

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/11/2026
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF AVON		STREET ADDRESS, CITY, STATE, ZIP CODE 182 S COUNTY ROAD 550 E, AVON, , 46123			
(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: August 10 and 11, 2026 Facility number: 003902 Residential Census: 71 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on August 20, 2026.	R 0000	ISDH ATT: Suzanne Kuzemka Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204 Re: State Residential Licensure Survey Independence Village of Avon 182 S County Road 550 E Avon, IN 46123 Dear Ms. Suzanne Kuzemka, On August 11, 2026, a State Residential Licensure (ID TVQ511) Survey was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiency.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

			Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance. We respectfully request a desk review to ensure that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction of September 10th, 2026. Please feel free to call me with any further questions at 317-745-2766. Respectfully submitted, Romeo Behl Independence Village of Avon 182 S County Road 550 E Avon, IN 46123	
R 0244	Health Services - Noncompliance 410 IAC 16.2-5-4(e)(4) (4) Preparation of doses for more than one (1) scheduled administration is not permitted. Based on observation and interview, the facility failed to administer medications one resident at a time and placed a dispensed medication back in its original container when a resident was not available for 2	R 0244	R244 Health Services - Noncompliance The facility requests paper compliance for this citation. <i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged</i>	09/10/2026

of 5 residents observed
(Resident 9 and 10).

Findings include:

On 8/10/26 at 11:57 a.m., medication administration was observed with Qualified Medication Assistant (QMA) 4. She prepped midodrine (a medication used to increase blood pressure) 5 mg four times daily for Resident 9 and labeled the medication cup with the resident's apartment number. She proceeded to prepare another resident's medication, Resident 10. He was prescribed carbidopa-levodopa 25-100mg every 6 hours for Parkinson's disease. She placed the medication cups on top of each other and proceeded to go to each resident's apartment while carrying a pitcher of water. The residents were not home. They were in the dining room eating lunch.

QMA 4 took the medications back to the medication cart. She placed resident 10's medication in the top drawer of the medication cart. She took Resident 9's medication and placed it back into its original container.

On 8/10/26 at 12:30 p.m., QMA 4 administered Resident 10's medication to him in the dining room. QMA 4 indicated he was supposed to take his medication

or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

1)Immediate actions taken for those residents identified:

The WD immediately educated QMA 4 on proper medication administration procedure. No adverse outcome noted.

2)How the facility identified other residents:

Any resident residing in the facility had the potential to be affected. No adverse outcome noted.

3)Measures put into place/ System changes:

All licensed nurses and QMA's will be re-educated on safe medication administration.

WD/Designee will review 3 resident's medication pass 3 times weekly x 4 weeks, then 2 resident's medication pass 2 times weekly x 4 weeks and then 1 resident medication pass 1 time weekly for 1 month to ensure proper medication administration procedures are followed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	with meals. She administered his medication. On 8/10/26 at 1:00 p.m., QMA 4 prepped Resident 9's midodrine again and administered the medication to her. On 8/10/26 at 1:15 p.m., during an interview with QMA 5, she indicated they were supposed to do one person's medication at a time and they were not to place medications back into original container after dispensing. On 8/11/26 at 1:32 p.m., a policy titled, "Medication Administration" dated 4/11/22 was provided by the Executive Director (ED). It indicated, "...Medication are administered at the time they are prepared. Medications are not pre-popped or prepoured ...For resident's not in their rooms or otherwise unavailable to receive medication on the pass, the Medication Administration Record (MAR) is flagged with colored plastic strips, drinking straws, tags or paper clips. After completing the medication pass, the nurse returns to the missed resident to administer the medication"		4)How the corrective actions will be monitored: WD/Designee will be responsible for this plan of correction and Audit findings will be presented to the department heads' meeting once a month x 6 months. The results of these audits will be reviewed in Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. 5)Date of compliance:9.10.26	
R 0297	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(1)	R 0297	R297- Pharmaceutical Services-noncompliance The facility requests paper	09/10/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

(c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident:

(1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana.

Based on record review and interview, the facility failed to notify the physician when medications were out of stock for 2 of 3 residents reviewed (Residents 2 and 3).

Findings include:

1. On 8/10/26 at 10:08 a.m., a record review was completed for Resident 2. He had the following diagnoses which included but were not limited to dementia, psychotic disturbance (a mental state where a person loses touch with reality), mood disturbance, anxiety, and chronic kidney disease.

Resident 2 had an order for Jardiance (a medication used to treat diabetes mellitus) 10 mg , take 1 tablet every day. The medication administration record (MAR) indicated the Jardiance was unavailable on 2/24/26, 2/26/26, 2/27/26, 2/28/26, 3/1/26, 3/2/26, and 3/3/26. The MAR indicated the pharmacy was notified each day

compliance for this citation.

This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

1)Immediate actions taken for those residents identified:

WD notified MD and obtained missing diagnosis for Resident 2 and 3.

