STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155625	A. Building B. Wing	05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Grove Village	1021 E Central Ave Greensburg, IN 47240

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 38239 Based on record review and interview, the facility failed to follow physician's orders related to hold parameters for a resident's blood pressure medication for 1 of 18 residents reviewed for quality of care. (Resident 34) Findings include: A Quarterly MDS (Minimum Data Set) assessment, dated 02/24/24, indicated Resident 34 was severely cognitively impaired. The resident's diagnoses included, but were not limited to, Parkinson's disease, dementia, and hypertension. The resident's current physician's orders included an opened-ended order, with a start date of 11/16/22, for staff to administer Resident 34's losartan (a blood pressure medication). The resident was to receive 100 mg (milligrams) once a day. The medication was to be held if his SBP (Systolic Blood Pressure) was less than 110. The March and April 2024 EMAR (Electronic Medication Administration Records) indicated the resident received the medication when his SBP was less than 110 on the following dates: - On 03/14/24, the resident's SBP was 101, - On 03/30/24, the resident's SBP was 104, - On 04/08/24, the resident's SBP was 100, and - On 04/17/24, the resident's SBP was 108. During an interview on 05/17/24 at 2:51 P.M., LPN (Licensed Practical Nurse) 3 indicated if a resident had hold parameters for a blood pressure medication, the blood pressure should be assessed. If the resident's blood pressure was too low, staff were to hold the resident's medication and document it on the EMAR. During an interview on 05/17/24 at 3:32 P.M., the DON (Director of Nursing) indicated they did not have a facility policy on following MD orders, it was just standard nursing practice. 3.1-37(a)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 38769 Based on observation, interview, and record review, the facility failed to ensure medications were available and document medication administration for 1 of 14 residents reviewed for pharmacy services. (Resident 1) Findings include: 1.a. During an observation and interview on 05/17/24 at 12:57 P.M., Resident 1 was sitting in his wheelchair in his room. The resident had no current concerns with receiving his medications. The clinical record for Resident 1 was reviewed on 05/16/24 at 9:46 P.M. An Annual MDS (Minimum Data Set) assessment, dated 02/26/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, seizure disorder, depression, hypertension, and spinal stenosis. An open-ended physician's order, with a start date of 05/04/23, indicated the resident was to have phenytoin (an anticonvulsant medication) 150 mg (milligrams), adminiustered three times a day. The April and May 2024 EMAR/ETAR (Electronic Medication Administration/Electronic Treatment Administration Record) indicated the medication was not administered due to the drug/item being unavailable for the following dates and times: - On 04/10/24 at 8:00 P.M., - On 04/11/24 at 8:00 A.M., and 2:00 P.M., - On 04/12/24 at 8:00 P.M., and - On 05/13/24 at 8:00 A.M., 2:00 P.M., and 8:00 P.M. The resident's record lacked documentation of the physician's notification when the medication was not administered. During an interview on 05/17/24 at 2:36 P.M., RN 2 indicated phenytoin was only available in the emergency drug kit in a 100 mg capsule and Resident 1's dose was 150 mg tablet. They were not able to obtain the medication out of the emergency drug kit because it wasn't the same form. If the resident's medication wasn't available to administer, then she would call the pharmacy and ask if the medication had been ordered. The pharmacy would sometimes STAT medications and they would get them in a few hours, or they would come the next business day. The physician should have been notified each time the medication was not administered to see if something else needed to be given. 1.b. An open-ended physician's order with a start date of 05/04/23, indicated the resident was to take cyclobenzaprine 10 mg, every 8 hours for spinal stenosis. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The April and May 2024 EMAR/ETAR lacked documentation the resident had received the medication on the following dates and times: - On 04/16/24 at 10:00 P.M., - On 05/06/24 at 10:00 P.M., and - On 05/08/24 at 10:00 P.M. During an interview on 05/17/24 at 1:08 P.M., LPN (Licensed Practical Nurse) 4 indicated there should always be something documented in the EMAR. There should never be a blank. The current facility policy titled, Receiving Pharmacy Products and Services from Pharmacy, with a revision date of 01/01/13, was provided by the DON (Director of Nursing) on 05/18/24 at 5:26 P.M. The policy indicated, .Facility staff should reorder medications using an electronic list of resident and medications due or by use of barcode technology . The current facility policy titled, Receiving Pharmacy Products and Services from Pharmacy was provided by the DON on 05/17/24 at 3:34 P.M. The policy indicated, .Document necessary medication administration/treatment information [e.g .when medication are given .] . 3.1-25(b)(3) 3.1-25(g)(3)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 38239 Based on observation, interview, and record review, the facility failed to label and store medications appropriately for 1 of 2 medication storage refrigerators observed. (100/200 Hall Medication Storage Refrigerator) Findings include: The Medication Room for the 100/200 Halls was observed with RN 3 on 05/17/24 at 1:07 P.M. The 100/200 Hall Medication Storage Refrigerator contained an open vial of TB (Tuberculin) serum with no label indicating when it was opened. The vial was one quarter full. During an interview on 05/17/24 at 1:17 P.M., RN 3 indicated the TB serum package indicated the vial was received from the pharmacy on 04/10/23. The serum was good for 28 or 30 days after it was opened. There was no opened on date on the vial of serum, the box the serum came in, or the plastic bag the box was in. The serum should have been labeled when it was first opened. She was unsure of when the TB serum was last administered. The serum was received over a year ago. The TB serum package insert was provided by the DON (Director of Nursing on 05/17/24 at 2:28 P.M. The directions for storage indicated, .vials in use more than 30 days should be discarded . The current facility policy, titled Medication Storage Guidance, and dated 2023, was provided by the DON on 05/17/24 at 2:28 P.M. The policy indicated, .Tuberculin Tests .Date when opened and discard unused portion after 30 days . 3.1-25(o)