

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 03/04/2020
NAME OF PROVIDER OF SUPPLIER SELLERSBURG HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 7823 OLD HWY # 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	<p>Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 abuse. (Resident D) Findings include: The clinical record for Resident D was reviewed on 3/4/20 at 11:33 a.m. [DIAGNOSES REDACTED]. The incident report, dated 1/20/20 at 9:30 p.m., indicated Resident D had thirty (30) [MEDICATION NAME] (narcotic pain medication) 10-325 mg (milligrams) unaccounted for. The physician's orders [REDACTED]. The review of the Controlled Drug Administration Record indicated 116 tablets of the [MEDICATION NAME] were delivered on 12/27/19. This was a 29 day supply of medication. During an interview on 3/4/20 at 11:01 a.m., the Director of Nursing indicated LPN (Licensed Practical Nurse) 3 had tried to re-order the medication and was told by the pharmacy it was too early. During the investigation, it was found that Resident D was missing a card with 30 tablets along with the narcotic count sheet and the facility could not figure out what had happened to the medication. On 3/3/20 at 11:31 a.m., the Director of Clinical Operations provided a current copy of the document titled INDIANA Abuse & Neglect & Misappropriation of Property dated 4/01/19. It included, but was not limited to, Definitions .Misappropriation of resident .property .In Indiana, the deliberate misplacement .temporary or permanent use of a resident's property .without the resident's consent .This includes any medication dispensed in the name of a resident .Policy .It is the intent of this facility to prevent the abuse .of residents or the misappropriation of their property 3.1-28(a)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.