STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOM AT GERMAN CHURCH	2250 HARVEST MOON DR, INDIANAPOLIS, , 46229

(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 date: August 28, 2025 Facility number: 003916 Residential Census: 53 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on September 3, 2025.	R 0000	Submission of this response and plan of correction is not a legal admission that the deficiency exists or that the statement of deficiencies was correctly cited and is not to be construed as an admission against any interest by the residents or any employees, agents or other individuals who drafted or who may be discussed in the response or plan of correction. In addition, preparation, and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of the facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	
R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and	R 0117	Citation R 117 Personnel Deficiency What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: This Rule was not met as evidenced by: Based on record review and interview, the	09/15/2025

	training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview, the facility failed to ensure a staff member had an active license while providing resident medications for 1 of 30 employees reviewed for Qualifications of Personnel. (Qualified Medication Aide 3) Findings include: The employee records were provided by the Business Office Manager (BOM) on 08/28/25 at 11:15 A.M. Qualified Medication Aide (QMA) 3 was hired to work at the facility on 02/19/2004. The employees' licenses were		facility failed to ensure a staff member had an active license while providing resident medications for 1 of 3 employees reviewed for Qualifications of Personnel. (Qualified Medication Aide 3) 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: All residents residing in the facility have the potential to be affected. What measures will be put in place or what systematic changes the facility will make to ensure that the deficient practice does not recur: The Business Office Manager keeps an updated binder of staff member's licenses. She will review it weekly for one month, and monthly thereafter. A form will be utilized with all upcoming expirations moving forward. New employees will be added to the license binder, tracking their expiration dates, upon hire. (Qualified Medication Aide 3 renewed his license on August 28, 2025.) How the corrective actions will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put in place: A form will be utilized with all upcoming expirations moving	

	reviewed on 08/28/25 at 1:30 P.M. QMA 3's license expired on 08/02/25. During an interview, on 08/28/25 at 1:47 P.M., the BOM indicated she always kept the employee license binder, and she would frequently go through it to ensure everyone's license was active. QMA 3's license was expired, and the employee should not have been working with an expired license. QMA 3's timecard was reviewed on 08/28/25 at 2:18 P.M. The QMA had worked the following dates when their license was expired: 08/04/25, 08/05/25, 08/06/25, 08/07/25, 08/09/25, 08/10/25, 08/11/25, 08/13/25, 08/14/25, 08/18/25, 08/19/25, 08/20/25, 08/21/25, 08/23/25, 08/24/25, 08/25/25, and 08/27/25. The current facility policy titled, "Medication Training of Unlicensed Associates", was provided by the BOM on 08/28/25 at 2:18 P.M. The policy indicated, "...All unlicensed associates who supervise medications for the residents will have completed a State-approved program..." Based on record review and interview, the facility failed to ensure a staff member had an active license while providing resident medications for 1 of 30		forward. A weekly audit of staff license expiration dates will be conducted 1 time per week x 30 days, and 2 times monthly, thereafter, by the Business Office Manager or designee.	

	employees reviewed for Qualifications of Personnel. (Qualified Medication Aide 3) Findings include: The employee records were provided by the Business Office Manager (BOM) on 08/28/25 at 11:15 A.M. Qualified Medication Aide (QMA) 3 was hired to work at the facility on 02/19/2004. The employees' licenses were reviewed on 08/28/25 at 1:30 P.M. QMA 3's license expired on 08/02/25. During an interview, on 08/28/25 at 1:47 P.M., the BOM indicated she always kept the employee license binder, and she would frequently go through it to ensure everyone's license was active. QMA 3's license was expired, and the employee should not have been working with an expired license. QMA 3's timecard was reviewed on 08/28/25 at 2:18 P.M. The QMA had worked the following dates when their license was expired: 08/04/25, 08/05/25, 08/06/25, 08/07/25, 08/09/25, 08/10/25, 08/11/25, 08/13/25, 08/14/25, 08/18/25, 08/19/25, 08/20/25, 08/21/25, 08/23/25, 08/24/25, 08/25/25, and 08/27/25. The current facility policy titled, "Medication Training of Unlicensed Associates", was			

	provided by the BOM on 08/28/25 at 2:18 P.M. The policy indicated, "...All unlicensed associates who supervise medications for the residents will have completed a State-approved program..."			
R 0298	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(2) (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days. Based on record review and interview, the facility failed to address pharmacy recommendations for 2 of 7	R 0298	Citation R 298 Pharmaceutical Services Deficiency What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: This Rule was not met as evidenced by: Based on record review and interview, the facility failed to address pharmacy recommendations for 2 of 7 resident records reviewed. (Residents 103 and 305) 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: All residents residing in the facility have the potential to be affected. What measures will be put in place or what systematic changes the facility will make to ensure that the deficient practice does not recur: Quarterly recommendations are sent to our Wellness Director. Wellness Director will forward the recommendations to the	09/15/2025

resident records reviewed. (Residents 103 and 305)

Findings include:

1. The clinical record for Resident 103 was reviewed on 08/28/25 at 11:00 A.M. The resident's diagnoses included, but were not limited to, diabetes and dementia.

The resident's current physician's orders were reviewed and included, but were not limited to, the following:

- An open-ended physician's order, with a start date of 06/16/25, for the resident to receive Sulfamethoxazole-TMP (an antibiotic), 800-160 milligrams (mg). The resident was to take one tablet every day.

