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	11/18/2025

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview and record review, the facility failed to ensure a self-administration assessment was in place for a resident (Resident F) for 1 of 3 residents reviewed for resident rights. Findings include:During an observation on 11/17/25 at 9:35 a.m., the following was observed in Resident F's room:-a medication cup with a oval white pill -an Albuterol hand-held inhaler-an Anora hand-held inhaler During an interview, on 11/17/25 at 9:37 a.m., Resident F indicated the medication in the cup was his Lasix (diuretic) from yesterday that he had forgotten to take. The doctor said it was okay for him to have the rescue inhalers at bedside. The clinical record for Resident F was reviewed on 11/17/25 at 10:05 a.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), hypertension and anxiety. The admission Minimum Data Set (MDS) assessment, dated 9/25/25, indicated the resident's cognition was intact. The resident's November medication administration record indicated Resident F received the following medications:-Anoro Ellipta 62.5 - 25 mcg/act (microgram/actuation), inhale one puff daily in the morning for COPD-Lasix 40 mg (milligram) daily in the morning for hypertension-Albuterol Sulfate HFA 108 (90 base) mcg/act, inhale 2 puffs orally every 6 hours as needed for shortness of air/wheezingThe clinical record lacked documentation of a self-administration medication assessment and physician's order for the resident to self-administer medications.During an interview, on 11/18/25 at 2:05 p.m., Registered Nurse (RN) 5 indicated before a resident can self-administer medications, the resident should be assessed for self-administration and a physician's order should be in place.On 11/18/25 at 2:55 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled Resident Self-Administration of Medications. It included, but was not limited to, Policy.It is the policy of this facility to provide resident centered care.Procedure.Residents may not self-administer medication until the assessment is completed.Physician/Provider order is required for residents to self-administer medication. 3.1-11(a)

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