STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/18/2025

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 a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00454711. Complaint IN00454711 - No deficiencies related to the allegation was cited. Survey dates: March 17 and 18, 2025. Facility number: 002656 Residential Census: 43 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on 3/20/2025.	R 0000		
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in	R 0216	What corrective action will be accomplished for those residents found to have been	04/25/2025

	the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on record review, observation and interview, the facility failed to ensure a self-administration evaluation was completed timely for 1 of 3 residents reviewed for self-administration of medication. (Resident B) Finding includes: A record review for Resident B was completed on 3/17/2025 at 2:00 P.M. Resident B had been admitted to the facility on 3/21/2023 with diagnoses including but not limited to: chronic pain, depression, hypertension and hypothyroidism. A Physician Order, dated		affected by the deficient practice; A medication self-administration assessment for Resident B was completed on 3/18/25. Resident failed assessment, therefore nursing will administer, until a time when/if resident can pass assessment. The next assessment would be scheduled for 7/18/25, this date will change to reflect the date if/when the resident can pass the assessment. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; An audit of the resident's who currently self-adminster medications will be completed. The audit will be completed by the health and wellness director or designee by 4/2/25.	

	3/21/2023, indicated Resident B could self-administer medications. Resident B's current Personal Service Plan, dated 11/11/2024, indicated the resident self-managed their medications which included self-administration. The Personal Service Plan for Resident B indicated the facility required specific monitoring for residents who managed and administered their own medications. The record review for Resident B indicated the most recent self-administration of medication evaluation was completed on 11/22/2023. During an observation, on 3/17/2025 at 2:30 P.M., Resident B had a pill organizer on an end table that was closed and the resident indicated it contained her daily medications. During an interview, on 3/17/2025 at 2:49 P.M., the Director of Nursing (DON) indicated the policy of the facility was to evaluate each resident's ability to self-administration medications every six months. During an interview, on 3/18/2025 at 9:22 A.M., the DON indicated there should have been more evaluations of Resident B's ability to self-administer medications		What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; The Health and Wellness Director or designee will schedule medication self-administration assessment in Point Click Care quarterly. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The health and wellness director and/or designee to monitor weekly for 6 months and any issues identified will be brought to the daily stand up meeting Monday through Friday and will address with individual nurse. The monitoring will conclude 9/28/25. What date the systemic changes will be completed: 4/25/25.	

completed but the most recent evaluation had been completed on 11/22/2023.

On 3/18/2025 at 11:15 A.M., the DON provided a policy titled, "Medications and Treatment Self-Administration of Medication Policy," dated 8/2023 and indicated the policy was the one currently used by the facility. The policy indicated " ...if a resident desires to self-administer medications, an evaluation should be conducted by the Nurse ...this evaluation will be completed using the Self-Administration of Medications Review form initially, quarterly, or as per state regulation and with change in resident condition ..."

Based on record review, observation and interview, the facility failed to ensure a self-administration evaluation was completed timely for 1 of 3 residents reviewed for self-administration of medication. (Resident B)

Finding includes:

A record review for Resident B was completed on 3/17/2025 at 2:00 P.M. Resident B had been admitted to the facility on 3/21/2023 with diagnoses including but not limited to: chronic pain, depression, hypertension and hypothyroidism.

A Physician Order, dated 3/21/2023, indicated Resident B could self-administer medications.

Resident B's current Personal Service Plan, dated 11/11/2024, indicated the resident self-managed their medications which included self-administration. The Personal Service Plan for Resident B indicated the facility required specific monitoring for residents who managed and administered their own medications.

The record review for Resident B indicated the most recent self-administration of medication evaluation was completed on 11/22/2023.

During an observation, on 3/17/2025 at 2:30 P.M., Resident B had a pill organizer on an end table that was closed and the resident indicated it contained her daily medications.

During an interview, on 3/17/2025 at 2:49 P.M., the Director of Nursing (DON) indicated the policy of the facility was to evaluate each resident's ability to self-administration medications every six months.

During an interview, on 3/18/2025 at 9:22 A.M., the DON indicated there should have been more evaluations of Resident B's ability to

	self-administer medications completed but the most recent evaluation had been completed on 11/22/2023. On 3/18/2025 at 11:15 A.M., the DON provided a policy titled, "Medications and Treatment Self-Administration of Medication Policy," dated 8/2023 and indicated the policy was the one currently used by the facility. The policy indicated " ...if a resident desires to self-administer medications, an evaluation should be conducted by the Nurse ...this evaluation will be completed using the Self-Administration of Medications Review form initially, quarterly, or as per state regulation and with change in resident condition ..."			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure food was labeled, dated and discarded after expiration in 1 of 1 kitchen and 1 of 2 dining rooms (small	R 0273	R 273 Based on observation record review and interview, the facility failed to ensure food was labeled, dated and discarded after expiration in 1 of 1 kitchen and 1 of 2 dining rooms, (small dining room) that were reviewed. The deficient practice had the potential to affect 43 of 43 residents who consumed food from the kitchen. What corrective actions will be accomplished for those residents found to have been affected by the deficient	04/25/2025

dining room) that were reviewed. This deficient practice had the potential to affect 43 of 43 residents who consumed food from the kitchen.

