

| | | | |
|--|--|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
|--|--|
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>38239</p> <p>Based on record review and interview, the facility failed to ensure the accuracy of Minimum Data Set assessments for 3 of 21 residents reviewed. (Residents 8, 91, and 27)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 8 was reviewed on 11/13/24 at 1:15 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 10/14/24, indicated the resident was cognitively intact. The Swallowing/Nutritional Status section of the assessment indicated the resident received parenteral/intravenous feeding and had a feeding tube while he was a resident in the facility during the assessment review period. The resident's physician's orders for October 2024 lacked an order for tube feeding.</p> <p>During an interview on 11/08/24 at 9:45 A.M., the resident indicated he had never had a feeding tube.</p> <p>During an interview on 11/13/24 at 1:36 P.M., the MDS Coordinator indicated the resident didn't have a feeding tube. The Quarterly MDS assessment was incorrect.</p> <p>2. The clinical record for Resident 91 was reviewed on 11/08/24 at 1:30 P.M. A Discharge MDS assessment, dated 10/04/24, indicated the resident was moderately cognitively impaired. The Identification section of the assessment indicated the resident discharged from the facility on 10/04/24. The discharge was planned, and the resident went to a short-term general hospital.</p> <p>During an interview on 11/08/24 at 10:56 A.M., the Therapy Manager indicated the resident went to another Long Term Care (LTC) facility.</p> <p>A Nursing Note, dated 10/4/2024 at 12:00 P.M., indicated the resident was discharging to another facility and was transported by the facility bus.</p> <p>During an interview on 11/13/24 at 1:51 P.M., the MDS Coordinator indicated the resident did not go to the hospital he went to another LTC facility. The assessment should have accurately reflected the resident's discharge destination.</p> <p>33613</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 |
|---|-------|-----------|
|---|-------|-----------|

| | | | |
|--|--|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>3. The clinical record for Resident 27 was reviewed on 11/13/24 at 2:02 P.M. A Quarterly MDS assessment, dated 08/22/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, diabetes, hypertension, dementia, and chronic obstructive pulmonary disease. Section O special treatments, procedures, and programs indicated the resident was receiving Hospice care while he was a resident in the facility during the assessment review period.</p> <p>The August 2024 physician orders, provided by the Director of Nursing (DON) on 11/14/24 at 2:15 P.M., lack documentation that the resident received Hospice care.</p> <p>During an interview on 11/13/24 at 1:36 P.M., the MDS Coordinator indicated the resident didn't receive Hospice care. The Quarterly MDS assessment was incorrect and she referred to the RAI manual for completing MDS assessments.</p> <p>3.1-31(c)(5)</p> <p>3.1-31(c)(6)</p> <p>3.1-31(c)(8)</p> | | |

| | | | |
|--|--|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
|--|--|
| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34232</p> <p>Based on record review and interview, the facility failed to obtain physician ordered vital signs prior to medication administration for 1 of 21 residents reviewed for Quality of Care. (Resident 1)</p> <p>Findings include:</p> <p>The clinical record for Resident 1 was reviewed on 11/07/24 at 1:33 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 10/24/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, hypertension, diabetes, and dementia.</p> <p>The Electronic Medication Administration Records (EMAR) for September and October 2024, were provided by the DON on 11/13/24 at 12:54 P.M., and included, but were not limited to, the following:</p> <p>The September EMAR indicated the resident received the following medications:</p> <ul style="list-style-type: none"> - Lisinopril, for hypertension, 20 milligrams (mg) one time a day. Staff were to hold (not give) the medication if the resident's systolic blood pressure (the top number) was less than 100 or if their heart rate was less than 60 beats per minute. The medication had a start date of 11/14/23. <p>The record had places to document the resident's blood pressure (BP) and heart rate at 9:00 A.M., when the medication was due to be administered. The EMAR documents were left blank from September 3 through September 30, 2024.</p> <ul style="list-style-type: none"> - Propranolol, for hypertension, 10 mg two times a day, at 7:00 A.M. and 7:00 P.M. Staff were to hold the medication if the resident's systolic blood pressure was less than 100 or if their heart rate was less than 60 beats per minute. The medication had a start date of 01/17/22. <p>The record had places to document the resident's BP and heart rate, two times a day, that were left blank for the entire month of September 2024.</p> <p>The Vitals records for September 2024, were provided by the DON on 11/13/24 at 12:54 P.M., and indicated the resident's blood pressure and heart rate were documented on the following dates and times:</p> <ul style="list-style-type: none"> - 09/01/24 at 7:10 A.M., - 09/01/24 at 8:28 P.M., - 09/02/24 at 7:17 A.M., - 09/03/24 at 12:20 A.M., - 09/03/24 at 6:45 A.M., - 09/04/24 at 11:46 P.M., <p>(continued on next page)</p> |

