

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER Poplar Care Strategies		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Poplar St Loogootee, IN 47553	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. (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: 155374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER Poplar Care Strategies		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Poplar St Loogootee, IN 47553	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the safe, secure, and orderly storage of medications in 1 of 3 medication carts observed and 1 of 2 medication storage rooms observed. (East Hall medication storage room, [NAME] Hall medication cart) Findings include: 1. During an observation on 10/9/25 at 11:20 A.M., the Hall 1 medication cart contained the medications Alka-[NAME], melatonin, and Dulcolax. The medications were contained in an original box with Resident D's name handwritten on the box. No labeling containing ordered dosage, route, frequency of administration, or prescriber name were on the medication. During an interview on 10/9/25 at 11:25 A.M., QMA 4 indicated Resident D's family had brought the unlabeled medications into the facility for the resident and that the resident did not have a physician's order to receive the medications. During record review on 10/9/25 at 12:00 P.M., Resident D's physician orders did not include orders for the resident to receive Alka-Seltzer, melatonin, or Dulcolax. Resident D's nurses progress notes included no documentation of when Resident D's family had brought the medications to the facility or that the physician was notified of a request to receive the medications Alka-Seltzer, melatonin, or Dulcolax. 2. During an observation on 10/9/25 at 11:30 A.M., the Hall 2 medication storage room was observed. A medication storage refrigerator that contained resident beverages and resident medications had a temperature log sheet taped to the outside of the refrigerator door. The temperature log sheet included instructions Temperature Log - Must Be Completed Each Shift. The Log sheet for October 2025 had two columns, one for the 7:00 A.M. - 7:00 P.M. shift and another for the 7:00 P.M. - 7:00 A.M. shift. No documented temperature checks were recorded on the log on 10/3/25 (second shift), 10/4/25 (first shift), 10/5/25 (first shift), 10/6/25 (second shift), 10/7/25 (first and second shift), and 10/8/25 (second shift). During an interview on 10/9/25 at 11:35 A.M., LPN 7 indicated nursing staff should check and document the medication storage refrigerator temperature each shift at the beginning of their shift. LPN 7 indicated if a resident's family brings medications from home for a resident, nursing staff should notify the physician to obtain an order for the medications. If a medication is prescribed for a resident, a pharmacy label with all pertinent prescribing information should be included on the medication. If a pharmacy label is not on a medication, nursing staff should fill out a facility label. On 10/9/25 at 11:50 A.M., the Facility Administrator supplied a facility policy dated 07/2012, titled Storage of Medications and Biologicals. The policy included, . 10. Medications requiring 'refrigeration' .are kept in a refrigerator with a thermometer to allow temperature monitoring. On 10/9/25 at 12:15 P.M., the Facility Administrator supplied a facility policy dated 07/2012, titled Medications Brought to the Facility by Resident or Family. The policy included, Medications brought into the facility by a resident or family member are used only upon written order by the resident's attending physician, after the contents are verified by the nurse, and if the packaging meets the state, federal and facility's guidelines. Other unauthorized medications are not accepted by the facility . 1. Use of medication brought to the facility by a resident or family member is allowed only when the following conditions are met: a. The medication name, dosage form, and strength has been verified. b. The medication was ordered by the resident's physician and entered in the resident's medical record. c. The medication container is clearly labeled in accordance with the facility procedures for medication labeling and packaged in a manner consistent with facility guidelines for medications . This citation relates to intake 2617151. 3.1-25(j)3.1-25(m)</p>		