STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155265	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wedgewood Healthcare Center	101 Potters LN Clarksville, IN 47129

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 34231 Based on interview and record review, the facility failed to follow medication administration parameters (Residents B, D and H); obtain blood pressure as ordered for 7 days (Resident F); and complete non-pressure wound treatments as ordered (Residents B and D) for 4 of 6 residents reviewed for quality of care. Findings include: 1.a. The clinical record for Resident B was reviewed on 7/24/24 at 1:35 p.m. The resident's diagnoses included, but were not limited to, diabetes, hypertension, and morbid obesity. The care plan, dated 10/27/23, indicated the resident had hypertension (high blood pressure) and staff were to administer the resident's medications as ordered by the medical provider. The physician's order, dated 11/21/23, indicated the resident was to receive Carvedilol 12.5 mg (milligrams) twice daily at 8:00 a.m. and 8:00 p.m. for hypertension. Staff were to hold the resident's medication for a SBP (systolic blood pressure) less than 110 or a pulse less than 60. The resident's May and June 2024 MAR (medication administration record) indicated the following: - On 5/06/24 at 8:00 p.m., the resident's Carvedilol was administered with no blood pressure or pulse obtained. - On 6/17/24 at 8:00 p.m., the resident's Carvedilol was administered with no blood pressure or pulse obtained. - On 6/23/24 at 8:00 p.m., the resident's Carvedilol was administered with no blood pressure or pulse obtained. The physicians' order, dated 11/20/23, indicated the resident was to receive Hydralazine HCl (hydrochloride) 50 mg every 8 hours at 7:00 a.m., 3:00 p.m., and 11:00 p.m. Staff were to hold the resident's medication if the resident's SBP was less than 115. The resident's May and June 2024 MAR indicated the following: (continued on next page)

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: 155265	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER: Wedgewood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 101 Potters LN Clarksville, IN 47129	

