBP of 132.</li> <li>- On 6/22/25 at 10:00 p.m., the resident's Midodrine was administered with a SBP of 136.</li> </ul> <p>During an interview, on 6/24/25 at 2:58 p.m., Qualified Medication Aide 5 indicated if a resident's blood pressure was out of the physician's ordered hold parameters, then the medication should have been held.</p>				<p><b>STEP 2 Corrective action taken for those residents having the potential to be affected by the same deficient practice:</b></p> <p>All residents who have orders with blood pressure parameters could be affected by the alleged deficient practice. A 30-day look back of all medications with blood pressure parameters was completed to ensure medications had been administered according to physician orders. Any identified concerns were immediately addressed.</p> <p><b>STEP 3 Measures/systemic changes put into place to ensure the deficient practice does not recur:</b></p> <p>The DNS/Designee held an in-service for all nurses to provide education and expectations as it relates to the "medication administration" policy and procedures including administering blood pressure medications with parameters according to physician orders.</p> <p>STEP 4 Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The DNS/designee will audit 5 residents a week x 4 weeks, then 3 residents a week x 4 weeks, then 1 resident a week x 4 weeks for no less than 3 months and</p>		

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	<p>On 6/24/25 at 3:13 p.m., the Director of Nursing provided a 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 provided resident centered care...Procedure...Administer medication only as prescribed by the provider...."</p> <p>This Citation relates to Complaint IN00460759</p> <p>3.1-37</p>				<p>compliance is maintained to ensure blood pressure medication with parameters are administered per physician order.</p> <p>The Administrator/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. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>		