

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Seymour Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 707 S Jackson Park Dr Seymour, IN 47274	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>50498</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was clinical appropriate prior to medication being left unattended at bedside for a resident to self-administer for 1 of 3 residents reviewed for self-medication administration. (Resident C)</p> <p>Findings include:</p> <p>During an observation and interview on 12/10/2024 at 8:48 A.M., Resident C was in her wheelchair with her bedside table in front of her. A medicine cup filled with various colored pills sat on the table to her left and two separate medicine bottles with liquid drop medications laid on the bed in front of her. The resident indicated that she was in the restroom when the nurse brought her medications, so they were left on the table for her to take. She doesn't typically administer them herself, but sometimes she does. No staff were in the resident's room or within sight of the resident.</p> <p>During an interview on 12/10/2024 at 10:34 A.M., Qualified Medication Aide (QMA) 2 indicated on Resident C's unit there was a confused resident that wandered the hallway on a regular basis.</p> <p>During an interview on 12/10/24 at 12:04 P.M., Licensed Practical Nurse (LPN) 3 indicated that she was unaware of any residents that self-administered medications, and she never left medications unattended at a resident's bedside. Staff were to stay in the resident's room until the medication was taken.</p> <p>During an interview on 12/10/24 at 1:50 P.M., the Director of Nursing (DON) indicated Resident C lacked a care plan and an order for self-administration prior to the medication being left at bedside on 12/10/24.</p> <p>The clinical record for Resident C was reviewed on 12/10/24 at 11:11 A.M A Quarterly Minimum Data Set (MDS) assessment, dated 11/22/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, anemia, seizure disorder, anxiety, and depression.</p> <p>The clinical record for Resident C lacked an assessment or an order to self-administer medications until after the observation on 12/10/24.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The current facility policy titled, General Dose Preparation and Medication Administration with a review date of 04/30/24 and was provided by the DON on 12/10/24 at 1:50 P.M. The policy indicated, .Facility staff should not leave medications or chemicals unattended .Observe the resident's consumption of the medication(s) .</p> <p>3.1-11(a)</p>