STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE GRANGER	430 CLEVELAND RD, GRANGER, , 46530

(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 the Investigation of Complaints IN00460724, IN00457247 and IN00455856. Complaint IN00460724 - No deficiencies related to the allegations are cited. Complaint IN00457247 - State deficiencies related to the allegations are cited at R0239 and R0247. Complaint IN00455856 - No deficiencies related to the allegations are cited. Survey date: 7/10 and 7/11/2025 Facility number: 002656 Residential Census: 30 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on 7/21/2025	R 0000	The following is the Plan of Correction for Brookdale Granger regarding the Statement of Deficiencies dated 7-22-25. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.	

R 0239	Health Services - Nonconformance 410 IAC 16.2-5-4(c) (c) Each facility shall choose whether or not it administers medication or provides residential nursing care, or both. These policies shall be delineated in the facility policy manual and clearly stated in the admission agreement. Based on record review and interview, the facility failed to administer medications per phyisican's orders for 3 of 6 residents reviewed for medication administration. (Residents D, F and G) Findings include: 1. A record review completed on 7/10/2025 at 2:00 P.M. indicated Resident D had not received the following medications on 4/7/2025 at 7:00 P.M. and 6/3/2025 at 7:00 P.M.: -magnesium oral tablet chewable 200 milligrams (mg) give 2 tablets by mouth at bedtime related to deficiency of vitamins. -melatonin oral tablet give 10 mg by mouth at bedtime for insomnia.	R 0239	1. Corrections from previous time frames cannot be made. No residents were affected by the alleged deficient practice. 2. Residents could have been affected, however in this case, no residents were affected. 3. Nursing staff in-service was completed 7-16-25 in regards to Community's policy on Medication Administration, Proper Documentation and Notification of Provider. 4. HWD/Designee will audit EMAR documentation 2x daily x4 weeks, then daily 5x week x8 weeks, then 3x weekly for 3 months. Results of audit will be brought to Executive Director weekly for review and/or recommendations for 6 months. 5. Completed 8-11-25	08/11/2025

	-Rocklatan Ophthalmic Solution 0.02- 0.005 % instill 1 drop in both eyes at bedtime related to glaucoma. -sertraline hcl oral tablet 25 mg give 1 tablet by mouth in the evening related to adjustment disorder. -tylenol Extra Strength oral tablet 500 mg give 2 tablets by mouth at bedtime for pain management. -brimonidine tartrate ophthalmic solution 0.2 % instill 1 drop in both eyes three times a day related to glaucoma. -dorzolamide hcl-timolol ophthalmic solution 22.3-6.8 mg/ml instill 1 drop in both eyes three times a day related to glaucoma. On 6/3/2025 Resident D did not receive a 2:00 P.M. and 8:00 P.M. dose of the following medication: -white petrolatum-mineral oil ophthalmic ointment instill 1 drop in both eyes three times a day related to glaucoma. During an interview on 7/11/2025 at 9:43 A.M. the Executive Director (ED) indicated Resident D should have received all medications as ordered by the physician. 2. A record review, completed			

	on 7/10/2025 at 11:58 A.M., indicated Resident G had not received the following medications on 3/26/2025 at 7:00 P.M.: -atorvastatin calcium oral tablet 10 mg give 1 tablet by mouth at bedtime related to hyperlipidemia. -melatonin oral tablet 5 mg give 1 tablet by mouth at bedtime for insomnia. -mirtazapine oral tablet 15 mg give 1 tablet by mouth at bedtime related to depression. -omega 3 oral capsule 1000 mg give 1 capsule by mouth at bedtime related to hyperlipidemia. -Advair Diskus Inhalation Aerosol Powder Breath Activated 100-50 mcg/actuated 1 puff inhaled orally two times a day for chronic respiratory failure. -aspirin tablet 81 mg give 1 tablet by mouth two times a day related to chronic diastolic heart failure. -lisinopril oral tablet 5 mg give 1 tablet by mouth two times a day related to essential hypertension.			

	-memantine hcl oral tablet 10 mg give 1 tablet by mouth two times a day for dementia. During an interview, on 7/11/2025 at 9:43 A.M., the ED indicated the Resident G should have received all medications as ordered. 3. A record review for Resident F was completed on 7/10/2025 at 11:57 A.M. Resident F had been admitted to the facility on 7/26/2022 with diagnoses, including but not limited to, other herpes viral infection, dementia and hypertension. Current Physician's orders indicated Resident F was to receive cholecalciferol (vitamin supplement) 25 mcg (micrograms) 1 tablet by mouth at bedtime, donzepil hydrochloride (treats symptoms of dementia) 10 mg (milligrams) 1 tablet by mouth at bedtime, losartan potassium (lowers blood pressure) 50 mg 1 tablet by mouth at bedtime, hydralazine hydrochloride (lowers blood pressure) 25 mg 1 tablet by mouth twice a day, metformin hydrochloride (helps control blood sugar) 500 mg 1 tablet by mouth twice a day and Refresh Plus Ophthalmic Solution (relieves dry eyes) 0.5% Carboxymethylcellulose Sodium instill 1 drop both eyes two times a day.			