2)How the facility identified other residents:

Any resident residing in the facility had the potential to be affected. WD/designee audited all residents in the facility to ensure all required diagnosis are added in residents' charts and service plans.

3)Measures put into place/ System changes:

All licensed nurses and QMAs were reeducated to notify MD, POA and pharmacy immediately

that the medication was unavailable. The physician was not notified.

His service plan did not discuss his diabetes mellitus.

2. On 8/10/26 at 10:12 a.m., a record review was completed for Resident 3. She had the following diagnoses which included but were not limited to encephalopathy (a general term for any disease, damage, or malfunction of the brain), Alzheimer's disease, insomnia, hearing loss, constipation, and dementia.

Resident 3 had an order for Losartan Potassium (a blood pressure medication) 25 mg, take 1 tablet every day. The medication was unavailable on 3/13/26, 3/14/26, 3/16/26, 3/19/26, 3/25/26, 3/26/26, 3/27/26, 3/28/26, 3/29/26, 3/30/26, and 3/31/26. The MAR indicated the pharmacy was notified each day that the medication was unavailable. The physician was not notified.

Her service plan did not discuss her hypertension.

On 8/10/26 at 1:02 p.m., Qualified Medication Assistant (QMA) 5 indicated the pharmacy was made aware of the unavailable medications.

On 8/11/26 at 1:32 p.m., the

for any missed administration of medications and any medication that is not available as per facility policy.

WD/Designee will Audit 3 residents' diagnosis 1 times weekly x 4 weeks, then 2 residents 1-times weekly x 4 weeks and then 1 resident 1-times weekly 1 month to ensure compliance.

4)How the corrective actions will be monitored:

WD/Designee will be responsible for this plan of correction and Audit findings will be presented to the department heads' meeting once a month x 6 months. The results of these audits will be reviewed in Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months.

5)Date of compliance: 9.10.26

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	Executive Director provided a policy titled, " ...If a dose or regularly scheduled medication is withheld, refused, or given at a time other than the schedule itme, the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record provided for as needed (PRN) documentation. If two consecutive doses of a vital medication are withheld, or refused, the physician is notified".			
R 0302	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(6) (6) Over-the-counter medications must be identified with the following: (A) Resident name. (B) Physician name. (C) Expiration date. (D) Name of drug. (E) Strength. Based on observations and interview, the facility failed to label medications and date medications when opened for 2 of 3 medication carts observed (AL 1, 2, 3 hall).	R 0302	R302 Pharmaceutical Services-Deficiency The facility requests paper compliance for this citation. <i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> <i>1)Immediate actions taken for</i>	09/10/2026

Findings include:

On 8/10/26 at 11:57 a.m., the Assisted Living medication carts for the first, second and third floor were observed.

Resident 11 had a box of Mucinex (decongestion) with no physician name, just the resident's first name and apartment number.

Resident 9 had a box of omeprazole (acid reflux) 20 mg with just her apartment number and saccromeces boulardi woman's probiotic with just her apartment number on the bottle. Neither medication had the physician name or resident's name.

Resident 12 had a bottle of polymyxin/trimethoprim (an antibiotic) 0.1% with no date to indicate when it was opened.

Resident 15 had a bottle of miralax (for constipation) with no label with the physician name, resident's name, or room number on the bottle.

Resident 16 had a bottle of Alive woman's multivitamin gummies with no physician name, resident's name, or room number on the bottle.

On 8/10/26 at 1:02 p.m., during an interview, Qualified Medication Assistant (QMA) 5,

those residents identified:

Resident 9,11,12,15, and 16 medications were labeled that includes Resident name, Physician name, Expiration date, Name of drug, Strength.

2)How the facility identified other residents:

Any resident residing in the facility had the potential to be affected. Medication carts audits were completed by WD/Designee to ensure all medications are labeled and dated per policy.

Licensed nurses and QMA's educated on med storage, labelling medication and date medication as per policy.

3)Measures put into place/ System changes:

WD/Designee will Audit meds carts 3 times weekly for 4 weeks, then 2 times weekly for 4 weeks and then 1 time monthly for 1 month to ensure all medications are accurately labeled and dated as per facility policy.

4)How the corrective actions will be monitored:

WD/Designee will be responsible for this plan of correction and Audit findings will be presented to the department

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

she indicated it was the QMA's responsibility to label and date medications as they came in or were opened.

On 8/11/26 at 1:32 p.m., a policy titled, "Medication Storage," dated 6/10/22, was provided by the Executive Director (ED). It indicated, "...Over the counter medications must be labeled with pharmacy printed label and no "stock meds" are allowed for multi resident use"

heads' meeting once a month x 6 months. The results of these audits will be reviewed in Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months.

5)Date of compliance: 9.10.26

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
SIGNATURERomeo Behl

TITLEExecutive Director

(X6) DATE08/27/2026