| | | | |
|--|--|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
|--|---|
| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>- 09/05/24 at 11:03 P.M.,</p> <p>- 09/10/24 at 7:31 A.M.,</p> <p>- 09/14/24 at 8:13 P.M.,</p> <p>- 09/19/24 at 11:42 P.M., and</p> <p>- 09/24/24 at 11:06 P.M.</p> <p>The Progress Notes for September and October 2024, were provided by the DON on 11/13/24 at 12:54 P.M. A Progress Note, dated 09/10/24 at 8:30 A.M., indicated the resident's medications, Propranolol and Lisinopril, had been held due to the resident's heart rate of 56, which was below the prescribed limit. The record lacked documentation of any refusals by the resident, or any other vital signs related to the prescribed times the medications were due to be administered. The Interdisciplinary Notes indicated the resident had falls on 09/03/24 and 09/24/24. No other falls were documented in the Progress Notes.</p> <p>Neurological Evaluation Flow Records for the falls on 09/03/24 and 09/24/24 were provided by the DON on 11/13/24 at 10:22 A.M. The records indicated the resident's blood pressure and heart rate were documented on the following dates and times that were within the two hour time frame the medications were to be administered:</p> <p>- 09/03/24 at 7:05 A.M.,</p> <p>- 09/04/24 at 7:05 A.M.,</p> <p>- 09/05/24 at 7:05 A.M.,</p> <p>- 09/06/24 at 7:05 A.M.,</p> <p>- 09/24/24 at 7:15 P.M., and</p> <p>from 09/25/24 through 09/29/24, the vital signs were documented twice a day, in the morning, AM, and in the evening, PM, with no specific times listed.</p> <p>The resident's clinical record lacked any vital signs of BP or heart rate related to the administration of Lisinopril and Propranolol for the following dates: September 6, 7, 8, 9, 11, 12, 13, 20, 21, 22, 23 and 30, 2024.</p> <p>The October EMAR indicated the resident received the following medications:</p> <p>- Lisinopril, for hypertension, 20 mg one time a day. Staff were to hold the medication if the resident's systolic blood pressure was less than 100 or if their heart rate was less than 60 beats per minute. The medication had a start date of 11/14/23.</p> <p>The record had places to document the blood pressure and heart rate that were left blank from October 1, through October 25, 2024.</p> <p>(continued on next page)</p> |

| | | | |
|--|---|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>- Propranolol, for hypertension, 10 mg two times a day, at 9:00 A.M., and 8:00 P.M. Staff were to hold the medication if the resident's systolic blood pressure was less than 100 or if their heart rate was less than 60 beats per minute. The medication had a start date of 01/17/22.</p> <p>The record had places to document the blood pressure and heart rate, twice a day, that were left blank from October 1, 2024, through the 9:00 A.M. dose on October 25, 2024.</p> <p>The Vitals records for October 2024, were provided by the DON on 11/13/24 at 12:54 P.M. The resident's blood pressure and heart rate were documented on the following dates and times:</p> <ul style="list-style-type: none"> - 10/02/24 at 2:44 P.M., - 10/25/24 at 8:20 P.M., and <p>from 10/26/24 through 10/31/24, the vital signs were documented twice a day, once in the morning, and once in the evening.</p> <p>The resident's clinical record lacked any vital signs of BP or heart rate related to the administration of Lisinopril and Propranolol for the following dates: October 1 and October 3 through 24, 2024.</p> <p>During an interview on 11/08/24 at 9:47 A.M., RN 4 indicated the facility no longer used hard (paper) charts.</p> <p>During an interview on 11/12/24 at 3:29 P.M., RN 4 indicated there was a place on the EMAR for vital signs to be recorded if a medication required a parameter. Staff were to obtain the vital sign prior to the administration of the medication. There was a notation staff could put on the EMAR as to why the medication was held. Staff had to notify the physician if the medication was held.</p> <p>The current Administering Medications policy, with a revised date of December 2012, was provided by the DON on 11/13/24 at 10:45 A.M. The policy indicated, .Medications shall be administered in a safe and timely manner, and as prescribed .The individual administering the medication must check the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication .information must be checked/verified for each resident prior to administering medications .Vital signs, if necessary .As required or indicated for a medication, the individual administering the medication will record in the resident's medical record .</p> <p>3.1-37(a)</p> | | |

