

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 06/24/2025
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>Based on interview and record review, the facility failed to ensure a blood pressure medication was held for a resident (Resident E) with blood pressure readings in the physician's ordered hold parameters for 1 of 4 residents reviewed for quality of care.</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 6/24/25 at 2:40 p.m. The resident's diagnosis included, but was not limited to, hypotension.</p> <p>The physician's order, dated 5/27/25, indicated the resident was to receive Midodrine HCl (hydrochloride) 15 mg (milligrams) three times a day at 6:00 a.m., 2:00 p.m. and 10:00 p.m. for hypotension. The medication was to be held if the resident's systolic blood pressure (SBP) was greater than 120.</p> <p>The June 2025 medication administration record indicated the resident's medication was administered when the resident's SBP was greater than 120 on the following dates and times:</p> <ul style="list-style-type: none"> - On 6/24/25 at 2:00 p.m., the resident's Midodrine was administered with a SBP of 139. - On 6/15/25 at 2:00 p.m., the resident's Midodrine was administered with a SBP of 132. - On 6/20/25 at 2:00 p.m., the resident's Midodrine was administered with a SBP of 141. - On 6/20/25 at 10:00 p.m., the resident's Midodrine was administered with a SBP of 125. - On 6/21/25 at 10:00 p.m., the resident's Midodrine was administered with a SBP of 126. - On 6/22/25 at 2:00 p.m., the resident's Midodrine was administered with a SBP of 132. - On 6/22/25 at 10:00 p.m., the resident's Midodrine was administered with a SBP of 136. <p>During an interview, on 6/24/25 at 2:58 p.m., Qualified Medication Aide 5 indicated if a resident's blood pressure was out of the physician's ordered hold parameters, then the medication should have been held.</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>On 6/24/25 at 3:13 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 provided resident centered care .Procedure .Administer medication only as prescribed by the provider</p> <p>This Citation relates to Complaint IN00460759</p> <p>3.1-37</p>		