

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER Cumberland Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 1051 Cumberland Ave West Lafayette, IN 47906	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>32362</p> <p>Based on interview and record review, the facility failed to ensure pharmaceutical services were provided to meet the needs of the residents for 1 of 3 residents reviewed for pharmacy services. This deficient practice was corrected on 1/24/25, prior to the start of the survey, and therefore was past noncompliance. (Resident D)</p> <p>Findings include:</p> <p>During an interview, on 4/23/25 at 12:49 p.m., Resident D indicated she did not receive all the medications she was supposed to receive while she was at the facility. Some of her medications were given very late. The staff told her the medications were not given because they were not received from the pharmacy.</p> <p>The clinical record for Resident D was reviewed on 4/24/25 at 2:02 p.m. The diagnoses included, but were not limited to, pneumonia, chronic obstructive pulmonary disease, pulmonary fibrosis, congestive heart failure and chronic atrial fibrillation.</p> <p>The Minimum Data Set (MDS) assessment indicated the resident was cognitively intact.</p> <p>The Medication Administration Record (MAR) indicated the following:</p> <ol style="list-style-type: none"> 1. Alprazolam (an anti-anxiety medication) 0.5 mg (milligram) tablet was not given at bedtime on 12/28/24 and 1/5/25. The medication was documented as not available. 2. Calcium citrate with vitamin D (a supplement) equivalent to 200 units was not given on 12/19/24 and 12/27/24 on the evening shift. The medication was documented as not available. 3. Effexor XR (an antidepressant medication) 150 mg capsule was not given on 12/12/24, 12/19/24, 12/27/24 and 1/5/25 at bedtime. The medication was documented as not available. 4. Gabapentin (a seizure medication also used to treat nerve pain) 100 mg was not given on 12/27/24 on the evening shift. The medication was documented as not available. 5. Magnesium oxide (a supplement) 400 mg tablet was not given on 12/12/24, 12/19/24, and 12/27/24. The medication was documented as not available. <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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. Venlafaxine (an antidepressant medication) 37.5 mg tablet was not given on 12/13/24 and 12/19/24. The medication was documented as not available.</p> <p>During an interview, on 4/25/25 at 2:20 p.m., the Director of Nursing (DON) indicated she was aware of the medications which were not given due to unavailability. The facility completed audits and in-services with the nursing staff to correct the issue.</p> <p>A current facility policy, titled MEDICATION ADMINISTRATION-GENERAL GUIDELINES, dated and revised 11/2018 and provided by the DON on 4/25/25 at 3:45 p.m., indicated .FIVE RIGHTS - Right resident, right drug, right dose, right route and right time are applied for each medication being administered</p> <p>The deficient practice was corrected by 1/24/25, after the facility implemented a systemic plan which included a thorough investigation, education, and audits.</p> <p>This citation relates to Complaint IN00452343 and IN00453217.</p> <p>3.1-25(a)</p>		