| | | | |
|--|--|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>33613</p> <p>Based on observation, interview, and record review, the facility failed to follow appropriate infection control guidelines related to indwelling urinary catheters for a resident who had a Urinary Tract Infection for 1 of 2 residents reviewed for urinary catheters. (Resident 7)</p> <p>Findings include:</p> <p>During an observation on 11/07/24 at 1:39 P.M., Resident 7 was in their wheelchair in the main dining room. Five to six inches of their indwelling urinary catheter tubing was laying on the floor under their wheelchair.</p> <p>During an observation on 11/08/24 at 11:57 A.M., Resident 7 was in their wheelchair in the main dining room eating lunch, five to six inches of their indwelling urinary catheter tubing was laying on the floor under their wheelchair.</p> <p>During an observation on 11/08/24 at 2:56 P.M., Resident 7 was in their wheelchair in the main dining room propelling herself, five to six inches of their indwelling urinary catheter tubing was dragging on the floor under their wheelchair.</p> <p>During an observation and interview on 11/08/24 at 2:58 P.M., the Director of Nursing (DON) indicated the indwelling urinary catheter tubing should not be touching the floor.</p> <p>During an interview on 11/08/24 at 3:30 P.M., Certified Nurse Aide (CNA) 2 indicated the urinary catheter bag and tubing should not be touch the floor.</p> <p>The clinical record was reviewed on 11/08/24 at 3:00 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 10/21/24, indicated the resident was cognitively intact. The residents diagnoses included, but were not limited to, hypertension, renal insufficiency, obstructive uropathy (a condition where the flow of urine is blocked), and diabetes. The resident had an indwelling urinary catheter.</p> <p>The November 2024 Electronic Medication Administration Record (EMAR) indicated the resident was to receive Bactrim (an antibiotic) 800-160 milligrams (mg) 1 tablet every morning for a Urinary Tract Infection (UTI) for 7 days, with a start date of 11/09/24, and Bactrim 400-80 mg 1 tablet every evening for a UTI for 7 days, with a start date of 11/08/24.</p> <p>The current Catheter Care, Urinary policy, with a revised date of December 2007, was provided by Administrator on 11/13/24 at 10:48 A.M. The policy indicated, .To prevent infection of the resident's urinary tract .Be sure the catheter tubing and drainage bag are kept off the floor .</p> <p>3.1-41(a)(2)</p> | | |

| | | | |
|--|--|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
|--|--|
| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>34232</p> <p>Based on record review and interview, the facility failed to follow the physician's orders related to hold parameters for a medication for 1 of 5 residents reviewed for unnecessary medications. (Resident 72)</p> <p>Findings include:</p> <p>The clinical record for Resident 72 was reviewed on 11/07/24 at 1:28 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 09/18/24, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, Parkinson's disease and ventricular fibrillation (irregular contraction of the heart muscle).</p> <p>The Electronic Medication Administration Records (EMAR) for October and November 2024, were provided by the Director of Nursing (DON) on 11/13/24 at 10:45 A.M. The records indicated the resident had the following current physician's order:</p> <ul style="list-style-type: none"> - Metoprolol 25 milligrams (mg), give 12.5 mg by mouth, two times a day related to ventricular fibrillation. The medication was to be held (not given) if the resident's heart rate was less than 60 beats per minute. The start date for the medication was 10/04/24. <p>The record indicated the medication had been administered outside of the ordered parameters, when the resident's heart rate was less than 60 beats per minute, on the following dates and times:</p> <ul style="list-style-type: none"> - 10/06/24, at 9:00 A.M., the heart rate was 42, - 10/06/24, at 9:00 P.M., the heart rate was 56, - 10/11/24, at 9:00 A.M., the heart rate was 49, - 10/14/24, at 9:00 A.M., the heart rate was 52, - 10/19/24, at 9:00 A.M., the heart rate was 48, - 11/02/24, at 9:00 A.M., the heart rate was 46, - 11/02/24, at 9:00 P.M., the heart rate was 57, - 11/03/24, at 9:00 A.M., the heart rate was 58, and - 11/07/24, at 9:00 P.M., the heart rate was 51. <p>During an interview on 11/08/24 at 9:47 A.M., RN 4 indicated the facility no longer used hard (paper) charts.</p> <p>(continued on next page)</p> |