	A Personal Service Plan, dated 4/29/2025, indicated Resident F was to receive assistance with administration of medications. A review of the June 2025 Medication Administration Record (MAR) indicated Resident F did not receive his bedtime doses of cholecalciferol, donzepil hydrochloride, losartan potassium, hydralazine hydrochloride, metformin hydrochloride and Refresh Plush Ophthalmic Solution 0.5% on June 3. Resident F's clinical record failed to document the reason for missed dose of these medications. During an interview, on 7/11/2025 at 9:50 A.M., the Administrator indicated the medications should have been administered according to the physician orders for Resident F. On 7/11/2025 at 9:45 A.M., the Administrator provided a policy titled, "Medication and Treatment - General Guidelines for Medication Administration/Assistance," dated 3/2025 and indicated the policy was the one currently used by the facility. The policy indicated " ...Medications and treatments should be administered within one (1) hour before or one (1) hour after the			

prescribed frequency and time/range unless ordered by the physician/healthcare provider or according to state regulation...Medications and treatments should be administered should be administered within the parameters of the physician/HCP orders ..."

Based on record review and interview, the facility failed to administer medications per phyisican's orders for 3 of 6 residents reviewed for medication administration. (Residents D, F and G)

Findings include:

1. A record review completed on 7/10/2025 at 2:00 P.M. indicated Resident D had not received the following medications on 4/7/2025 at 7:00 P.M. and 6/3/2025 at 7:00 P.M.:

-magnesium oral tablet chewable 200 milligrams (mg) give 2 tablets by mouth at bedtime related to deficiency of vitamins.

-melatonin oral tablet give 10 mg by mouth at bedtime for insomnia.

-Rocklatan Ophthalmic Solution 0.02- 0.005 % instill 1 drop in both eyes at bedtime related to glaucoma.

-sertraline hcl oral tablet 25 mg

	give 1 tablet by mouth in the evening related to adjustment disorder. -tylenol Extra Strength oral tablet 500 mg give 2 tablets by mouth at bedtime for pain management. -brimonidine tartrate ophthalmic solution 0.2 % instill 1 drop in both eyes three times a day related to glaucoma. -dorzolamide hcl-timolol ophthalmic solution 22.3-6.8 mg/ml instill 1 drop in both eyes three times a day related to glaucoma. On 6/3/2025 Resident D did not receive a 2:00 P.M. and 8:00 P.M. dose of the following medication: -white petrolatum-mineral oil ophthalmic ointment instill 1 drop in both eyes three times a day related to glaucoma. During an interview on 7/11/2025 at 9:43 A.M. the Executive Director (ED) indicated Resident D should have received all medications as ordered by the physician. 2. A record review, completed on 7/10/2025 at 11:58 A.M., indicated Resident G had not received the following medications on 3/26/2025 at 7:00 P.M.:			

	-atorvastatin calcium oral tablet 10 mg give 1 tablet by mouth at bedtime related to hyperlipidemia. -melatonin oral tablet 5 mg give 1 tablet by mouth at bedtime for insomnia. -mirtazapine oral tablet 15 mg give 1 tablet by mouth at bedtime related to depression. -omega 3 oral capsule 1000 mg give 1 capsule by mouth at bedtime related to hyperlipidemia. -Advair Diskus Inhalation Aerosol Powder Breath Activated 100-50 mcg/actuated 1 puff inhaled orally two times a day for chronic respiratory failure. -aspirin tablet 81 mg give 1 tablet by mouth two times a day related to chronic diastolic heart failure. -lisinopril oral tablet 5 mg give 1 tablet by mouth two times a day related to essential hypertension. -memantine hcl oral tablet 10 mg give 1 tablet by mouth two times a day for dementia.			

