

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Spring Mill Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87th Ave Merrillville, IN 46410	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure prn (as needed) medications were administered with documentation for an indication for use for 1 of 3 residents reviewed for hospice. (Resident C)</p> <p>Finding includes:</p> <p>The closed record for Resident C was reviewed on [DATE] at 7:25 a.m. The resident expired in the facility on [DATE] while receiving hospice services. Diagnoses included, but were not limited to, stroke, dysphagia (difficulty swallowing), chronic kidney disease, quadriplegia, vascular dementia, and heart failure</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated [DATE], indicated the resident cognitively impaired for daily decision making and received hospice care.</p> <p>A Care Plan, dated [DATE], indicated the resident was at risk for pain. The nursing approaches were to record and report any nonverbal signs of pain.</p> <p>A Physician's Order, dated [DATE], indicated Lorazepam (an antianxiety medication) Concentrate, 2 milligrams/milliliters (mg)/(ml), give 0.5 ml by mouth every 1 hour as needed for anxiety, restlessness, and insomnia.</p> <p>A Physician's Order, dated [DATE], indicated Morphine Sulfate (a narcotic medication) oral Solution 20 mg/ml, give 0.25 ml sublingually (under the tongue) every 1 hour as needed for pain or shortness of breath.</p> <p>The Medication Administration Record (MAR) for the months of 3/2025 and 4/2025 indicated the Lorazepam was administered on [DATE] at 11:29 a.m. and [DATE] at 9:06 a.m.</p> <p>The Morphine Sulfate was administered on [DATE] at 12:28 p.m., [DATE] at 9:57 a.m., [DATE] at 9:06 a.m., and 4/12 at 3:21 a.m.</p> <p>A Nurses' Note, dated [DATE] at 11:29 a.m., indicated the Lorazepam was administered as needed for anxiety, restlessness, and insomnia. The Hospice Nurse was in the facility and it was given to the nurse to administer the medication.</p> <p>A Nurses' Note, dated [DATE] at 12:28 p.m., indicated the Morphine Sulfate was administered as needed for pain or shortness of breath and the resident spit out the medication.</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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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Nurses' Note, dated [DATE] at 9:57 a.m., indicated the Morphine Sulfate was administered as needed for pain or shortness of breath.</p> <p>A Nurses' Note, dated [DATE] at 9:06 a.m., indicated the Morphine Sulfate was administered as needed for pain or shortness of breath. The resident was restless.</p> <p>A Nurses' Note, dated [DATE] at 9:06 a.m., indicated the Lorazepam was administered as needed for anxiety, restlessness, and insomnia. The resident was restless.</p> <p>There was no documentation to indicate why the two medications were given at the same time.</p> <p>A Nurses' Note, dated [DATE] at 3:21 a.m., indicated the Morphine Sulfate was administered as needed for pain or shortness of breath. At 4:46 a.m., the nurse documented the Morphine was effective.</p> <p>A Nurses' Note, dated [DATE] at 4:53 a.m., indicated the nurse entered the resident's room, and noted the resident not breathing. The carotid and apical pulses were checked and her pupils were fixed and dilated. The Hospice Nurse was notified as well as the physician and family.</p> <p>There was no documentation of a specific indication for the use of the Lorazepam or the Morphine Sulfate prior to the administration of the medications. There was no documentation the resident had experienced any pain, anxiety, or restlessness prior to receiving the medications.</p> <p>During an interview on [DATE] at 12:00 p.m., the Director of Nursing had no additional information to provide.</p> <p>This citation relates to Complaint IN00459069.</p> <p>3.1-48(a)(4)</p>