

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rockport Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 815 W Washington St Rockport, IN 47635	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>39130</p> <p>Based on interview and record review, the facility failed to ensure adequate pharmaceutical services were available to provide physician prescribed routine medications to 4 of 4 residents reviewed for pharmacy services. After the facility's contracted pharmacy failed to deliver routine medications, residents missed multiple prescribed daily medications. (Resident B, Resident C, Resident D, Resident F)</p> <p>Findings include:</p> <p>1. During an interview on 1/9/25 at 10:45 A.M., Resident B indicated that he typically receives his ordered medications, but that there was an issue with some of the medications during a recent winter storm.</p> <p>During an interview on 1/9/25 at 11:00 A.M., Registered Nurse (RN) 6 indicated that there was an issue with the facility's contracted pharmacy delivery some of the resident's routine medications a few days prior and that resident went about a day without some of their medications.</p> <p>During record review on 1/9/25 at 11:20 A.M., Resident B's diagnoses included but were not limited to, acquired absence of leg above knee, hypertension, and congestive heart failure.</p> <p>Resident B's physician orders included, but were not limited to, furosemide 20 milligrams (mg) one time a day (started 12/28/24), potassium chloride extended release (ER) 10 milliequivalents (mEq) one time a day (started 12/28/24), pravastatin sodium 80 mg one time a day (started 12/28/24), rivaroxaban 10 mg one time a day (started 12/28/24), and carvedilol 6.25 mg two times a day (started 12/27/24).</p> <p>Resident B's Medication Administration Record (MAR) for January 2025 indicated the resident did not receive the prescribed medications; furosemide 20 mg, potassium chloride ER 10 mEq, pravastatin sodium 80 mg, rivaroxaban 10 mg, and one dose of carvedilol 6.25 mg on 1/7/25.</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
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident B's nurse's progress notes indicated the following on 1/6/25 at 7:21 A.M.: (Blanket note affecting facility) Pharmacy notified nurse around midnight last night that they had canceled the run of medications due to the plane that delivers from their facility being canceled due to weather. This nurse asked what that meant for the medication rolls that were suppose to come during the night for medications on 1/6/25. At this time residents do not have any rolls of routine medication. Pharmacy indicated best they could do is try to get a driver to volunteer to make the drive but since they are under a state of emergency they don't have to work. Facility asked for an arrival time for medications as residents had no medication at all. All medications that can be, will be pulled from emergency kit in facility but not all medications are available and quantities are limited.</p> <p>2. During record review on 1/9/25 at 11:30 A.M., Resident C's diagnoses included, but were not limited to, hypertension, hyperlipidemia, hypercholesterolemia, and heart disease.</p> <p>Resident C's physician orders included, but were not limited to, aspirin 81 mg one time daily (started 12/12/24), atorvastatin calcium 40 mg once daily (started 12/12/24), and losartan potassium 100 mg one time daily (started 8/29/24).</p> <p>Resident C's MAR for January 2025 indicated the resident did not receive the prescribed medications; aspirin 81 mg, atorvastatin calcium 40 mg, and losartan potassium 100 mg on 1/7/25.</p> <p>3. During record review on 1/9/25 at 11:40 A.M., Resident D's diagnoses included, but were not limited to, muscle weakness, arthritis, low back pain, major depressive disorder, hypertension, urge incontinence, and chronic pain.