STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155335	A. Building B. Wing	06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ossian Health Care and Rehabilitation Center	215 Davis Rd Ossian, IN 46777

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 - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46156 Based on interview, observation, and record review the facility failed to ensure an intrathecal pump (ITP) (surgically implanted device that delivers medication directly to the fluid surrounding the spinal cord) had orders and directions for use for 1 of 7 residents reviewed (Resident 337). Findings include: In an interview on 6/25/24 at 12:06 PM, Resident 337 indicated she had a morphine pain pump in her abdomen for back and foot pain. She indicated the pump had been in place for about one year. Resident 337's record was reviewed on 06/26/24 at 11:27 AM. Diagnoses included rheumatoid arthritis, diabetic neuropathy, non-pressure chronic ulcer of part of right foot, hypotension, urine retention and back pain. Resident 337's quarterly Minimum Data Set (MDS), dated [DATE], indicated her Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact). The MDS indicated the resident was on scheduled and as needed pain medication. The MDS did not indicate the resident was on opioid medication. Resident 337's current Care Plan, dated 2/15/24, indicated the resident had chronic pain related to rheumatoid arthritis with a goal date of 5/10/24. The plan indicated her pain would be managed at her current level of control. Interventions included Resident 337 had a pain pump she managed and was refilled at her Pain Management Clinic, she would be referred to the pain clinic for unmanageable pain, and she would be monitored for increased sedation, constipation, and respiratory depression. The care plan did not indicate the pain medication used in the ITP, monitoring for morphine side effects, and monitoring for signs/symptoms of infection that could occur with use of an ITP. Resident 337's medical record, dated 1/23/24 (faxed to the facility on [DATE]), from the Pain Medicine clinic indicated the resident had an intrathecal pump for pain management of her lower back pain. The ITP which was filled in their office every other month. The record indicated on 1/23/24 Resident 337's ITP was refilled with Morphine Sulfate 4 milligram (mg) per milliliter (ml) for a total of 40 ml. A Special Instruction statement in Resident 337's medical record indicated the resident saw the Pain Medicine clinic for her pain pump management. (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 6/26/24 at 11:36 AM, LPN , Resident 337's nurse, indicated the resident was on ibuprofen 400mg every 8 hours as needed and added she also received gabapentin 600mg 4 times a day and this was the only pain medication the resident received. In an interview on 6/27/27 at 11:21 PM, LPN 2 indicated she provided nursing staff with a 2-page handout at morning huddle on Resident 337's pain pump. The handout provided the pump's brand name, helpful information, and a third page indicated nurses should follow manufacturer guidelines. signed by the employees in attendance. The ITP User Guide (2019) indicated side effects related to intrathecal morphine use included nausea (vomiting), constipation, urinary retention, daytime drowsiness, itching, rash, excessive sleepiness, sleep difficulty, confusion, euphoria, withdrawal, excessive sweating, swelling caused by fluid retention, flushing of face or anxiety, diarrhea, dizziness, dry mouth, allergic reaction, dysphoria (profound state of dissatisfaction), hallucinations, leg weakness, fall, headache, flu-like symptoms, numbness after activating a dose, shortness of breath, taste distortion, and weight gain. The User manual indicated symptoms of overdose may include shallow or slow breathing, excessive sleepiness, swelling due to fluid retention, low blood pressure (blood pressure less than 90/60 mm Hg), and reduced heart rate. The User Guide indicated symptoms of withdrawal due to ITP failure may include restlessness, body aches, chills, sweating, and pupil dilation. A Delhaas and Huygen ([DATE]) article titled Complications associated with intrathecal drug delivery systems indicated health professionals often fail to recognize potential infection complications from an ITP following refilling the ITP reservoir. The article indicated possible resident signs and symptoms of infections included fever, headache, stiff neck, vomiting, and change in consciousness. Resident 337's current physician orders did not include an order for the resident's ITP management. No orders were located for the ITP, the medication, dosage, bolus, lockout rate for the ITP, monitoring of ITP pain medication side effect, or monitoring of signs/symptoms of infection from the ITP usage. Resident 337's Medication Administration record (MAR) dated 6/1/24 to 6/27/24 at 12:00 PM indicated the nursing staff observed for side effects of antipsychotic, antidepressant, anti-anxiety, and hypnotic use. Resident 337's MAR did not indicate to observe for and/or document side effects of morphine/opioid use. Resident 337's MAR did not indicate for nursing staff to document signs and/or symptoms of infection due to ITP usage. Resident 337's progress note dated 6/22/24 at 5:57 PM indicated the resident indicated her urine output had slowed, a bladder scan was conducted, and 523 milliliters of urine was in the bladder. Resident 337's progress notes, dated 6/22/24 through 6/27/24 did not indicate the resident's Pain Medicine Clinic was notified of her possible intrathecal morphine side effects of urinary retention with placement of a Foley catheter on 6/22/24. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 6/26/24 at 1:51 PM, the Director of Nursing (DON) indicated there was no current order for Resident 337's morphine pain ITP since the resident returned from the hospital on 6/17/24. The Assistant Director of Nursing (ADON) entered the following order: Implanted pain pump with Morphine 4.0 mg/mL. Continuous Morphine 0.0542 mg/hr with total of 1.3003 mg/day. Bolus Morphine 0.4504mg with duration 7 minutes, maximum activations 4/day, lockout interval 3 hours (hrs), dose restriction interval 1/(3 hrs). Managed by Doctor at Pain Medicine. No directions specified for order. In an interview on 6/28/24 at 9:30 AM, the Executive Director and DON indicated there was no current order for Resident 337's morphine pain ITP on her returned from the hospital 6/17/24 and should had been. They indicated the facility had not been monitoring for ITP morphine side effects and potential infection risk due to the ITP, but should had been. A current policy titled Following Physician Orders, provided by the ADON on 6/27/24 at 12:00 PM, indicated licensed healthcare providers would manage resident care in a safe and effective manner. The policy indicated the licensed healthcare provider would assess the resident for appropriate response to orders and it would be documented in the medical record. A current policy titled Readmission to Facility, provided by the ADON on 6/27/24 at 12:00 PM, provided no information concerning the medication orders at readmission. No additional policies were provided by survey exit. 3.1-37