

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 07/30/2026	
NAME OF PROVIDER OR SUPPLIER BLOOM AT WILLOW		STREET ADDRESS, CITY, STATE, ZIP CODE 2725 LAKE CIRCLE DR, INDIANAPOLIS, , 46268					
(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 Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on June 8, 2026. Survey date: July 30, 2026. Facility number: 010234 Residential Census: 58 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on August 6, 2026.	R 0000					
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse;	R 0052	This deficiency has been found in compliance, with continued following of plan of correction originally submitted with compliance date 7/15/2026			08/07/2026	

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	(4) corporal punishment; (5) neglect; and (6) involuntary seclusion.			
R 0092	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(i)(1-2) (i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows: (1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms. (2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.	R 0092	This deficiency has been found in compliance, with continued following of plan of correction originally submitted with compliance date 6/25/2026	08/07/2026

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R 0116	Personnel - Noncompliance 410 IAC 16.2-5-1.4(a) (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.	R 0116	This deficiency has been found in compliance, with continued following of plan of correction originally submitted with compliance date 7/15/2026	08/07/2026
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 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	R 0117	This deficiency has been found in compliance, with continued following of plan of correction originally submitted with compliance date 7/15/2026	08/07/2026

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	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.			
R 0120	Personnel - Noncompliance 410 IAC 16.2-5-1.4(e)(1-3) (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows: (1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel. (2) In addition to the above required inservice hours, staff who have contact with residents shall	R 0120	Submission of this Plan of Correction does not constitute an admission or agreement by the provider... The Plan of Correction is submitted as a credible allegation of compliance. R-120 - No residents were adversely affected. - All residents have the potential to be affected. - Currently working on training package with NAB accreditation via electronic platform to provide us with compliance tracking of staff performance and certification. On going staff education will continue during the time which the platform is being set up. - Executive Director/Designee will complete monthly audits x 6 months	11/17/2026

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	have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia. (3) Inservice records shall be maintained and shall indicate the following: (A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice. The employee will acknowledge attendance by written signature. Based on interview and record review, the facility failed to ensure staff received the annual dementia training for 5 of 5 employees reviewed for dementia training. (Staff 1, 2, 3, 4 and 5) Findings include:		- Date of Compliance: 11/17/2026 Disclaimer Note: this date of compliance is based on full set up with online platform, but may be concluded sooner	
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The staff records were reviewed on 7/30/26 at 10:30 a.m., during a Post Revisit Survey (PSR). The following staff did not have the required annual dementia training:

1. Staff 1 did not have the initial six hours of dementia training completed.

2. Staff 2 did not have the initial six hours of dementia training completed.

3. Staff 3 did not have the initial six hours of dementia training completed.

4. Staff 4 did not have the initial six hours of dementia training completed.

5. Staff 5 did not have the initial six hours of dementia training completed.

During an interview, on 7/30/26 at 11:03 a.m., the Business Office Manager (BOM) indicated the Executive Director (ED) had created a new dementia program to train the staff for the 6-hour required dementia training. The training did not have the number of hours each staff completed. This was the only information the ED had provided the BOM with for the dementia training of all new staff.

The dementia training program

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	created by the ED was reviewed on 7/30/26 at 10:00 a.m. The packet for the dementia training did not contain documentation of how many hours each staff completed. This was the only information provided for the 5 staff dementia training. The facility did not have any documentation the 5 employees had completed 6 hours of dementia training. No policies were provided at the time of exit. This deficiency was cited on 6/8/26. The facility failed to implement a systemic plan of correction to prevent recurrence.			
R 0123	Personnel - Nonconformance 410 IAC 16.2-5-1.4(h)(1-10) (h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following: (1) The name and address of the employee. (2) Social Security number. (3) Date of beginning employment. (4) Past employment, experience, and education, if applicable.	R 0123	This deficiency has been found in compliance, with continued following of plan of correction originally submitted with compliance date 7/15/2026	08/07/2026

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	(5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable. (6) Position in the facility and job description. (7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills. (8) Signed acknowledgement of orientation to residents' rights. (9) Performance evaluations in accordance with facility policy. (10) Date and reason for separation.			
R 0297	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(1) (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.	R 0297	This deficiency has been found in compliance, with continued following of plan of correction originally submitted with compliance date 7/15/2026	08/07/2026
R 0298	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(2)	R 0298	This deficiency has been found in compliance, with continued following of plan of correction originally submitted with	08/07/2026

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compliance date 7/15/2026

(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.

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 Kourtney Harvey

TITLE Executive Director

(X6) DATE 08/17/2026