| | | | |
|--|---|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 11/12/24 at 3:29 P.M., RN 4 indicated there was a place on the EMAR for vital signs to be recorded if a medication required a parameter. Staff were to obtain the vital sign prior to the administration of the medication. There was a notation staff could put on the EMAR as to why the medication was held. Staff had to notify the physician if the medication was held.</p> <p>The current Administering Medications policy, with a revised date of December 2012, was provided by the DON on 11/13/24 at 10:45 A.M. The policy indicated, .Medications shall be administered in a safe and timely manner, and as prescribed .The individual administering the medication must check the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication .information must be checked/verified for each resident prior to administering medications .Vital signs, if necessary .</p> <p>3.1-48(a)(6)</p> | | |

| | | | |
|--|--|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
|--|--|
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>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.</p> <p>33613</p> <p>Based on observation and interview, the facility failed to appropriately store medications for 3 of 4 medication carts reviewed. (C Street Medication Cart 1, C Street Medication Cart 2, and B Street Medication Cart 1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 11/12/24 at 9:59 A.M., C Street Medication Cart 1 was observed with RN 4 and contained the following: <ul style="list-style-type: none"> - A small round yellow pill and a small oblong pale green pill were lying loose in the bottom of the second drawer, and - A small round white pill was lying loose in the bottom of the third drawer. On 11/12/24 at 10:03 A.M., C Street Medication Cart 2 was observed with RN 4 and contained the following: <ul style="list-style-type: none"> - One small round white pill and one half of a small round white pill were lying loose in the bottom of the second drawer. On 11/12/24 at 10:11 A.M., Unit Manager 7 was observed removing a small round pink pill and a small round white pill from the bottom of the second drawer of the B Street Medication Cart 1. The pills were loose and not in a secured medication sheet. <p>During an interview on 11/12/24 at 10:26 A.M., the Director of Nursing (DON) indicated loose pills should not be lying in the bottom of the medication carts. She was unaware of which residents the loose medications would have belong too.</p> <p>The current undated facility policy, titled MEDICATION STORAGE IN THE FACILITY, was provided by the DON on 11/13/24 at 10:23 A.M. The policy indicated, .Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier .</p> <p>3.1-25(o)</p> |

