

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: 155810	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Vernon Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1955 S Vernon St Wabash, IN 46992	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on interview and record review, the facility failed to administer medications according to physician order for 1 of 3 residents reviewed for medication administration. (Resident B) Findings include: Resident B's closed clinical record was reviewed on 8/25/25 at 10:44 a.m. Diagnoses included spastic quadriplegic cerebral palsy, dysphagia, and scoliosis. Current orders during the resident's stay included diazepam 2.5 milligram (mg) four times a day. A June 2025 Medication Administration Record (MAR) indicated he received four doses of diazepam on 6/7/25. A June 2025 narcotic count sheet indicated the medication was not removed for his 6/7/25 morning and noon doses. During an interview, on 8/25/25 at 4:25 p.m., the ADON indicated it showed the medication was documented as administered on the MAR but was not signed out on the controlled medication log. Staff should double check the medication, dispense the medication from the medication card, mark that the medication was prepped on the MAR, give the medication, and then mark that the medication administered on the MAR. During an interview, on 8/25/25 at 4:33 p.m., the Administrator indicated that the diazepam was signed off as administered on the MAR but was not signed out on the narcotic count sheet. Looking at both sheets, it appeared the medication was not administered to Resident B. A current facility policy, titled Medication Administration, provided by the Administrator on 8/25/25 at 4:14 p.m., indicated the following: Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. 20. Sign MAR after administered. 21. If medication is a controlled substance, sign narcotic sheet. This citation relates to Intake 1753947.3. 1-37(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 155810	Facility ID: 155810 If continuation sheet Page 1 of 1