

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Shady Nook Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  36 Valley Dr Lawrenceburg, IN 47025	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>38769</p> <p>Based on record review and interview, the facility failed to administer routine insulin in a timely manner for 1 of 3 residents reviewed for pharmacy services. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 06/04/24 at 5:32 P.M. A Quarterly MDS (Minimum Data Set) assessment, dated 05/07/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, end stage renal disease, heart failure, hypertension, and diabetes. The resident was administered insulin during the review period.</p> <p>An open-ended physician's order indicated the resident was to be administered Tresiba (an insulin medication) 30 units at 9:00 P.M., every night for diabetes.</p> <p>The March, April, and May 2024 EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) indicated the resident had received the insulin two times in 24 hours on the following dates and times:</p> <ul style="list-style-type: none"> <li>- 03/12/24 at 2:44 A.M. and 8:11 P.M.,</li> <li>- 03/25/24 at 2:14 A.M. and 8:39 P.M.,</li> <li>- 05/28/24 at 1:04 A.M. and 8:20 P.M.,</li> <li>- 04/15/24 at 12:49 A.M. and 9:17 P.M.,</li> <li>- 04/27/24 at 12:50 A.M., and 9:23 P.M.,</li> <li>- 05/05/24 at 1:14 A.M. and 9:01 P.M.,</li> <li>- 05/08/24 at 12:23 A.M., and 9:12 P.M., and</li> <li>- 05/12/24 at 2:27 A.M., and 9:27 P.M.</li> </ul> <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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/05/24 at 2:13 P.M. LPN (Licensed Practical Nurse) 2 indicated if a resident had a routine dose of insulin that was due at the same time every day or night then the nurse had a two hour window to give the medication, it should be given either an hour before or an hour after the scheduled administered dose time. It should never be administered after the one hour.</p> <p>During an interview on 06/05/24 at 4:25 P.M., Resident B indicated there were many nights they had to be woken up to get their insulin. The nurse would not bring it in until midnight or later, which was after the scheduled time it was to be given.</p> <p>The current facility policy titled, Insulin Administration was provided by the Administrator on 06/05/24 at 3:23 P.M. The policy indicated .To provide guidelines for the safe administration of insulin to residents with diabetes .</p> <p>The current facility policy titled, Administering Medications was provided by the Administrator on 06/05/24 at 3:23 P.M. The policy indicated, .Medications shall be administered in a safe and timely manner, and as prescribed .Medications must be administered within (1) hour of their prescribed time, unless otherwise specified .</p> <p>This citation relates to complaints IN00433817 and IN00435973.</p> <p>3.1-37(a)</p> <p>3.1-48(a)</p>		