STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155729	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adams Heritage	12011 Whittern Rd Monroeville, IN 46773

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 45243 Based on observation, interview, and record review; the facility failed to separate oral medications from external medications for 1 of 1 cart reviewed affecting 1 resident. (100 hall, Resident 28). On 07/24/24, at 09:45 AM, during an observation and interview with RN 2; Resident 28's oral medications were obsered stored in locked medication cart (100 Hall) alongside his external medication Triad hydrophilic wound dressing paste and Bengay. RN 2 denied any problem mixing orals with externals. RN 2 explained all the medications were for Resident 28. RN 2 explained one of the creams was Bengay and the other was a topical for a wound. RN 2 offered to move external medications to the treatment cart. In an interview on 7/25/24 at 7:51AM, the DON (Director of Nursing) indicated RN 2 was from the hospital and was not up to date on nursing home requirements. The DON further indicated after speaking with RN 2 she had just completed the dressing change and put the cream there due to being called away. The medication cart and treatment cart were within 10 feet of each other. Resident 28's record review began on 7/29/24 at 9:36AM. Diagnoses included parplegia, pain, and heart disease. A medication administration audit report dated July 2024, indicated Resident 28's dressing change was completed on 7/24/24 at 6AM and at 1:41PM by RN 2. The 100 Hall cart was observed 7/24/24 at 09:45AM, approximately 3 hours later. Resident 28's physician orders included Triad hydrophilic external paste, apply to buttocks/thighs topically every day and evening shift for excoriation apply to areas around wound vac; dated 5/24/24. Additionally, an order for Bengay lidocaine external cream 4%, apply to joints topically every 12 hours as needed for pain, ok for unsupervised self-administration was dated 4/10/24. A current facility policy, titled Storing Medications, dated 2/1/94 was provided by DON on 7/29/24 at 11:10AM. The policy indicated .all drugs intended for internal use should be stored together in a medication cart. No other policies were provided at time of exit. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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