Findings include:

1. During a tour of the kitchen on 3/17/2025 at 9:45 A.M. with the Director of Dining (DOD), the following was observed:

-A five-pound container of peanut butter was opened but had no opened on or use by date.

-A bottle of sesame seed oil was opened but had no opened on or used by date and had expired on 6/2024.

-A box containing 10 individual packets of instant grit mix had expiration dates of 2/10/2024.

During an interview on 3/17/2024 at 9:50 A.M., the DOD indicated all food should have contained an opened on and use by date on them and all food should have been thrown away after it had expired.

2. During an observation with the Director of Nursing (DON) of the small dining room on 3/17/2025 at 12:10 P.M., the following was observed:

-A pitcher of apple juice with an expiration date of 3/16/2025.

practice; All outdated food has been

disposed of. No residents affected by alleged deficient practice.

How the facility will identify other residents having the potential to be affected

by the same deficient practice and what corrective actions will be taken;

Alleged deficient practice had the potential to affect all residents. Community

audited food and fridges to insure fridges, freezers and dry pantry that all

items were labeled properly per the community policies.

What measures will be put into place or what systemic changes the facility

will make to ensure that the deficient practice does not recur

Facility has hired a new DSM and all kitchen staff will be retrained on dating,

labeling and disposed of when outdated.

How the corrective actions will be monitored to ensure actions will be monitored

to ensure the deficient practice will not recur, i.e., what quality assurance program

will be put into place; ED or designee will monitor kitchen 5x weekly for 4 weeks,

then 1x weekly for 4 weeks, then

	-A pitcher of orange juice with an expiration date of 3/16/2025. -A pitcher of lemon aide with an expiration date of 3/16/2025. -A gallon of milk was opened but was not labeled with an opened on or use by date. -Two single cups of yogurt with expiration dates of 2/16/2025. During an interview on 3/17/2025 at 12:11 P.M., the DON indicated the pitchers of juices, lemon aide and yogurts should have been thrown away after they expired. On 3/17/2025 at 1:30 P.M., the Administrator provided a policy, dated 9/2024, and titled," Labeling". The Administrator indicated the policy was the one currently used by the facility. The policy indicated, " ...All food items must be labeled and dated before storing. All prepared, items must have a label with the name of the item, date and time prepared, by whom, and discard/use by date ...." Based on observation, interview and record review, the facility failed to ensure food was labeled, dated and discarded after expiration in 1 of 1 kitchen and 1 of 2 dining rooms (small dining room) that were reviewed. This deficient practice had the potential to affect 43 of		1x monthly for 6 months to verify and ensure foods are dated and labeled and disposed of when outdated. By what date systemic changes will be completed 4-25-25.	

43 residents who consumed food from the kitchen.

Findings include:

1. During a tour of the kitchen on 3/17/2025 at 9:45 A.M. with the Director of Dining (DOD), the following was observed:

-A five-pound container of peanut butter was opened but had no opened on or use by date.

-A bottle of sesame seed oil was opened but had no opened on or used by date and had expired on 6/2024.

-A box containing 10 individual packets of instant grit mix had expiration dates of 2/10/2024.

During an interview on 3/17/2024 at 9:50 A.M., the DOD indicated all food should have contained an opened on and use by date on them and all food should have been thrown away after it had expired.

2. During an observation with the Director of Nursing (DON) of the small dining room on 3/17/2025 at 12:10 P.M., the following was observed:

-A pitcher of apple juice with an expiration date of 3/16/2025.

-A pitcher of orange juice with an expiration date of 3/16/2025.

	-A pitcher of lemon aide with an expiration date of 3/16/2025. -A gallon of milk was opened but was not labeled with an opened on or use by date. -Two single cups of yogurt with expiration dates of 2/16/2025. During an interview on 3/17/2025 at 12:11 P.M., the DON indicated the pitchers of juices, lemon aide and yogurts should have been thrown away after they expired. On 3/17/2025 at 1:30 P.M., the Administrator provided a policy, dated 9/2024, and titled," Labeling". The Administrator indicated the policy was the one currently used by the facility. The policy indicated, " ...All food items must be labeled and dated before storing. All prepared, items must have a label with the name of the item, date and time prepared, by whom, and discard/use by date ...."			

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