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- On 5/06/24 at 11:00 p.m., the resident's Hydralazine was administered with no documented blood pressure. - On 5/25/24 at 11:00 p.m., the resident's Hydralazine was administered with no documented blood pressure. - On 5/26/24 at 11:00 p.m., the resident's Hydralazine was administered with no documented blood pressure. - On 6/01/24 at 11:00 p.m., the resident's Hydralazine was administered with no documented blood pressure. - On 6/05/24 at 11:00 p.m., the resident's Hydralazine was administered with no documented blood pressure. - On 6/10/24 at 11:00 p.m., the resident's Hydralazine was administered with no documented blood pressure. - On 6/17/24 at 11:00 p.m., the resident's Hydralazine was administered with no documented blood pressure. - On 6/23/24 at 11:00 p.m., the resident's Hydralazine was administered with no documented blood pressure. - On 6/24/24 at 11:00 p.m., the resident's Hydralazine was administered with no documented blood pressure. 1.b. The care plan, dated 11/20/23, indicated the resident was at risk for impaired skin integrity and staff were to administer treatments as ordered by the medical provider. The physician's order, dated 1/10/24, indicated Nystatin External cream was to be applied to the resident's abdominal folds and groin area every day and night shift due to moisture associated skin damage and fungal infection. Review of the June 2024 treatment administration indicated the resident's treatment was not completed on the following days: - 6/02/24 on night shift - 6/05/24 on day shift - 6/09/24 on night shift - 6/11/24 on day shift - 6/20/24 on day shift - 6/23/24 on day shift (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 6/24/24 on day shift - 6/29/24 on day shift - 6/30/24 on day shift During an interview on 7/26/24 at 1:25 p.m., LPN (Licensed Practical Nurse) 6 indicated the physician orders should be followed. If parameters were set by the physician for a resident's blood pressure medication, the resident's blood pressure should have been obtained prior to the medication administration. If the blood pressure was out of the parameters, the medication should have been held. When medications or treatments are administered/completed, the medication record and treatment record should have been initialed. On 7/25/24 at 1:48 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled Medication Administration. It included, but was not limited to, MAR: Medication Administration Record - the legal documentation for medication administration .Policy .It is the policy of this facility to provide resident centered care .Administer medication only as prescribed by the provider . Medications will be charted when given .Record pertinent information prior to giving medication .Blood pressure .Apical pulse .Blood sugar .Documentation of medication will be current for medication administration 2.a. The clinical record for Resident D was reviewed on 7/24/24 at 1:59 p.m. The resident's diagnoses included, but were not limited to, hypertension and surgical incision. The care plan, dated 5/31/24, indicated the resident had hypertension and staff were to administer the resident's medications per the medical provider's order. The June 2024 MAR indicated the resident was to receive Metoprolol Tartrate (antihypertensive medication) 50 mg two times a day at 8:00 a.m. and 8:00 p.m. The resident's medication was to be held by staff for a SBP less than 110 or a pulse of less than 60. Review of the resident's June 2024 MAR indicated the following: - On 6/05/24 at 8:00 p.m., the resident's Metoprolol Tartrate was administered with no blood pressure or pulse obtained. - On 6/10/24 at 8:00 p.m., the resident's Metoprolol Tartrate was administered with no blood pressure or pulse obtained. - On 6/17/24 at 8:00 p.m., the resident's Metoprolol Tartrate was administered with no blood pressure or pulse obtained. - On 6/23/24 at 8:00 p.m., the resident's Metoprolol Tartrate was administered with no blood pressure or pulse obtained. - On 6/24/24 at 8:00 p.m., the resident's Metoprolol Tartrate was administered with no blood pressure or pulse obtained. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's July 2024 MAR indicated the following: - On 7/02/24 at 8:00 p.m., the resident's Metoprolol Tartrate was administered with no blood pressure or pulse obtained. - On 7/08/24 at 8:00 p.m., the resident's Metoprolol Tartrate was administered with no blood pressure or pulse obtained. - On 7/15/24 at 8:00 p.m., the resident's Metoprolol Tartrate was administered with no blood pressure or pulse obtained. - On 7/22/24 at 8:00 p.m., the resident's Metoprolol Tartrate was administered with no blood pressure or pulse obtained. - On 7/23/24 at 8:00 p.m., the resident's Metoprolol Tartrate was administered with no blood pressure or pulse obtained. 2.b. The care plan, dated 6/7/24, indicated the resident had a surgical incision to the abdomen and staff were to administer treatments as ordered by the medical provider Review of the June 2024 TAR indicated staff were to cleanse the resident's abdominal incision with normal saline and apply a dry dressing daily. The June 2024 TAR lacked documentation that the treatment was completed on the following days: 6/5/24, 6/7/24, 6/11/24, 6/13/24, 6/20/24, 6/23/24, 6/24/24, 6/29/24 and 6/30/24. 3. The clinical record for Resident F was reviewed on 7/24/24 at 2:40 p.m. The resident's diagnosis included, but was not limited to, hypertension. The care plan, dated 11/15/22, indicated the resident had hypertension and staff were to observe the resident for signs/symptoms of elevated blood pressure. The June 2024 medication administration record indicated the resident's blood pressure was to be checked daily in the morning, from 6/20/24 through 6/26/24, due to an elevated blood pressure. The resident's clinical record lacked documentation of the resident's blood pressure from 6/23/24 through 6/26/24. 4. The clinical record for Resident H was review on 7/24/24 at 1:00 p.m. The resident's diagnosis included, but was not limited to, hypertension. The care plan, dated 1/30/23, indicated the resident had hypertension and staff were to administer the resident's medications per the medical providers orders. The physician's order, dated 5/28/23, indicated the resident was to receive Coreg (medication for high blood pressure) 6.25 mg twice daily at 8:00 a.m. and 8:00 p.m Staff were to hold the resident's medication for a SBP less than 110 or a pulse less than 60. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's May 2024 MAR indicated the following: - On 5/02/24 at 8:00 a.m., the resident's Coreg was administered when the resident's SBP was 109. - On 5/04/24 at 8:00 a.m., the resident's Coreg was administered when the resident's SBP was 100 and a pulse of 59. - On 5/05/24 at 8:00 a.m., the resident's Coreg was administered when the resident's SBP was 102. - On 5/08/24 at 8:00 p.m., the resident's Coreg was administered with no blood pressure or pulse obtained. - On 5/10/24 at 8:00 a.m., the resident's Coreg was administered when the resident's SBP was 107. - On 5/15/24 at 8:00 p.m., the resident's Coreg was administered with no blood pressure or pulse obtained. - On 5/20/24 at 8:00 a.m., the resident's Coreg was administered when the resident's pulse was 59. - On 5/23/24 at 8:00 p.m., the resident's Coreg was administered with no blood pressure or pulse obtained. Review of the resident's June 2024 MAR indicated the following: - On 6/06/24 at 8:00 p.m., the resident's Coreg was administered with no blood pressure or pulse obtained. - On 6/19/24 at 8:00 a.m., the resident's Coreg was administered when the resident's SBP was 107. - On 6/19/24 at 8:00 p.m., the resident's Coreg was administered with no blood pressure or pulse obtained. - On 6/28/24 at 8:00 p.m., the resident's Coreg was administered with no blood pressure or pulse obtained. - On 6/30/24 at 8:00 a.m., the resident's Coreg was administered when the resident's SBP was 108 and a pulse of 58. Review of the resident's July 2024 MAR indicated the follwing: - On 7/03/24 at 8:00 p.m., the resident's Coreg was administered with no blood pressure or pulse obtained. - On 7/04/24 at 8:00 p.m., the resident's Coreg was administered with no blood pressure or pulse obtained. - On 7/17/24 at 8:00 p.m., the resident's Coreg was administered with no blood pressure or pulse obtained. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This Citation relates to Complaints IN00437398 and IN00439287 3/1-37

