STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155525	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shady Nook Care Center	36 Village Drive 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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure accurate documentation was completed related to a resident's pain medication for 1 of 3 residents reviewed for accuracy of records. (Resident B) Findings include:The clinical record for Resident B was reviewed on 05/12/2026 at 9:14 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 02/19/2026, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, cancer (the uncontrolled growth and spread of abnormal cells in the body), chronic kidney disease (an illness were the kidneys are damaged and cannot effectively filter waste and extra fluid from the blood), and end-stage renal failure (severe kidney failure where kidney function is less than 15% of normal). A Progress Note, dated 04/27/2026 at 6:18 P.M., indicated Resident B was transferred to the hospital by ambulance. A Progress Note, dated 04/30/2026 at 10:03 A.M., indicated Resident B would not be returning to the facility from the hospital. A physician's order, dated 11/11/2025 through 04/29/2026, indicated Resident B was to receive Hydrocodone-Acetaminophen (a pain medication) oral tablet 5-325 Milligrams (MG) one tablet by mouth every six hours for pain. The April 2026 Electronic Medication Administration Record (EMAR) indicated on 04/28/2026 Resident B was administered a Hydrocodone-Acetaminophen at 06:00 A.M., and the resident had a pain level of four out of ten. During an interview, on 05/12/2026 at 1:47 P.M., Registered Nurse (RN) 2 indicated when administering a narcotic pain medication you asses the residents pain level prior to administering the medication, and once administered you chart in the electronic health record that it was administered successfully while recording the administration on the narcotic count book as well. During an interview, on 05/12/2026 at 2:49 P.M., the Director of Nursing (DON) indicated Resident B was at the hospital on [DATE], and the medication should not have been charted as administered. The current facility policy, dated October of 2010, titled, Administering Oral Medications, was provided by the Director of Nursing on 05/12/2026 at 3:05 P.M. The policy indicated, .6. Check the label of the medication and confirm the medication name and dose with the MAR .10.confirm the identity of the resident .21. Remain with the resident until all medications have been taken . This citation relates to Intake 3005015. 410 IAC (Indiana Administrative Code) 3.1-50(a)(2)

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