

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Rosebud Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 Chester Blvd Richmond, IN 47374	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>50436</p> <p>Based on interview and record review, the facility failed to ensure misappropriation of residents' medication did not occur for 2 of 4 residents reviewed for abuse. (Resident B and Resident E)</p> <p>This deficient practice was corrected on 3/13/25, prior to the start of the survey, and was therefore past noncompliance. The facility implemented a systematic plan that included the following actions: in-service education to nursing staff on medication administration and documentation, assessment of residents, and signing out controlled medications. The facility conducted an audit of all narcotic count sheets for all residents receiving narcotic medications and conducted interviews and assessments of all residents for pain with ongoing review presented to the Quality Assessment and Assurance (QAA) Committee for review.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 4/15/25 at 12:00 p.m. The diagnoses included, but were not limited to, squamous cell carcinoma of the skin and dementia.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 2/11/25, indicated Resident B was moderately cognitively impaired, received pain medication regimen, and received PRN (as needed) pain medications.</p> <p>The plan of care for Resident B, dated 8/14/24, indicated the resident was at risk of pain due to squamous cell carcinoma and general discomfort. The interventions included, but were not limited to, administer medications as ordered and to document the effectiveness of PRN medications.</p> <p>A physician's order for Resident B, dated 10/24/24, indicated to administer hydrocodone-acetaminophen (narcotic pain medication) 5-325 milligrams (mg), every six hours, as needed for moderate to severe pain.</p> <p>An incident report, dated 3/7/25, indicated Qualified Medication Aide (QMA) 2 was observed placing something into a bottle and then placing the bottle into her pocket. It also indicated a medication reconciliation was completed and one discrepancy was discovered.</p> <p>(continued on next page)</p>

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 90 days 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 14 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Rosebud Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 Chester Blvd Richmond, IN 47374	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Executive Director (ED) on 4/16/25 at 10:23 a.m., she indicated, on 3/7/25, she reviewed the camera footage on the D hallway. The ED indicated she observed QMA 2 standing at the medication cart as she had been passing medications. She then shut and locked the cart and walked behind the nurse's desk. She picked up her backpack and took out a medication bottle, and then she could see QMA 2 putting something into the bottle into her pocket. The ED indicated she took QMA 2 into her office and asked her if she had anything in her pockets. QMA 2 then pulled out a medication bottle for omeprazole (medication used for heartburn). The ED then asked QMA 2 if she could see what was in the bottle. QMA 2 then shook the bottle onto her desk and one pill came out and that appeared to be a hydrocodone 5-325 mg tablet. She indicated it was her medication. The ED indicated she could still hear more pills in the bottle. So, QMA 2 shook one more pill out onto the desk and it was a Zyrtec pill (allergy pill). The ED told QMA 2 she could still hear more medications in the bottle. So, she emptied the bottle onto the desk and there were two pills. One was a hydrocodone 7.5-325 mg tablet, and the other was a hydrocodone 5-325 mg tablet. The ED indicated QMA 2 was then suspended, escorted off the premises, and a police report was filed.</p> <p>During an interview with Certified Nurse Aide (CNA) 3 on 4/16/25 at 10:42 a.m., she indicated she worked with QMA 2 on 3/7/25. CNA 3 indicated she saw QMA 2 walk behind the nurse's desk from her medication cart with pills in her hand. CNA 3 indicated she asked QMA 2 what she was doing, and she said, nothing, I'm just putting my pills back in my bottle from home. CNA 3 indicated something did not seem right, so she notified the ED that she had seen QMA 2 putting pills into a bottle from her hand from her work bag.</p> <p>A controlled drug administration record for February and March 2025 was reviewed for Resident B on 4/15/25 at 1:15 p.m. It indicated Resident B received hydrocodone-acetaminophen 5-325 mg on the following dates:</p> <ul style="list-style-type: none"> - 2/12/25 at 10:00 p.m., - 2/14/25 at 3:00 p.m. and 9:00 p.m., - 2/19/25 at 8:00 p.m., - 2/20/25 at 8:30 p.m., & - 3/5/25 at 8:30 p.m. <p>The Electronic Medication Administration Record (EMAR), for February and March 2025, was reviewed for Resident B on 4/15/25 at 1:25 p.m. It indicated Resident B had no documentation of any pain medications given on the above dates.</p> <p>During an interview with the Director of Nursing (DON) on 4/16/25 at 10:07 a.m., she indicated QMA 2 was omitting to document Resident B's PRN (as needed) pain medication on the EMAR.</p> <p>25054</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Rosebud Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 Chester Blvd Richmond, IN 47374	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During an interview with the DON on 4/15/25 at 12:08 p.m., she indicated there were only seven hydrocodone-acetaminophen 7.5-325 milligrams (mg) and there should have been eight on the controlled substance record for Resident E. The DON indicated she corrected the count before she handed the medication cart key over to the nurse on duty for Resident E. The DON indicated she was not able to verify that QMA 2 had taken the narcotic, but one pill was missing.</p> <p>Review of the clinical record of Resident E, on 4/16/25 at 9:30 a.m., indicated the diagnoses included, but were not limited to, systemic lupus, chronic pain, contracture of the left and right knee, lower back pain, and a history of a right femur fracture.