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 34231 Based on interview and record review, the facility failed to ensure Indwelling catheter care was completed for 1 of 1 residents reviewed for Indwelling catheters. (Resident E) Findings include: The clinical record for Resident E was reviewed on 7/24/24 at 3:03 p.m. The resident's diagnosis included, but was not limited to, sacral region pressure ulcer, stage 4 (full thickness tissue loss with exposed bone, tendon, or muscle). The care plan, dated 2/15/23, indicated the resident required a condom catheter due to impaired skin integrity and staff were to provide catheter care every shift. The March 2024 treatment administration record (TAR) indicated staff were to cleanse the resident's condom catheter with soap and water every shift and to change the drainage bag weekly on Mondays. The resident's March 2024 TAR indicated the resident's condom catheter care was not completed on the following dates and shifts: - 3/01/24 - 3/02/24 on day shift - 3/04/24 on night shift - 3/05/24 on day shift - 3/07/24 on day shift - 3/10/24 on day shift - 3/11/24 on day and night shift - 3/13/24 on night shift - 3/15/24 on night shift - 3/17/24 and 3/18/24 on night shift - 3/21/24 on day shift - 3/28/24 on night shift - 3/30/24 on night shift - 3/31/24 on day shift (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident's March 2024 TAR indicated the resident's drainage bag was not changed on 3/11/24 at 9:00 a. m. The resident's April 2024 TAR indicated staff were to cleanse the resident's condom catheter with soap and water every shift and to change the drainage bag weekly on Mondays. The resident's April 2024 TAR indicated the resident's condom catheter care was not completed on the following dates and shifts: - 4/02/24 on night shift - 4/08/24 on day shift - 4/09/24 on night shift - 4/10/24 on day shift - 4/15/24 on day shift - 4/16/24 on night shift - 4/23/24 on night shift - 4/28/24 on night shift - 4/30/24 on day shift The resident's April 2024 TAR indicated the resident's drainage bag was not changed as ordered on 4/8/24, 4/15/24 and 4/22/24. During an interview on 7/26/24 at 1:25 p.m., LPN (Licensed Practical Nurse) 6 indicated when a nurse completes any treatment, it should have been signed off on the treatment administration record. On 7/25/24 at 1:48 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled Catheter Care. It included, but was not limited to, Policy .It is the policy of this facility to provide resident care .Catheter care is performed at least twice daily on residents .for as long as the catheter is in place This Citation relates to Complaint IN00439287 3.1-41

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 34231 Based on observation, interview and record review, the facility failed to ensure a staff member followed infection control practices for 1 of 5 observations related to infection control. (CNA 4) Findings include: During an observation on 7/23/24 at 8:13 p.m., CNA (Certified Nursing Aide) 4 was observed to exit a resident's room wearing gloves and carrying a soiled brief in one gloved had and a soiled pair of pants in the other. During an interview on 7/26/24 at 12:34 p.m., CNA 5 indicated after resident care was provided, soiled briefs should be placed in a bag and soiled clothing in a separate bag. Soiled gloves should have been removed prior to exiting the resident's room and all soiled clothing should be in a bag. The bagged items should then be placed in the soiled utility room. On 7/25/24 at 1:48 p.m., the Regional Director of Clinical Operations provided a current copy of the document titled Infection Prevention Program effective 3/9/2000. It included, but was not limited to, Policy .It is the policy of this facility to provide resident centered care .Residents have the right to reside in a safe environment that .reduces the risk of acquiring infections .The facility infection prevention program . addresses .prevention and control of infections among residents and employees 3.1-18(a)