

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Clark Rehabilitation and Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 517 N Little League Blvd Clarksville, IN 47129	
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 - Some	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review, the facility failed to ensure residents' (Residents B, C, D and E) medication administration records reflected medications administered for 4 of 4 residents reviewed for medical records. Findings include: 1. The clinical record for Resident B was reviewed on 1/21/26 at 1:51 p.m. The resident's diagnoses included, but were not limited to, a history of a deep vein thrombosis (dangerous formation of a blood clot inside a vein or artery) and neuropathy (nerve damage or dysfunction). Review of the January 2026 medication administration record (MAR) indicated the resident was to receive the following medications:-Eliquis (blood thinner) 5 mg (milligrams) twice daily between 7:00 a.m. and 11:00 a.m. and again between 7:00 p.m. and 11:00 p.m.-Gabapentin 600 mg in the evening at 10:00 p.m. The January 2026 MAR lacked documentation of the administration of the above medications on the following dates and times:-Eliquis 5 mg, between 7:00 p.m. and 11:00 p.m., on 1/12/26, 1/13/26, 1/15/26, 1/16/26, 1/17/26 and 1/20/26.-Gabapentin 600 mg at 10:00 p.m. on 1/12/26, 1/13/26, 1/15/26, 1/16/26, 1/17/26 and 1/20/26. During an interview on 1/22/26 at 3:12 p.m., Licensed Practical Nurse (LPN) 5 indicated when a medication was administered, it should be signed off on the MAR by the nurse. 2. The clinical record for Resident C was reviewed on 1/21/26 at 2:05 p.m. The resident's diagnoses included, but were not limited to, hyperlipidemia (abnormally high levels of cholesterol and triglycerides in the blood) and chronic pain syndrome. Review of the January 2026 MAR indicated the resident was to receive the following medications:-Atorvastatin (cholesterol medication) 40 mg at bedtime-Pregabalin (pain medication) 50 mg twice daily between 7:00 a.m. and 11:00 a.m. and again between 7:00 p.m. and 11:00 p.m. The January 2026 MAR lacked documentation of the administration of the above medications on the following dates and times:-Atorvastatin on 1/12/26, 1/13/26 and 1/15/26-Pregabalin, between 7:00 p.m. and 11:00 p.m., on 1/12/26, 1/13/26 and 1/15/26 3. The clinical record for Resident D was reviewed on 1/21/26 at 2:45 p.m. The resident's diagnoses included, but were not limited to, insomnia (sleep disorder), depression, hyperlipidemia, nerve pain, chronic pain and muscle spasms. Review of the January 2026 MAR indicated the resident was to receive the following medications:-Aripiprazole (insomnia) 2 mg at bedtime between 7:00 p.m. and 11:00 p.m.-Atorvastatin 40 mg at bedtime between 7:00 p.m. and 11:00 p.m.-Gabapentin (nerve pain) 800 mg three times a day at 8:00 a.m., 2:00 p.m. and 8:00 p.m.-Methocarbamol (muscle spasms) 750 mg three times a day at 8:00 a.m., 2:00 p.m. and 8:00 p.m.-Pregabalin (chronic pain) 100 mg at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m. The January 2026 MAR lacked documentation of the administration of the above medications on the following dates and times:-Aripiprazole on 1/12/26 and 1/16/26-Atorvastatin on 1/12/26 and 1/16/26-Gabapentin at 8:00 a.m. on 1/18/26 and 8:00 p.m. on 1/15/26, 1/16/26 and 1/20/26-Methocarbamol at 8:00 a.m. on 1/18/26 and 8:00 p.m. on 1/15/26, 1/16/26, 1/17/26 and 1/20/26 4. The clinical record for Resident E was reviewed on 1/22/26 at 9:10 a.m. The resident's diagnoses included, but were not limited to, hyperlipidemia, myocardial</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155697
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>infarction (heart attack), insomnia, hypertension (high blood pressure), depression and enlarged prostate. Review of the January 2026 MAR indicated the resident was to receive the following medications: -Atorvastatin 40 mg at bedtime between 7:00 p.m. and 11:00 p.m. -Eliquis 5 mg twice daily at 12:00 p.m. and 8:00 p.m. -Melatonin (insomnia) 3 mg at bedtime between 7:00 p.m. and 11:00 p.m. -Metoprolol tartrate (high blood pressure) 37.5 mg twice daily at 12:00 p.m. and 8:00 p.m. -Mirtazapine (depression) 7.5 mg at bedtime between 7:00 p.m. and 11:00 p.m. -Tamsulosin (enlarged prostate) 0.4 mg at bedtime between 7:00 p.m. and 11:00 p.m. The January 2026 MAR lacked documentation of the administration of the above medications on the following dates and times: -Atorvastatin on 1/12/26, 1/13/26, 1/15/26, 1/17/26 and 1/20/26 -Eliquis at 8:00 p.m. on 1/12/26, 1/13/26, 1/15/26, 1/16/26, 1/17/26 and 1/20/26 -Melatonin on 1/12/26, 1/13/26, 1/15/26, 1/17/26 and 1/20/26 -Metoprolol tartrate at 8:00 p.m. on 1/12/26, 1/13/26, 1/15/26, 1/16/26, 1/17/26 and 1/20/26 -Mirtazapine on 1/12/26, 1/13/26, 1/15/26, 1/17/26 and 1/20/26 -Tamsulosin on 1/12/26, 1/13/26, 1/15/26, 1/17/26 and 1/20/26 On 1/22/26 at 3:10 p.m., the Director of Nursing provided a copy of the current policy titled General Dose Preparation and Medication Administration dated 12/01/07. It included, but was not limited to, After medication administration .Document .medication administration .when medications are given .on appropriate forms This Citation relates to Intake 2708150 3.1-50(a)(2)</p>		