STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY VILLAGE ASSISTED LIVING	3530 S SHELBY ST, INDIANAPOLIS, , 46227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: November 12 and 13, 2025 Facility number: 001121 Residential Census: 70 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed November 14, 2025.	R 0000		
R 0306	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(g)(1-9) (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall	R 0306	What corrective action(s) will be accomplished for those Residents found to be affected by the deficient practice. Resident 92 was not affected by the deficient practice. How the facility will identify other residents having the potential to be affected by the same deficient practice. All Residents discharging from the community have the	12/08/2025

include the following information:

(1) The name of the resident.

(2) The name and strength of the drug.

(3) The prescription number.

(4) The reason for disposal.

(5) The amount disposed of.

(6) The method of disposition.

(7) The date of the disposal.

(8) The signature of the person conducting the disposal of the drug.

(9) The signature of a witness, if any, to the disposal of the drug.

Based on record review and interview, the facility failed to ensure drug dispositions for all medications were accounted for or documented for 1 of 2 closed record residents reviewed. (Resident 92)

Finding includes:

On 11/12/25 at 12:25 p.m., the clinical record for Resident 92 was reviewed. The diagnoses included, but were not limited to, diabetes mellitus (a chronic condition with high blood sugar levels), hypertension (high blood pressure), and neuropathy (nerve damage).

A physician's order report from 8/1/25 and ending 9/25/25 when

potential to be affected. No other Residents affected. All licensed nurses and QMAs to be re-educated by 12/8/25 on policy for ensuring that drug disposition records for the quantity, dates, times, name of person(s) receiving the medications is maintained in the clinical record upon discharge.

What measure will be put into place or what systemic changes the facility will make to ensure that deficient practice does not recur: All licensed nurses and QMAs to be re-educated by 12/8/25 on policy for ensuring that drug disposition records for the quantity, dates, times, name of person(s) receiving the medications is maintained in the clinical record upon discharge.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place: A monitoring tool for drug disposition upon discharge will be completed weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 3. if 100% threshold is not met, disciplinary action or new action plan will be completed. Monitoring tool will be completed by the Director of Nursing/designee.

Resident 92 discharged from the facility included, but was not limited to, the following orders:

- NovoLog insulin 9 units once daily for diabetes mellitus.

- Lantus insulin 45 units once daily for diabetes mellitus.

- Metformin 1,000 mg (milligrams) twice daily for diabetes mellitus.

- Aspirin 81 mg once daily for hypertension.

- Vitamin D3 25 mcg (micrograms) once daily for unspecified illness.

- Docusate sodium 100 mg twice daily for constipation.

- Furosemide 20 mg once daily for hypertension.

- Levothyroxine 50 mcg once daily for hypothyroidism.

- Lisinopril 10 mg once daily for hypertension.

- Pravastatin 20 mg once daily for hyperlipidemia.

- Ondansetron 4 mg once every eight hours as needed for nausea or vomiting.

-Lubricant Eye (PG-PEG 400) (peg 400-propylene glycol) 0.4-0.3% one drop to eye as needed four times daily for dry

eye syndrome.

The clinical record lacked an itemized drug disposition records for the quantity, dates, times, or name of person(s) receiving each of the above medications for Resident 92.

During an interview on 11/13/25 at 8:40 a.m., the DON (Director of Nursing) and the FCD (Floating Clinical Director) indicated that Resident 92's drug disposition records could not be located and should have been documented in the clinical record for Resident 92.

On 11/13/25 at 11:10 a.m., the FCD provided a pharmacy policy, dated for 2023, titled "7.1 Leave of Absence (LOA), Discharge Medications or Resident Death" and indicated it was the policy currently in use by the facility. A review of the policy indicated that the electronic health record for a resident discharging from the community should include: the quantity of each medication released to the resident, the date the medication is released to the resident, the time the medication is released to the resident, and the name of the person receiving the medication.

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREGary Griffin	TITLEExecutive Director	(X6) DATE12/05/2025