</p> <p>The Quarterly MDS assessment for Resident E, dated 3/7/25, indicated the resident was moderately impaired for daily decision making. The resident received scheduled and PRN pain medication in the past five days. The resident experienced pain almost constantly in the past five days. The resident's pain was rated as moderate.</p> <p>The physician recapitulation order for Resident E, dated March 2025, indicated the resident was ordered hydrocodone-acetaminophen (narcotic pain medication) 7.5-325 mg every six hours for chronic pain.</p> <p>The plan of care for Resident E, dated 10/10/21 and recently reviewed on 3/20/25, indicated the resident was at risk for pain related to chronic pain and received routine pain medication.</p> <p>The March 2025 EMAR for Resident E indicated QMA 2 administered hydrocodone-acetaminophen 7.5-325 mg to the resident on 3/7/25 at 11:00 a.m.</p> <p>The controlled substance record for Resident E, dated 3/7/25, did not indicate QMA 2 administered the hydrocodone-acetaminophen 7.5-325 mg to the resident. The controlled substance log was one pill short. The DON documented she corrected the count from eight pills of hydrocodone-acetaminophen to seven pills.</p> <p>The controlled substance policy was provided by the ED on 4/15/25 at 12:07 p.m. The policy indicated when a controlled substance was administered to a resident, it must be recorded in the resident's Medication Administration Record (MAR) as well as in the resident's controlled substance inventory record at the time of administration.</p> <p>The abuse policy was provided by the ED on 4/16/25 at 10:40 a.m. The policy indicated the facility would prohibit and prevent misappropriation of the resident property. The misappropriation of resident property was the deliberate misplacement, exploitation, or wrongful, temporarily, or permanent use of a resident's property.</p> <p>This citation relates to Complaint IN00455066.</p> <p>3.1-28(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Rosebud Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 Chester Blvd Richmond, IN 47374	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>50436</p> <p>Based on interview and record review, the facility failed to complete pain assessments for 1 of 4 residents reviewed for pain medication and assessments. (Resident B)</p> <p>This deficient practice was corrected on 3/13/25, prior to the start of the survey, and was therefore past noncompliance. The facility implemented a systematic plan that included the following actions: in-service education to nursing staff on medication administration and documentation, assessment of residents, and signing out controlled medications. The facility conducted an audit of all narcotic count sheets for all residents receiving narcotic medications and conducted interviews and assessments of all residents for pain with ongoing review presented to the Quality Assessment and Assurance (QAA) Committee for review.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 4/15/25 at 12:00 p.m. The diagnoses included, but were not limited to, squamous cell carcinoma of the skin and dementia.</p> <p>A physician's order, dated 10/24/24, indicated to administer hydrocodone-acetaminophen (narcotic pain medication) 5-325 milligrams (mg), every six hours, as needed (PRN) for moderate to severe pain.</p> <p>The plan of care for Resident B, dated 8/14/24, indicated the resident was at risk of pain due to squamous cell carcinoma and general discomfort. The interventions included, but were not limited to, documenting the effectiveness of PRN (as needed) pain medications.</p> <p>A controlled drug administration record, for February and March 2025, was reviewed for Resident B on 4/15/25 at 1:15 p.m. It indicated Resident B received hydrocodone-acetaminophen 5-325 mg on the following dates:</p> <ul style="list-style-type: none"> - 2/12/25 at 10:00 p.m., - 2/14/25 at 3:00 p.m. and 9:00 p.m., - 2/19/25 at 8:00 p.m., - 2/20/25 at 8:30 p.m., & - 3/5/25 at 8:30 p.m. <p>The February and March 2025 Electronic Medication Administration Record (EMAR) was reviewed for Resident B on 4/15/25 at 1:25 p.m. It indicated Resident B had no documentation of the medication given nor pain assessments to go along with the medication administration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Rosebud Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 Chester Blvd Richmond, IN 47374	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON) on 4/16/25 at 10:07 a.m., she indicated the facility's expectation when a Qualified Medication Aide (QMA) was indicating a need for PRN (as needed) pain medication, would be to report their findings to the nurse, the nurse would give verbal authorization for the medication to be given, the QMA would sign it off in the EMAR, then the nurse would co-sign the administration, and do the follow-up assessment. The DON indicated QMA 2 was omitting to document Resident B's PRN (as needed) pain medication on the EMAR, so it did not prompt the nurse to do a pain assessment.</p> <p>During an interview with the DON on 4/16/25 at 10:20 a.m., she indicated no pain assessments were completed for Resident B for the following dates:</p> <ul style="list-style-type: none"> - 2/12/25 at 10:00 p.m., - 2/14/25 at 3:00 p.m. and 9:00 p.m., - 2/19/25 at 8:00 p.m., - 2/20/25 at 8:30 p.m., & - 3/5/25 at 8:30 p.m. <p>A Pain Management policy was provided by the Executive Director (ED) on 4/15/25 at 12:07 p.m. The policy indicated .11. The licensed nurse will monitor the efficacy of the analgesia .</p> <p>A QMA Parameters and Scope of Practice policy was provided by the ED on 4/15/25 at 12:07 p.m. The policy indicated .(D) Ensure that the licensed nurse is to complete the assessment and document the effectiveness of the prn medication administered .</p> <p>This citation is related to Complaint IN00455066.</p> <p>3.1-37(a)</p>		