STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155370	A. Building B. Wing	03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare of New Harmony	251 Highway 66 New Harmony, IN 47631

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 39130 Based on observation, interview, and record review, the facility failed to ensure a resident received only the medications ordered by a physician and that medications were properly labeled for 1 of 3 residents reviewed for pharmacy services. A resident was self-administering an antacid medication without the medication being properly labeled or ordered by a physician. (Resident D) Finding includes: During an interview and observation on 3/4/25 at 10:30 A.M., Resident D was sitting in a reclining chair in her room. A clear plastic cup was approximately two-thirds full of multi-colored tablets. The cup contained no labels or information that indicated what the contents of the cup were. Resident D indicated that her stomach had been bothering her and that the Tums (motioned towards the cup of tablets)(calcium carbonate medications) had not helped. Resident D was holding a sheet of paper and indicated that a nurse had just brought her the results of a scan completed the previous day. During record review on 3/4/25 at 2:00 P.M., Resident D's diagnoses included but were not limited to dysphagia, gastro-esophageal reflux disease, congestive heart failure, and type II diabetes. Resident D's most recent quarterly minimum data set (MDS) assessment, dated 2/15/25, indicated the resident had no cognitive impairment. Resident D's physician orders did not contain an order for any calcium carbonate medications. Resident D did have an order to administer insulin per self and keep insulin and accu-check supplies at bedside (ordered 1/16/25). A self administration of medications assessment, dated 1/20/25, indicated Resident D was capable of self-administering medications. Resident D's nurse's progress notes indicated the following: 3/4/25 at 8:00 A.M. - Yesterday's (3/3/25) Doppler results were negative. Resident aware of results. 3/4/25 at 9:00 A.M. - Resident D was in a pleasant mood with no complaints. Resident watching television in recliner. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/4/25 at 2:45 P.M., LPN 6 indicated Resident could keep insulin and accu-check supplies at bedside but did not have an order to self-administer any other medications and that the resident did not have a physician's order for Tums. LPN 6 indicated Resident D's family had likely brought the medication in without informing nursing staff. On 3/4/25 at 3:10 P.M., the Assistant Director of Nursing (ADON) supplied a facility policy titled, Resident Self-Administration of Medication, dated 5/30/23. The policy included, .7. All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage. Unauthorized medications are given to the charge nurse for return to the family or responsible party . This citation relates to complaint IN00454320. 3.1-25(a) 3.1-25(b)(1) 3.1-25(j)