A Nursing Recommendation from the Consultant Pharmacist, dated 07/11/25, indicated the resident received Sulfamethoxazole/trimethoprim. If the antibiotic was supposed to be for prophylaxis, it was recommended that the facility update the physician's order with "for ____ prophylaxis, no stop date indicated".

The resident's record lacked documentation the pharmacist's recommendation was addressed.

2. The clinical record for

Nurse Practitioner/Medical Director in an email. NP/MD will review and sign the recommendations and forward to the Pharmacy via fax. Pharmacy will email WD. WD will forward to NP. NP will bring us signed recommendations on her next weekly visit. Those recommendations will be placed in our Pharmacy binder to be addressed by WD and nursing staff.

How the corrective actions will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put in place: Wellness Director has created a new form to ensure that each step of the process is followed. This follow-up will be weekly for the first month and monthly thereafter.

Resident 305 was reviewed on 08/29/25 at 11:30 A.M. The resident's diagnoses included, but were not limited to, diabetes, hypertension, and dementia.

The resident's current physician's orders included, but were not limited to, the following:

- An open-ended order, with a start date of 07/29/24, for the resident to receive Divalproex (Depakote, a medication sometimes used as a mood stabilizer) 125 mg. The resident was to take two capsules (250 mg) by mouth, twice a day.

- An open-ended order, with a start date of 05/14/25, for the resident to receive Clonazepam (a medication used for anxiety) 0.5 mg. The resident was to take one tablet by mouth nightly.

A Note to Attending Physician/Prescriber, dated 07/11/25, indicated the resident received Clonazepam 0.5 mg at bedtime and Depakote 250 mg twice a day. The Consultant Pharmacist indicated all stable psychoactive agents were reviewed yearly to ensure residents were receiving the lowest effective doses. Please evaluate if the resident may be a candidate for a reduction attempt. The pharmacist recommended decreasing the

Clonazepam to 0.25 mg at bedtime, reducing the Depakote to 125 mg in the morning and 250 mg in the evening, and an option for the physician to decline the recommendations.

The resident's record lacked documentation the pharmacist's recommendation was addressed.

During an interview, on 08/28/25 at 1:35 P.M., Licensed Practical Nurse 2 indicated the residents' July pharmacy recommendations were not addressed.

The current facility policy, titled "Consultant Pharmacist Services Provider Requirements", dated 05/16/24, was provided by the Administrator on 08/28/25 at 2:31 P.M. The policy indicated, "...Regular and reliable consultant pharmacist services are provided to residents...in collaboration with facility staff, the consultant pharmacist helps to identify, communicate, address, and resolve concerns and issues related to the provision of pharmaceutical services..."

Based on record review and interview, the facility failed to address pharmacy recommendations for 2 of 7 resident records reviewed. (Residents 103 and 305)

Findings include:

1. The clinical record for Resident 103 was reviewed on 08/28/25 at 11:00 A.M. The resident's diagnoses included, but were not limited to, diabetes and dementia.

The resident's current physician's orders were reviewed and included, but were not limited to, the following:

- An open-ended physician's order, with a start date of 06/16/25, for the resident to receive Sulfamethoxazole-TMP (an antibiotic), 800-160 milligrams (mg). The resident was to take one tablet every day.

A Nursing Recommendation from the Consultant Pharmacist, dated 07/11/25, indicated the resident received Sulfamethoxazole/trimethoprim. If the antibiotic was supposed to be for prophylaxis, it was recommended that the facility update the physician's order with "for ____ prophylaxis, no stop date indicated".

The resident's record lacked documentation the pharmacist's recommendation was addressed.

2. The clinical record for Resident 305 was reviewed on 08/29/25 at 11:30 A.M. The resident's diagnoses included,

but were not limited to, diabetes, hypertension, and dementia.

The resident's current physician's orders included, but were not limited to, the following:

- An open-ended order, with a start date of 07/29/24, for the resident to receive Divalproex (Depakote, a medication sometimes used as a mood stabilizer) 125 mg. The resident was to take two capsules (250 mg) by mouth, twice a day.

- An open-ended order, with a start date of 05/14/25, for the resident to receive Clonazepam (a medication used for anxiety) 0.5 mg. The resident was to take one tablet by mouth nightly.

A Note to Attending Physician/Prescriber, dated 07/11/25, indicated the resident received Clonazepam 0.5 mg at bedtime and Depakote 250 mg twice a day. The Consultant Pharmacist indicated all stable psychoactive agents were reviewed yearly to ensure residents were receiving the lowest effective doses. Please evaluate if the resident may be a candidate for a reduction attempt. The pharmacist recommended decreasing the Clonazepam to 0.25 mg at bedtime, reducing the Depakote to 125 mg in the morning and

	250 mg in the evening, and an option for the physician to decline the recommendations. The resident's record lacked documentation the pharmacist's recommendation was addressed. During an interview, on 08/28/25 at 1:35 P.M., Licensed Practical Nurse 2 indicated the residents' July pharmacy recommendations were not addressed. The current facility policy, titled "Consultant Pharmacist Services Provider Requirements", dated 05/16/24, was provided by the Administrator on 08/28/25 at 2:31 P.M. The policy indicated, "...Regular and reliable consultant pharmacist services are provided to residents...in collaboration with facility staff, the consultant pharmacist helps to identify, communicate, address, and resolve concerns and issues related to the provision of pharmaceutical services..."			

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