STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155657	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harrison Healthcare Center	150 Beechmont Dr Corydon, IN 47112

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. Based on interview and record review, the facility failed to follow medication administration parameters for a resident's (Resident M) blood pressure for 1 of 3 residents reviewed for quality of care. Findings include:The clinical record for Resident M was reviewed on 8/6/25 at 12:02 p.m. The resident's diagnosis included, but was not limited to, hypertension.The physician's order, dated 6/17/25, indicated the resident was to receive metoprolol (medication for high blood pressure) 25 mg (milligrams) two times a day in the morning and in the evening. The medication was to be held if the resident's systolic blood pressure (SBP) was less than 120. Review of the June 2025 and July 2025 medication administration record indicated the medication was administered on the following dates and times:-On 6/24/25 in the evening, the metoprolol was administered when the resident's SBP was 94-On 6/25/25 in the evening, the metoprolol was administered when the resident's SBP was 115-On 7/01/25 in the evening, the metoprolol was administered when the resident's SBP was 112-On 7/06/25 in the morning, the metoprolol was administered when the resident's SBP was 114-On 7/08/25 in the morning, the metoprolol was administered when the resident's SBP was 104-On 7/08/25 in the evening, the metoprolol was administered when the resident's SBP was 112-On 7/09/25 in the morning, the metoprolol was administered when the resident's SBP was 105-On 7/09/25 in the evening, the metoprolol was administered when the resident's SBP was 112-On 7/10/25 in the evening, the metoprolol was administered when the resident's SBP was 109-On 7/12/25 in the morning, the metoprolol was administered when the resident's SBP was 117-On 7/14/25 in the evening, the metoprolol was administered when the resident's SBP was 119-On 7/16/25 in the morning, the metoprolol was administered when the resident's SBP was 108-On 7/22/25 in the morning, the metoprolol was administered when the resident's SBP was 112-On 7/24/25 in the evening, the metoprolol was administered when the resident's SBP was 112-On 7/29/25 in the evening, the metoprolol was administered when the resident's SBP was 107-On 7/30/25 in the morning, the metoprolol was administered when the resident's SBP was 107During an interview, on 8/6/25 at 2:43 p.m., Licensed Practical Nurse (LPN) 6 indicated if a resident's blood pressure was out of parameters, the resident's medication should not be administered.On 8/6/25 at 1:28 p.m., the Director of Nursing provided a current, undated copy of the document titled Medication Administration. It included, but was not limited to, Medication Administration Record .the legal documentation for medication administration .Policy .It is the policy of this facility to provide resident centered care that meets the .physical . needs .of the residents. Safety of residents .is a top priority .Procedure .Administer medication only as prescribed by the provider This Citation relates to Complaint 1274774.3.1-37

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155657	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harrison Healthcare Center	150 Beechmont Dr Corydon, IN 47112

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on interview and record review, the facility failed to ensure a resident (Resident B) was provided catheter care every shift for 1 of 4 residents reviewed for Indwelling catheters.Findings include:The clinical record for Resident B was reviewed on 8/5/25 at 10:01 a.m. The resident's diagnoses included, but were not limited to, acute kidney failure and obstructive and reflux uropathy.The care plan, dated 6/20/25, indicated the resident had an Indwelling catheter and staff were to provide catheter care every shift.Review of the June 2025 Interventions and Tasks lacked documentation of Indwelling catheter care for Resident B from 6/11/25 through 6/13/25 during night shift.During an interview, on 8/6/25 at 2:43 p.m., Licensed Practical Nurse (LPN) 6 indicated catheter care should be provided every shift.On 8/6/28 at 1:28 p.m., the Director of Nursing provided a current, undated copy of the document titled Catheter Care. It included, but was not limited to, Policy.It is the policy of this facility to provide resident care that meets the.needs.of the residents.Catheter care is performed at least twice daily on residents that have indwelling catheters, for as long as the catheter is in place.This Citation relates to Complaint 12747743.1-41(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155657	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harrison Healthcare Center	150 Beechmont Dr Corydon, IN 47112

