

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155675	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Morning Breeze Retirement Community and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 950 N Lakeview Dr Greensburg, IN 47240	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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 a resident's medication administration record accurately reflected the administration of narcotic pain medication for 1 of 3 residents reviewed for medication administration. (Resident C).</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 10/17/24 at 9:35 A.M. An admission Minimum Data Set (MDS) assessment, dated 09/24/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, anemia, hypertension, diabetes, and seizure disorder.</p> <p>A Physician's order, with a start date of 09/20/24, indicated staff were to administer 15 mg (milligrams) of Morphine Sulfate by mouth every three hours as needed for severe pain for 14 days.</p> <p>The September Controlled Drug Receipt/Record/Disposition Form, for the resident's Morphine Sulfate 15 mg medication, indicated the resident's medication was signed out as given on the following dates and times: 09/21/24 at 3:30 A.M., 09/21/24 at 11:45 A.M., 09/21/24 at 9:01 P.M., 09/22/24 at 5:10 A.M., 09/23/24 at 1:45 A.M., 09/23/24 at 5:26 A.M., 09/23/24 at 1:30 P.M., 09/24/24 at 4:30 (no other specification noted), 09/24/24 at 9:00 A.M., and 09/25/24 at 11:00 A.M.</p> <p>The September 2024 Electronic Medication Administration Record (EMAR) lacked documentation that the medication was administered on the following dates and times: 09/21/24 at 11:45 A.M. and 09/24/24 at 4:30 (no other specification noted).</p> <p>During an interview on 10/17/24 at 3:30 P.M., RN 2 indicated that when staff were administering a resident's narcotic, they were to write it in the narcotic book with the current date and time, then documented it in the electronic system. Anytime anything was signed out on the narcotic sheet, it was also documented in the electronic system.</p> <p>A current facility policy, titled Documentation of Medication Administration, with a revision date of April 2007, was provided by the Director of Nursing (DON) on 10/17/24 at 3:00 P.M. The policy indicated, „A nurse .shall document all medications administered to each resident on the resident's medication administration record (MAR). Administration of medication must be documented immediately after (never before) it is given .</p> <p>This citation relates to Complaint IN00444788.</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
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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-50(a)(1) 3.1-50(a)(2)