	During an interview, on 7/11/2025 at 9:43 A.M., the ED indicated the Resident G should have received all medications as ordered. 3. A record review for Resident F was completed on 7/10/2025 at 11:57 A.M. Resident F had been admitted to the facility on 7/26/2022 with diagnoses, including but not limited to, other herpes viral infection, dementia and hypertension. Current Physician's orders indicated Resident F was to receive cholecalciferol (vitamin supplement) 25 mcg (micrograms) 1 tablet by mouth at bedtime, donzepil hydrochloride (treats symptoms of dementia) 10 mg (milligrams) 1 tablet by mouth at bedtime, losartan potassium (lowers blood pressure) 50 mg 1 tablet by mouth at bedtime, hydralazine hydrochloride (lowers blood pressure) 25 mg 1 tablet by mouth twice a day, metformin hydrochloride (helps control blood sugar) 500 mg 1 tablet by mouth twice a day and Refresh Plus Ophthalmic Solution (relieves dry eyes) 0.5% Carboxymethylcellulose Sodium instill 1 drop both eyes two times a day.			

	A Personal Service Plan, dated 4/29/2025, indicated Resident F was to receive assistance with administration of medications. A review of the June 2025 Medication Administration Record (MAR) indicated Resident F did not receive his bedtime doses of cholecalciferol, donzepil hydrochloride, losartan potassium, hydralazine hydrochloride, metformin hydrochloride and Refresh Plush Ophthalmic Solution 0.5% on June 3. Resident F's clinical record failed to document the reason for missed dose of these medications. During an interview, on 7/11/2025 at 9:50 A.M., the Administrator indicated the medications should have been administered according to the physician orders for Resident F. On 7/11/2025 at 9:45 A.M., the Administrator provided a policy titled, "Medication and Treatment - General Guidelines for Medication Administration/Assistance," dated 3/2025 and indicated the policy was the one currently used by the facility. The policy indicated " ...Medications and treatments should be administered within one (1) hour before or one (1) hour after the			

	prescribed frequency and time/range unless ordered by the physician/healthcare provider or according to state regulation...Medications and treatments should be administered should be administered within the parameters of the physician/HCP orders ..."			
R 0247	Health Services - Deficiency 410 IAC 16.2-5-4(e)(7) (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident. Based on record review and interview the facility failed to document and notify the attending physician of medication errors for 3 of 5 residents reviewed for medications. (Residents D, F and G) Findings include: 1. A record review completed on 7/10/2025 at 2:00 P.M. indicated Resident D had not received the following medications on 4/7/2025 at 7:00 P.M. and 6/3/2025 at 7:00 P.M.: -magnesium oral tablet chewable 200 milligrams (mg)	R 0247	1. Corrections of previous time frames cannot be made. No residents were affected by this alleged deficient practice. 2. Residents could have been affected, however in this case, no residents were affected. 3. Nursing staff in-service was completed on 7-16-25 in regards to Community's policy on Medication Administration, Proper Documentation and Notification of Providers. 4. HWD/Designee will audit EMAR documentation 2x daily x5 days a week x4 weeks, then daily 5x week x8 weeks, then 3x weekly for 3 months. Results of audits will be brought to Executive Director weekly for review and/or recommendations for 6 months. 5. Completed 8-11-25	08/11/2025

give 2 tablets by mouth at bedtime related to deficiency of vitamins.

-melatonin oral tablet give 10 mg by mouth at bedtime for insomnia.

-Rocklatan Ophthalmic Solution 0.02- 0.005 % instill 1 drop in both eyes at bedtime related to glaucoma.

-sertraline hcl oral tablet 25 mg give 1 tablet by mouth in the evening related to adjustment disorder.

-tylenol Extra Strength oral tablet 500 mg give 2 tablets by mouth at bedtime for pain management.

-brimonidine tartrate ophthalmic solution 0.2 % instill 1 drop in both eyes three times a day related to glaucoma.

-dorzolamide hcl-timolol ophthalmic solution 22.3-6.8 mg/ml instill 1 drop in both eyes three times a day related to glaucoma.

On 6/3/2025 Resident D did not receive a 2:00 P.M. and 8:00 P.M. dose of the following medication:

-white petrolatum-mineral oil ophthalmic ointment instill 1 drop in both eyes three times a day related to glaucoma.

There was no documentation in the clinical record notifying the physician of the medication omission errors.

During an interview, on 7/11/2025 at 9:43 A.M., the ED indicated the attending physician should have been notified of the medications that were not given and the notification should have been documented in the record.

2. A record review completed on 7/10/2025 at 11:58 A.M. indicated Resident G had not received the following medications on 3/26/2025 at 7:00 P.M.:

-atorvastatin calcium oral tablet 10 mg give 1 tablet by mouth at bedtime related to hyperlipidemia.

-melatonin oral tablet 5 mg give 1 tablet by mouth at bedtime for insomnia.

-mirtazapine oral tablet 15 mg give 1 tablet by mouth at bedtime related to depression.

-omega 3 oral capsule 1000 mg give 1 capsule by mouth at bedtime related to hyperlipidemia.

