

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2025
NAME OF PROVIDER OR SUPPLIER Meadow View Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Anson St Salem, IN 47167	

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 - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on interview and record review, the facility failed to ensure medications were available for administration, as ordered by the physician, for 2 of 4 residents reviewed for pharmaceutical services.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 5/30/25 at 11:10 a.m. The resident's diagnosis included, but was not limited to, hyperparathyroidism.</p> <p>The admission order, dated 4/25/25, indicated the resident was to receive Cinacalcet (medication used to treat hyperparathyroidism) 30 mg (milligrams) daily.</p> <p>The April 2025 medication administration record indicated between 4/26/25 through 4/30/25, the resident's medication was unavailable and not administered.</p> <p>The clinical record lacked documentation of the physician and pharmacy notification due to the unavailability for administration.</p> <p>During an interview on 6/2/25 at 8:45 a.m., Licensed Practical Nurse (LPN) 4 indicated if a medication was not available, it can be pulled from Omnicell (emergency drug kit). If the medication was unavailable in the Omnicell, the pharmacy should be called to find out why and then notify the physician.</p> <p>2. The clinical record for Resident C was reviewed on 5/30/25 at 12:26 p.m. The resident's diagnoses included, but were not limited to, hypertension and indigestion.</p> <p>The physician's order, dated 5/22/25, indicated the resident was to receive Metoprolol Succinate (medication for high blood pressure) 25 mg extended release 24 hour once daily.</p> <p>The physician's order, dated 5/22/25, indicated the resident was to receive Aluminum hydroxide/magnesium hydroxide/simethicone, 200-200-20 mg/5 ml (milliliters), 15 ml daily for indigestion.</p> <p>The May 2025 medication administration record indicated the Metoprolol was not administered between 5/25/25 through 5/29/25 due to the unavailability of the medication; the Aluminum hydroxide/magnesium hydroxide/simethicone was not administered between 5/25/25 through 5/29/25 due to the unavailability of the medication.</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 - Few</p>	<p>The clinical record lacked documentation of physician and pharmacy notification due to the unavailability for administration.</p> <p>On 6/2/25 at 2:55 p.m., the Director of Nursing provided a current copy of the document titled Medication Shortages/Unavailable Medications dated 12/01/07. It included, but was not limited to, Procedure .If a medication is unavailable during normal Pharmacy hours .A Facility nurse should call Pharmacy to determine the status of the order .If a medication is unavailable .after normal Pharmacy hours .A Facility nurse should obtain the ordered medication from the Emergency Medication Supply .If the ordered medication is not available in the Emergency Medication Supply, the licensed Facility nurse should call Pharmacy's emergency answering service and request to speak with the registered pharmacist on duty to manage the plan of action</p> <p>This Citation relates to Complaint IN00458683</p> <p>3.1-25(a)</p>