

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Salem Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Connie Ave 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 observation, record review, and interview, the facility failed to ensure residents medication administration records accurately reflected the administration of narcotics at the time of administration for 2 of 39 residents observed for pharmacy service procedures. (Residents 35 and 8)</p> <p>Findings include:</p> <p>1. During an observation, on 6/3/25 at 11:20 a.m., of the 300 Hall Medication Cart 2, Resident 35's hydrocodone-acetaminophen 7.5 milligrams (mg)-325 mg medication card indicated 11 tablets were left. The Controlled Substances Record indicated 12 tablets were left. The last documented administration of the hydrocodone-acetaminophen was on 6/2/25 at 8:00 p.m., by Qualified Medication Aide (QMA) 6.</p> <p>The record for Resident 35 was reviewed on 6/6/25 at 11:33 a.m. The resident's diagnoses included, but were not limited to, osteoarthritis of the right shoulder and right wrist, hereditary and idiopathic neuropathy, incomplete rotator cuff tear or rupture of the right shoulder, calcific tendinitis of the right shoulder, sciatica to the right side, and cramp and spasms of the lower extremities.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 5/13/25, indicated the resident was moderately cognitively impaired. The resident was unable to answer the level of pain, frequency of pain, or location of pain.</p> <p>The care plan, revised 5/27/25, indicated the resident was at risk for pain related to acute cystitis, hypokalemia, dementia, hypertension, urinary incontinence, and left humerus fracture. The interventions, dated 9/23/22, included, but were not limited to, administer medications as ordered, document effectiveness of as needed (prn) medications, and notify the physician if pain was unrelieved and or worsening.</p> <p>The physician's order, dated 4/10/25, indicated to administer hydrocodone-acetaminophen 7.5 mg-325 mg twice daily for moderate pain, not to exceed 4 grams of acetaminophen from all sources in 24 hours.</p> <p>The June 2025 Medication Administration Record (MAR) indicated the resident last received hydrocodone-acetaminophen on 6/3/25 at 8:00 a.m. The medication was administered by Licensed Practical Nurse (LPN) 5.</p> <p>During an interview, on 6/3/25 at 11:32 a.m., LPN 5, indicated she had forgotten to sign out the narcotic after administering it.</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>2. During an observation, on 6/3/25 at 11:34 a.m., of the 100 Hall Medication Cart 1, the following narcotic counts were identified for Resident 8:</p> <ul style="list-style-type: none"> - Resident 8's hydrocodone-acetaminophen 10 mg-325 mg medication card indicated 11 tablets were left. The Controlled Substances Record indicated 12 tablets were left. The last documented administration of the hydrocodone-acetaminophen was on 6/2/25 at 9:00 p.m., by LPN 4. - Resident 8's Pregabalin 75 mg medication card indicated 3 capsules were left. The Controlled Substances Record indicated 4 capsules were left. The last documented administration of the pregabalin was on 6/2/25 at 8:00 a.m., by LPN 3. <p>The record for Resident 8 was reviewed on 6/6/25 at 9:22 a.m. The resident's diagnoses included, but were not limited to, right knee replacement surgery, dorsalgia, osteoarthritis, degenerative joint disease, muscle spasm, migraines, cervical disc displacement, spondylosis with radiculopathy to the cervical region, and cervical disc degeneration.</p> <p>The admission MDS assessment, dated 5/15/25, indicated the resident was moderately cognitively impaired. The resident had experienced occasional moderate pain in the last 5 days, which rarely affected his sleep or day to day activities.</p> <p>The care plan, revised on 5/20/25, indicated the resident was at risk for pain, related to being status post right knee replacement surgery. He had an implanted pain pump to the right thigh, dorsalgia, cervical disc degeneration and displacement, degenerative joint disease, and migraines. The interventions, dated 5/10/25, included, but were not limited to, administer medications as ordered, document effectiveness of the prn pain medications, and notify the physician if pain was unrelieved and or worsening.</p> <p>The physician's order, dated 5/9/25, indicated to administer 10 mg-325 mg of hydrocodone-acetaminophen every 6 hours prn for moderate pain, not to exceed 4 grams of acetaminophen in a 24 hour period.</p> <p>The June 2025 MAR indicated the resident last received the hydrocodone-acetaminophen on 6/3/25 at 7:33 a.m. The pain level was documented as a 4 out of 10 (A little more pain) on the Wong-Baker facial pain scale to the right knee. The medication was administered by LPN 3.</p> <p>The physician's order, dated 5/12/25, indicated to administer 75 mg of pregabalin daily for spondylosis with radiculopathy of the cervical region.</p> <p>The June 2025 MAR indicated the resident last received the pregabalin on 6/3/25 at 8:00 a.m. The medication was administered by LPN 3.</p> <p>During an interview on 6/3/25 at 11:38 a.m., LPN 3 indicated she should have signed out the narcotics after she gave them. The policy was to sign the narcotics out upon administration of the medication.</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 - Few</p>	<p>The Controlled Substances: Storage, Documentation, Inventory and Destruction (Includes Fentanyl Patch Removal and Destruction) policy, dated November 2024, included, but was not limited to, .Purpose of Policy: To prevent diversion, improper use and accidents related to controlled substances . Documentation 1. When a controlled substance is administered to a resident, it must be recorded in the resident's Medication Administration Record (MAR) as well as in the resident's Controlled Substances Inventory Record at the time of administration .</p> <p>3.1-25(b)(3)</p>		