

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER Amber Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 E Illinois St Petersburg, IN 47567	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to ensure an allegation of abuse was reported to the state agency timely for 1 of 1 allegations of abuse reviewed. Following an allegation of abuse, the facility failed to report the allegation to the state agency within the required timeframe. (Resident D) Finding includes: A review of grievances on 7/6/26 at 11:30 A.M. included a concern from Resident D's family member regarding the resident's care on 6/14/26. A review of facility reported incidents on 7/6/26 at 11:40 A.M. included an incident reported on 6/15/26 at 9:58 A.M. The facility reported incident included that Resident D stated she had been fondled during the night by a woman with short blonde hair. Record review on 7/6/26 at 2:00 P.M. included Resident D's progress notes that were not limited to a noted dated 6/14/26 at 5:30 P.M. The nurse's progress note indicated Resident D and her family member verbalized care concerns. The Facility Administrator and Social Service Director (SSD) were notified and a head to to assessment was completed without new findings. A review of the facility's investigation of the incident on 7/6/26 at 2:20 P.M. included a typed statement from the SSD signed 6/15/26. The statement indicated the SSD was notified by the Facility Administrator that Resident D's daughter filed a complaint that Resident D verbalized she had been sexually fondled. During an interview with the resident, she stated She fondled me, she fondled me and She also told me I had a pretty butt. Interview on 7/6/26 at 2:50 P.M., the SSD indicated she received a call on 6/14/26 (Sunday) regarding the incident. Since she lived closer than the Facility Administrator and Director of Nursing (DON) she came into the facility to speak with the resident and family. The SSD indicated she did not have access to report the allegation to the state agency and that the Facility Administrator usually reported incidents to the state agency. Interview on 7/6/26 at 2:55 P.M., the Facility Administrator indicated she reported the allegation to the state agency the following day on 6/15/26. On 7/7/26 at 10:05 A.M., the DON supplied a facility policy titled, Abuse, Neglect and Exploitation Procedural Guidelines, dated 11/19/25. The policy included, . g) Reporting/Response . iii. Ensure that all alleged violations involving abuse . are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury . 410 IAC (Indiana Administrative Code) 16.2-3.1-28(c)		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to ensure resident records were complete and accurate for 1 of 3 residents reviewed for death. Resident records contained documentation that the drug Morphine Sulfate was administered on multiple occasions while the resident did not receive the medication. (Resident D) Finding includes: A record review on 7/6/26 at 2:00 P.M., Resident D's diagnoses included, but were not limited to dementia and respiratory failure. Resident D's most recent Significant Change Minimum Data Set (MDS) assessment, dated 3/20/26, indicated the resident had severe cognitive impairment and received hospice services. A list of allergens for Resident D included, but were not limited to, Morphine Sulfate. Nurse's notes included, but were not limited to the following: 6/7/26 at 2:45 P.M. - Resident continued to be lethargic. Morphine & Ativan given once that shift to keep comfortable. 6/8/26 at 11:54 A.M. - Triage updated with new orders. Morphine and Ativan given, resident had been comfortable. 6/9/26 at 11:58 P.M. - Routine Morphine Concentrate and Lorazepam administered as ordered. 6/11/26 at 12:04 A.M. - Routine Morphine Concentrate and routine Lorazepam administered as ordered. 6/14/26 at 2:56 A.M. - Routine Morphine Concentrate and routine Lorazepam continued as ordered. 6/14/26 at 5:30 P.M. - Scheduled doses of Ativan and Morphine around 5:30 A.M. Medications given with effectiveness. 6/19/26 at 5:52 A.M. - Resident continued to receive routine Morphine and Ativan. As needed Morphine and Ativan given during the night. 6/20/26 at 5:46 A.M. - Resident continued to get routine Morphine and Ativan every six hours. Physician orders did not include an order for routine or as needed Morphine. Resident D's Medication Administration Record (MAR) for the month of June, 2026 contained no documentation that the resident received Morphine Sulfate at any time. Interview on 7/6/26 at 2:25 P.M. RN 4 indicated Resident D did not have a physician's order to receive Morphine and the nursing staff may have documented in error that the resident had received the medication as the resident had received hospice services and Morphine being a typical routine hospice medication. Interview with the facility pharmacy on 7/7/26 at 9:55 A.M. indicated the pharmacy never filled an order for Morphine for Resident D and that Resident D had never been charged for the medication due to staff pulling Morphine from the facility Emergency Drug Kit (EDK). Interview on 7/7/26 at 10:00 A.M., RN 8 indicated the facility did not have a facility policy related to the accuracy of nursing documentation. This citation relates to intake 3040752 . 410 IAC (Indiana Administrative Code) 16.2-3.1-50(a)(1) 410 IAC 16.2-3.1-50(a)(2)		