| | | | |
|--|---|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34232</p> <p>Based on observation, interview, and record review, the facility failed to prepare and store foods in a sanitary manner for 2 of 2 kitchen observations and failed to maintain resident snack refrigerators in a sanitary manner related to the storage of non-food items and outdate foods for 3 of 3 snack refrigerators observed. This deficient practice had the potential to affect on 82 of 82 residents who receive food from the kitchen or snack refrigerators.</p> <p>Findings include:</p> <p>1. During the initial kitchen tour on 11/06/24 at 11:14 A.M., with the Dietary Manager (DM), the following was observed:</p> <ul style="list-style-type: none"> - The dry storage room floor was littered with pieces of dry cereal, a package of crackers; a line of white powder, one and a half inches wide by two feet long running along the wall behind a wire rack of shelves; bits of white paper and straw; a large plastic bag, open to air, of white powder was sitting inside of an open cardboard box; and there was a large silver scoop laying in the bag on top of the powder. The DM indicated the white powder was food thickener and a scoop should not have been left in the bag with the thickener. - Two silver bowls, inverted and covering plates in the plate warmer had a brown/yellow sticky residue in the edges of the bowls, - Two black wheeled carts, with three shelves, were sticky and littered with crumbs. One cart held trays of the lunchtime dessert, and one cart held stacks of clean trays to be used for the meal service, - The lower shelves of three food preparation tables were littered with crumbs and crumbs along the floor under them, - The metal shelf unit holding the juice machine had several black, six inch by two inch, mechanical apparatuses attached to the back of the cart that were covered in gray dust as were the wires on the rack, and - Two black chunks of debris, one inch by two inches in length, were noted by the wall under food prep table near the door to the main dining room. <p>The cleaning schedule for the week was posted on the wall in the kitchen and was provided by the DM on 11/06/24 at 11:41 A.M. The DM indicated staff would initial the area on the cleaning schedule after they had completed the tasks on their shift. The DM opened a drawer in her office that contained several older cleaning schedules, none of which were dated to indicate what week they applied to. The cleaning schedule for the week of 11/03/24 though 11/09/24 indicated no cleaning had been completed since day shift on Monday, 11/04/24. Cleaning tasks to be completed by the morning and evening shift staff members were listed for each day of the week.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>2. During the second tour of the kitchen on 11/12/24 at 11:05 A.M., the following was observed:</p> <ul style="list-style-type: none"> - The metal shelf unit holding the juice machine had several black, six inch by two inch, mechanical apparatuses attached to the back of the cart that were covered in gray dust as were the wires on the rack, - One black wheeled cart with three shelves had sticky spots and was littered with crumbs. The top two shelves of the cart held stacks of clean trays to be used for residents' meal service, - Two silver bowls, inverted to cover the top of stacks of plates in the plate warmer, had a brown/yellow residue in the edges of the bowls, and - A small shelf under the steam table contained stacks of small bowl sized plastic lids sitting with four loose paper clips. A nearby cup held several paperclips. <p>3. Residents' snack refrigerators were observed on 11/13/24 at 11:32 A.M., with the Assistant Director of Nursing (ADON), and contained the following:</p> <ul style="list-style-type: none"> - The C-Street refrigerator contained a soft sided dark colored cold pack in the freezer that had no resident identifying marks. The pack was approximately 12 inches by 12 inches in size. The ADON indicated it had been in there for at least as long as she could remember, but did not know who or what it was for. The soft covered ice pack was labeled Cold Therapy, and - The resident snack refrigerator used for A and B Streets contained a plastic bag of small cups of ice cream in the freezer that were leaning against a large soft covered ice pack, labeled Cold Therapy. The pack was approximately 12 inches by 12 inches in size. <p>4. The resident snack refrigerator for D-Street was observed on 11/13/24 at 11:42 A.M., with Licensed Practical Nurse (LPN) 6, and contained the following:</p> <ul style="list-style-type: none"> - A gray plastic grocery bag, labeled [NAME] C., that contained a bowl of coleslaw with a lid, dated 08/02/24, a small paper sack containing onion rings and a dirty spoon, and a sandwich box with 1/2 of a sandwich. LPN 6 indicated residents' items should be dated when put in the refrigerator and disposed of after 48 hours. <p>During an interview on 11/13/24 at 11:50 A.M., the ADON indicated she did not know what the facility policy was related to having cold therapy ice packs in the residents' snack refrigerators.</p> <p>During an interview on 11/13/24 at 2:09 P.M., the Therapy Manager indicated they stored ice packs for residents in their therapy gym. The Nursing Manager had the code to enter the Therapy Gym should they need to. The therapy staff did not place resident ice packs in the resident snack refrigerators. The ice packs were soft sided and blue in color.</p> <p>During an interview on 11/13/24 at 2:21 PM., the ADON indicated all of the residents in the building received food from the facility kitchen.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| 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 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Shady Nook Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>The undated Cleaning Schedule policy was provided by the Administrator on 11/13/24 at 1:46 P.M. The record indicated, .All small equipment .appliances .counters .dishes .Delivery carts . were to be cleaned after each use.</p> <p>The current Unit Kitchenettes and Pantries policy, with a reviewed date of 07/2023, was provided by the Administrator on 11/13/24 at 1:46 P.M. The policy indicated, .The food service manager will .remove outdated items .</p> <p>The current Foods Brought by Family/Visitors policy, with a revised date of October 2017, was provided following the Entrance Conference. The policy indicated, .Food brought .that is left with the resident to consume later will be labeled and stored in a manner that is clearly distinguishable from facility-prepared food .Perishable foods must be stored in re-sealable containers with tightly fitting lids in a refrigerator. Containers will be labeled with the resident's name, the item and the use by date .The nursing and/or food service staff will discard any foods .that show obvious signs of potential food borne danger .for example . mold .past due package expiration dates .</p> <p>The current Cleaning and Sanitation of Food Service Areas policy, with a reviewed date of 07/2023, was provided by the Administrator on 11/13/24 at 1:46 P.M. The policy indicated, .The food service staff will maintain the sanitation of the .food service areas through compliance with a written [sic], comprehensive cleaning schedule .A cleaning schedule will be posted for all cleaning tasks .Staff will be held accountable for cleaning assignments .</p> <p>3.1-21(i)(3)</p> | | |