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview and record review, the facility failed to ensure respiratory assessments were completed for a resident and failed to ensure respiratory equipment was changed weekly for 1 of 3 residents reviewed for respiratory care. (Resident D)Findings Include: On 8/5/25 at 11:40 a.m., a nebulizer machine was observed at Resident D's bedside. The handheld mouthpiece was not bagged or dated.The clinical record for Resident D was reviewed on 8/5/25 at 11:16 a.m. The resident's diagnoses included, but were not limited to, anxiety and cough.The physician's order, dated 6/2/25, indicated the resident was to receive Duoneb Solution 0.5-2.5 (3) mg (milligram)/3 ml (milliliters) via nebulizer twice daily at 8:00 a.m. and 8:00 p. m. Review of the June, July, and August 2025 medication administration records, the resident had received the breathing treatments twice daily at the ordered times.The clinical record lacked documentation of a respiratory assessment before and after the breathing treatments and weekly replacement of the nebulizer tubing, chamber and mouthpiece.During an interview, on 8/6/25 at 10:20 a.m., Licensed Practical Nurse (LPN) 8 indicated the nebulizer tubing should be dated and bagged when not in use and respiratory equipment was replaced weekly on Wednesdays. During an interview, on 8/6/25 at 10:55 a.m., the Director of Nursing (DON) indicated respiratory assessments were completed before and after breathing treatments to assess for the effectiveness of the resident's treatment.During an interview, on 8/6/25 at 11:03 a.m., the DON indicated Resident D did not have respiratory assessments in place. She would add the order today.On 8/6/25 the DON provided a current, undated copy of the document titled Nebulizer Treatments. It included, but was not limited to, Nebulizer.A medication delivery system that creates a fine mist or aerosol that is directly inhaled for delivery of the medication to the bronchial tree.Policy.It is the policy of this facility to provide resident-centered care.Safety of residents.is a top priority.Preparation to provide treatment.Collect data for respirations, pulse, oxygen saturation and lung sounds pre-treatment.Repeat collection of data for respirations, pulse, oxygen saturation and lung sounds post-treatment.This Citation relates to Complaint 1274774.3.1-47(a)(6)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155657	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harrison Healthcare Center	150 Beechmont Dr Corydon, IN 47112

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. Based on interview and record review, the facility failed to ensure a resident's (Resident E) medication administration record accurately reflected the administration of narcotic pain medication for 1 of 4 residents reviewed for medication administration.Findings Include:The clinical record for Resident E was reviewed on 8/5/25 at 1:58 p.m. The resident's diagnoses included, but was not limited to, right upper arm pain and low back pain.The July 2025 medication administration record indicated the resident was to receive Oxycodone (narcotic pain medication) IR (immediate release) 5 mg (milligrams) every 6 hours as needed for pain management.The July 2025 controlled drug record indicated the resident received the medication on the following dates and times:-7/04/25 at 6:00 p.m.-7/05/25 at 12:00 a.m., 6:00 a.m. and 6:00 p.m.-7/06/25 at 12:00 a.m., 11:30 a.m. and 6:00 p.m.-7/07/25 at 12:00 a.m. and 6:00 a.m.-7/08/25 at 12:00 a.m., 8:15 a.m., 2:15 p.m. and 8:15 p.m.-7/09/25 at 2:15 a.m. and 10:00 p.m.-7/10/25 at 4:00 a.m., 10:00 a.m. and 11:30 p.m. -7/11/25 at 11:30 p.m.-7/12/25 at 5:00 a.m. and 8:00 p.m.-7/13/25 at 2:00 a.m., 9:00 a.m. and 9:30 p.m. -7/15/25 at 9:30 p.m.-7/16/25 at 9:00 a.m.-7/16/25 at 8:00 p.m.-7/17/25 at 3:00 a.m., 4:40 p.m. and 8:00 p.m. -7/20/25 at 9:00 a.m. and 10:00 p.m.-7/21/25 at 5:00 a.m., 10:30 a.m. and 4:00 p.m.-7/22/25 at 11:00 p.m. -7/23/25 at 5:15 a.m. and 7:00 p.m.-7/24/25 at 2:00 a.m., 8:00 a.m., 2:00 p.m. and 8:00 p.m.On 7/24/25, the resident's Oxycodone IR 5 mg was discontinued and a new order was received for Oxycodone IR 5 mg every 4 hours as needed for pain was implemented.Review of the July and August 2025 controlled drug administration record indicated the resident's narcotic medication was administered on the following dates and times:-7/25/24 at 2:00 a.m., 6:30 a.m. and 10:30 p.m.-7/29/25 at 8:00 p.m.-7/30/25 at 4:00 a.m., 8:30 a. m., 12:30 p.m. and 4:30 p.m.-8/01/25 at 8:00 a.m., 12:30 p.m. and 4:30 p.m.-8/02/25 at 10:00 p.m.-8/03/25 at 2:00 a.m., 6:00 p.m. and 10:00 p.m.-8/04/25 at 2:00 a.m., 6:30 a.m., 10:50 a.m. and 4:00 p.m.The resident's July and August 1 through 4, 2025 medication administration record lacked documentation of the administration of the resident's medication.During an interview, on 8/6/25 at 2:43 p.m., Licensed Practical Nurse (LPN) 6 indicated when administering a routine or as needed narcotic pain medication, both the controlled drug administration record and medication administration record should be signed by the nurse.On 8/6/25 at 1:28 p.m., the Director of Nursing provided a current, undated copy of the document titled Medication Administration. It included, but was not limited to, MAR: Medication Administration Record - the legal documentation for medication administration.Policy.It is the policy of this facility to provide resident centered care.Procedure.Medications will be charted when given.Narcotics will be signed out when given. This Citation relates to Complaint 12747743.1-50(a)(2)