

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/28/2026
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)		
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. Based on interview and record review, the facility failed to ensure misappropriation of resident property did not occur for 1 of 3 residents reviewed for misappropriation. (Resident C) Findings include: The clinical record for Resident C was reviewed on 7/27/26 at 11:19 a.m. The resident's diagnosis included, but was not limited to, chronic pain syndrome (a condition where body pain lasts longer than three to six months, causing extra problems such as severe tiredness, sad moods, and trouble sleeping). The incident report, dated 6/19/26, indicated one card of Oxycodone (narcotic pain medication) was delivered from pharmacy on 6/16/26 and found to be unaccounted for. The pharmacy packaging slip, dated 6/16/26, indicated 30 tablets of Oxycodone 15 mg (milligram), were delivered to the facility for Resident C and signed for by Licensed Practical Nurse (LPN) 7. LPN 7 no longer worked at the facility. The written interview statement, dated 6/19/26, indicated LPN 7 reported that she received medications from the pharmacy carrier on 6/19/26, opened the bag, signed the manifest and delivered the medication to LPN 5, who was in a room with a resident. LPN 5 told LPN 7 to sit the medications on the dresser. LPN 7 placed the medications on the dresser and informed LPN 5 that there were 6 different prescriptions for resident's. LPN 7 then went to the nurse's cart and signed (the controlled substance inventory tracker) that she had given the medications to LPN 5. The June 2026 controlled substance inventory tracker lacked documentation of Resident C's Oxycodone that was delivered on 6/16/26. During an interview, on 7/27/26 at 10:26 a.m., the Director of Nursing indicated on Friday, 6/19/26, LPN 8 had called the pharmacy to reorder the resident's Oxycodone because had only 8 tablets left. The pharmacy informed LPN 8 that 30 tablets of the Oxycodone had been delivered to the facility on 6/16/26. LPN 8 then reported the information and an investigation was started. The facility could not account for the missing medication. On 7/28/26 at 1:14 p.m., the Executive Director provided a current, undated copy of the document titled INDIANA Abuse & Neglect & Misappropriation of Property. It included, but was not limited to, Policy .It is policy of this facility to provide resident centered care .It is the intent of this facility to prevent .the misappropriation of their property This deficient practice was corrected on 6/21/26, prior to the start of the survey and was therefore Past Noncompliance. The facility implemented a systemic plan which included the following: All staff were educated on narcotic chain of custody resident abuse with an emphasis on misappropriation of property (6/19/26); medication cart audits were completed with no new findings (6/19/26); All alert and oriented residents were interviewed with no negative responses (6/19/26); Skin sweeps and pain assessments were completed on all residents with no negative findings (6/19/26); Staff interviews were completed with no negative findings (6/20/26); a 30 day look back was completed on all pharmacy receipts with no new findings (6/21/26). 410 IAC (Indiana Authorization Code 16.2-3.1-28(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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