</p> <p>Resident D's physician orders included, but were not limited to, ascorbic acid 500 mg one time daily (started 8/13/24), aspirin 81 mg one time a day (started 8/13/24), cetirizine hydrogen chloride (HCl) 10 mg one time daily (started 8/13/24), diltiazem HCl ER 300 mg one time a day (started 8/13/24), duloxetine HCl delayed release particles 30 mg one time a day (started 8/13/24), duloxetine HCl delayed release particles 60 mg one time a day (started 8/13/24), fexofenandine HCl 180 mg one time a day (started 8/13/24), fluticasone propionate suspension 50 micrograms (mcg) 1 spray in each nostril one time a day (started 8/13/24), montelukast sodium 10 mg one time a day (started 8/12/24), omeprazole delayed release 20 mg (started 8/13/24), tamsulosin HCl 0.4 mg one time a day (started 8/10/24), tizanidine HCl 2 mg one time a day (started 8/26/24), and guaifenesin ER 1200 mg two times a day (started 8/12/24).</p> <p>Resident D's MAR for January 2025 indicated the resident did not receive the prescribed medications; ascorbic acid 500 mg on 1/7/25, aspirin 81 mg on 1/6/25 and 1/7/25, cetirizine HCl 10 mg on 1/6/25 and 1/7/25, diltiazem HCl ER 300 mg on 1/6/25, duloxetine HCl delayed release particles 30 mg on 1/6/25, duloxetine HCl delayed release particles 60 mg on 1/6/25 and 1/7/25, fexofenandine HCl 180 mg on 1/6/25, fluticasone propionate suspension 50 mcg 1 spray in each nostril on 1/6/25, montelukast sodium 10 mg on 1/6/25, omeprazole delayed release 20 mg on 1/7/25, tamsulosin HCl 0.4 mg on 1/7/25, tizanidine HCl 2 mg on 1/6/25, and one dose of guaifenesin ER 1200 mg on 1/6/25.</p> <p>4. During record review on 1/9/25 at 11:55 A.M., Resident F's diagnoses included but were not limited to, anxiety, atrial fibrillation, depression, hypertension, hypothyroidism, muscle weakness, Parkinson's disease, and gastro-esophageal reflux disease.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident F's physician orders included but were not limited to, amiodarone HCl 200 mg one time a day (started 11/23/24), aspirin 81 mg one time a day (started 11/23/24), duloxetine HCl delayed release 30 mg one time a day (started 11/23/24), levothyroxine 50 mcg one time a day (started 11/23/24), magnesium oxide 400 mg one time a day (started 11/23/24), sennosides-docusate sodium 8.6-50 mg one time a day (started 11/23/24), rivastigmine tartrate 3 mg two times a day (started 11/23/24), buspirone HCl 5 mg three times a day (started 12/10/24), hydralazine HCl 25 mg three times a day (started 11/22/24), and carbidopa-levodopa 25-100 mg four times a day (started 11/22/24).</p> <p>Resident F's MAR for January 2025 indicated the resident did not receive the prescribed medications; amiodarone HCl 200 mg on 1/7/25, aspirin 81 mg on 1/6/25 and 1/7/25, duloxetine HCl delayed release 30 mg on 1/6/25 and 1/7/25, levothyroxine 50 mcg on 1/6/25 and 1/7/25, magnesium oxide 400 mg on 1/6/25 and 1/7/25, sennosides-docusate sodium 8.6-50 mg on 1/7/25, rivastigmine tartrate 3 mg two doses on 1/6/25 and one dose on 1/7/25, buspirone HCl 5 mg three doses on 1/6/25 and one dose on 1/7/25, hydralazine HCl 25 mg three doses on 1/6/25 and one dose on 1/7/25, and carbidopa-levodopa 25-100 mg one dose on 1/7/25.</p> <p>On 1/9/25 at 12:30 P.M., the facility's Facility Assessment, dated 1/1/24, indicated, .Resident support/care needs 2.1 List the types of care that your resident population requires and that you provide for your resident population . Medications .</p> <p>On 1/9/25 at 12:35 P.M., the facility emergency preparedness binder was reviewed. An undated document titled, Services Facility Can Provide in an Emergency Event, Continuity of Operations to Collaborators included, .Medications . Awareness of any limitations of administering medications . Administration of medications that residents need .</p> <p>On 1/9/25 at 1:15 P.M., the Facility Administrator supplied a facility policy titled, [Pharmacy Name] Policy and Procedure Manual 2023. A policy titled, 1.5 Pharmacy Services, dated 03/2023 indicated, An agreement is executed between authorized representatives of the facility and [Pharmacy] . [Pharmacy] agrees to perform the following pharmaceutical services, in addition to others that may be stipulated in the agreement: . providing medications packaged in accordance with the facility's needs and equipment requirements . Providing routine and timely pharmacy service 7 days per week and emergency pharmacy service 24 hour per day, seven days per week .</p> <p>This citation relates to complaint IN00450691.</p> <p>3.1-25(a)</p>		