

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Sellersburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7823 Old State Road 60 Sellersburg, IN 47172	

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>34231</p> <p>Based on interview and record review, the facility failed to ensure an increase in free water flushes was implemented (Resident B) and failed to ensure staff followed parameters for blood pressure medication administration (Resident D) for 2 of 3 residents reviewed for quality of care.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 9/24/24 at 10:08 a.m. The resident's diagnosis included, but was not limited to, gastrostomy status.</p> <p>The physician's order, dated 7/9/24, indicated to flush the resident's feeding tube with 30 ml (milliliters) of free water every hour.</p> <p>The resident's laboratory report, dated 7/15/24, indicated the resident's BUN (blood urea nitrogen) test result was elevated at 31 mg/dl (normal 10 mg/dl to 20mg/dl). A higher than 20 mg/dl suggest that the kidneys may not be functioning at optimal capacity.</p> <p>The nurse practitioner note, dated 7/16/24, indicated to increase the resident's free water flushes to 40 cc's (cubic centimeters) every hour.</p> <p>The clinical record lacked documentation of an order to increase the resident's free water dosage or an increase of the free water flushes to 40 ml.</p> <p>During an interview on 9/26/24 at 1:55 p.m., the Director of Nursing indicated the nurse practitioner was responsible for putting the order in. The order should have been put in the system and the nurse practitioner did not enter them into the system.</p> <p>2. The clinical record for Resident D was reviewed on 9/25/24 at 10:01 a.m. The diagnosis included, but was not limited to, orthostatic hypotension.</p> <p>The physician's order, dated 7/16/24, indicated the resident was to receive Midodrine HCl (hydrochloride) 10 mg (milligrams) three times a day at 8:00 a.m., 12:00 p.m. and 5:00 p.m. for low blood pressure. The medication was to be held for a systolic blood pressure (SBP) greater than 120.</p> <p>Review of the August 2024 medication administration record indicated the resident received the medication as follows:</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-8/03/24 at 5:00 p.m. with a SBP of 121</p> <p>-8/06/24 at 12 p.m. with a SBP of 121</p> <p>-8/07/24 at 12 p.m. with a SBP of 122 and at 5:00 p.m. with a SBP of 124</p> <p>-8/08/24 at 8:00 a.m. with a SBP of 126; 12 p.m. with SBP of 123 and 5:00 p.m. with a SBP of 128</p> <p>-8/11/24 at 12 p.m. with a SBP of 121 and at 5:00 p.m. with a SBP of 129</p> <p>-8/14/24 at 8:00 a.m. with a SBP of 121</p> <p>-8/17/24 at 12 p.m. with a SBP of 127 and at 5:00 p.m. with a SBP of 121</p> <p>-8/21/24 at 8:00 a.m. with a SBP of 121 and at 12 p.m. with a SBP of 129</p> <p>-8/23/24 at 8:00 a.m. with a SBP of 129</p> <p>-8/28/24 at 8:00 a.m. with a SBP of 121</p> <p>-8/29/24 at 5:00 p.m. with a SBP of 121</p> <p>Review of the the September 2024 medication administration record indicated the resident received the medication as follows:</p> <p>-9/01/24 at 5:00 p.m. with a SBP of 121</p> <p>-9/02/24 at 12 p.m. with a SBP of 132</p> <p>-9/06/24 at 8:00 a.m. with a SBP of 122</p> <p>-9/09/24 at 5:00 p.m. with a SBP of 121</p> <p>-9/12/24 at 8:00 a.m. with a SBP of 125</p> <p>-9/14/24 at 12 p.m. with a SBP of 121 and 5:00 p.m. with a SBP of 122</p> <p>-9/17/24 at 12 p.m. with a SBP of 122</p> <p>-9/18/24 at 12 p.m. with a SBP of 122</p> <p>-9/20/24 at 8:00 a.m. with a SBP of 122; 12 p.m. with a SBP of 128; 5:00 p.m. with a SBP of 125</p> <p>During an interview on 9/26/24 at 2:34 p.m., RN (Registered Nurse) 7 indicated medication parameters should always be followed.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/26/24 at 2:45 p.m., the Director of Nursing provided a current, undated copy of the document titled Medication Administration. It included, but was not limited to, Policy .It is the policy of this facility to provide resident centered care .Procedure .Administer medication only as prescribed by the provider</p> <p>This Citation relates to Complaint IN00442515</p> <p>3.1-37</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34231</p> <p>Based on interview and record review, the facility failed to implement Indwelling catheter care for a resident (Resident B), upon readmission, for 1 of 3 residents reviewed for Indwelling catheters.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 9/24/24 at 10:08 a.m. The resident's diagnoses included, but were not limited to, cerebral infarction, bacterial meningitis, gastrostomy status and urinary retention.</p> <p>The care plan, dated 7/5/24, indicated the resident had an indwelling catheter and staff were to provide catheter care every shift.</p> <p>The progress noted, dated 8/16/24 at 7:30 p.m., indicated Resident B was sent to the emergency room for evaluation. Resident B was readmitted to the facility on [DATE] at 5:00 p.m.</p> <p>The hospital history and physical, dated 8/16/24, indicated Resident B had chronic urinary retention, an indwelling catheter was in place which was changed. The resident's indwelling catheter was replaced during the resident's hospital stay.</p> <p>The clinical record lacked documentation of the resident's indwelling catheter care on 8/25/24 and 8/26/24, after the resident's readmission to the facility.</p> <p>During an interview on 9/26/24 at 3:00 p.m., RN (Registered Nurse) 5 indicated a resident's indwelling catheter care should be implemented upon admission.</p> <p>The current, undated policy titled Catheter Care included, but was not limited to, Policy .It is the policy of this facility to provide resident care that meets the .physical .needs .of the resident .Catheter care is performed at least twice daily on residents that have indwelling catheters</p> <p>This Citation relates to Complaint IN00442515</p> <p>3.1-41(a)</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>34231</p> <p>Based on interview and record review, the facility failed to implement a laboratory order for a resident (Resident B) for 1 of 3 residents reviewed for laboratory services.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 9/24/24 at 10:08 a.m. The resident's diagnoses included, but were not limited to, cerebral infarction, respiratory failure and hypercalcemia.</p> <p>The nurse practitioner note, dated 7/16/24 at 8:00 a.m., indicated to obtain a BMP (basic metabolic panel) on 7/19/24 due to elevated calcium level of 10.9 (normal range was 8.5 to 10.2).</p> <p>The nurse practitioner note, dated 7/19/24 at 8:15 a.m., indicated the BMP needed to be obtained.</p> <p>The clinical record lacked documentation of the BMP requested by the nurse practitioner.</p> <p>During an interview on 9/26/24 at 1:55 p.m., the Director of Nursing indicated the nurse practitioner was responsible for putting the lab order in. The order should have been put in the system and the nurse practitioner did not enter them into the system.</p> <p>On 9/26/24 at 2:45 p.m., the Director of Nursing provided a current, undated copy of the document titled Laboratory and Radiological Services and Results Reporting. It included, but was not limited to, Policy .It is the policy of this facility to provide resident centered care that meets the .physical .needs .of the residents . The facility will secure laboratory .services that meet the needs of the resident</p> <p>This Citation relates to Complaint IN00442515</p> <p>3.1-49(a)</p>		