-Advair Diskus Inhalation Aerosol Powder Breath Activated 100-50 mcg/actuated 1 puff inhaled orally two times a day for chronic respiratory

failure.

-aspirin tablet 81 mg give 1 tablet by mouth two times a day related to chronic diastolic heart failure.

-lisinopril oral tablet 5 mg give 1 tablet by mouth two times a day related to essential hypertension.

-memantine hcl oral tablet 10 mg give 1 tablet by mouth two times a day for dementia.

There was no documentation in the clinical record notifying the physician of the medication omission errors.

During an interview, on 7/11/2025 at 9:43 A.M., the ED indicated the attending physician should have been notified of the missed medications and the notification should have been documented in the record.

3. A record review for Resident F was completed on 7/10/2025 at 11:57 A.M. Resident F had been admitted to the facility on 7/26/2022 with diagnoses, including but not limited to, other herpes viral infection, dementia and hypertension.

Current Physician's orders indicated Resident F was to receive cholecalciferol (vitamin supplement) 25 mcg (micrograms) 1 tablet by mouth

at bedtime, donzepil hydrochloride (treats symptoms of dementia) 10 mg (milligrams) 1 tablet by mouth at bedtime, losartan potassium (lowers blood pressure) 50 mg 1 tablet by mouth at bedtime, hydralazine hydrochloride (lowers blood pressure) 25 mg 1 tablet by mouth twice a day, metformin hydrochloride (helps control blood sugar) 500 mg 1 tablet by mouth twice a day and Refresh Plus Ophthalmic Solution (relieves dry eyes) 0.5% Carboxymethylcellulose Sodium instill 1 drop both eyes two times a day.

A Personal Service Plan, dated 4/29/2025, indicated Resident F was to receive assistance with administration of medications.

A review of the June 2025 Medication Administration Record (MAR) indicated Resident F did not receive his bedtime doses of cholecalciferol, donzepil hydrochloride, losartan potassium, hydralazine hydrochloride, metformin hydrochloride and Refresh Plush Ophthalmic Solution 0.5% on June 3.

Resident F's clinical record failed to document any physician notification for these missed doses.

During an interview, on

7/11/2025 at 9:50 A.M., the Administrator indicated Resident F's physician should have been notified of any medications not administered.

On 7/11/2025 at 9:45 A.M., the Administrator provided a policy titled, "Medication and Treatment - General Guidelines for Medication Administration/Assistance," dated 3/2025 and indicated the policy was the one currently used by the facility. The policy indicated "...Medications and/or treatment errors should be reported promptly and according to the Brookdale Reportable Events Policy and Grid ..."

Based on record review and interview the facility failed to document and notify the attending physician of medication errors for 3 of 5 residents reviewed for medications. (Residents D, F and G)

Findings include:

1. A record review completed on 7/10/2025 at 2:00 P.M. indicated Resident D had not received the following medications on 4/7/2025 at 7:00 P.M. and 6/3/2025 at 7:00 P.M.:

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-sertraline hcl oral tablet 25 mg give 1 tablet by mouth in the evening related to adjustment disorder.

-tylenol Extra Strength oral tablet 500 mg give 2 tablets by mouth at bedtime for pain management.

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1 puff inhaled orally two times a day for chronic respiratory failure.

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There was no documentation in the clinical record notifying the physician of the medication omission errors.

During an interview, on 7/11/2025 at 9:43 A.M., the ED indicated the attending physician should have been notified of the missed medications and the notification should have been documented in the record.

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Current Physician's orders indicated Resident F was to receive cholecalciferol (vitamin

	supplement) 25 mcg (micrograms) 1 tablet by mouth at bedtime, donzepil hydrochloride (treats symptoms of dementia) 10 mg (milligrams) 1 tablet by mouth at bedtime, losartan potassium (lowers blood pressure) 50 mg 1 tablet by mouth at bedtime, hydralazine hydrochloride (lowers blood pressure) 25 mg 1 tablet by mouth twice a day, metformin hydrochloride (helps control blood sugar) 500 mg 1 tablet by mouth twice a day and Refresh Plus Ophthalmic Solution (relieves dry eyes) 0.5% Carboxymethylcellulose Sodium instill 1 drop both eyes two times a day. A Personal Service Plan, dated 4/29/2025, indicated Resident F was to receive assistance with administration of medications. A review of the June 2025 Medication Administration Record (MAR) indicated Resident F did not receive his bedtime doses of cholecalciferol, donzepil hydrochloride, losartan potassium, hydralazine hydrochloride, metformin hydrochloride and Refresh Plush Ophthalmic Solution 0.5% on June 3.			

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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 SIGNATURE	TITLE	(X6) DATE