| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING<br>B. WING | 03/13/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BLOOM AT WILLOW | 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 |
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| R 0000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00442324.<br><br>Complaint IN00442324-State deficiencies related to the allegations are cited at R243.<br><br>Survey dates: March 12 & 13, 2025<br><br>Facility number: 010234<br><br>Residential: 48<br><br>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.<br><br>Quality review was completed on March 17, 2025. | R 0000 | | |
| R 0243 | Health Services - Deficiency<br><br>410 IAC 16.2-5-4(e)(3)<br><br>(3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records | R 0243 | All residents found to be affected<br>have been discharged by the facility, no further corrective action can take place at<br>this time. | 04/11/2025 |

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| | that indicate the:<br><br>(A) time;<br><br>(B) name of medication or treatment;<br><br>(C) dosage (if applicable); and<br><br>(D) name or initials of the person administering the drug or treatment.<br><br>Based on interview and record review, the facility failed to ensure the physician's ordered vital signs were documented in the medical record for 1 of 3 residents reviewed for documentation in the medication and treatment record. (Resident B)<br><br>Findings include:<br><br>During a phone interview, a confidential interviewee indicated there was a concern regarding their family member not having her blood pressure taken except for one time during her admission at the facility which was the day she was admitted.<br><br>The clinical record for Resident B was reviewed on 3/13/25 at 11:15 a.m. The diagnoses included, but were not limited to, dementia with behavioral disturbances, major depressive disorder, anxiety disorder, and hypertension. | | All physician<br>ordered vitals will be obtained as ordered, any deviation from this will be<br>documented in the residents chart as to why the metrics could not be obtained<br>and Wellness Director will be notified by staff.<br><br>Wellness Director<br>will complete a chart audit to include the medication administration record and progress notes to ensure physician ordered vitals are being obtained per the<br>order, or documentation of any deviation is completed.<br><br>Wellness Director<br>will complete the audit monthly x 3 months and bi-monthly x 3 to ensure<br>compliance with all physicians ordered vital signs, and documentation of such metrics is completed and/or monitor documentation for any missing metrics.<br><br>Changes will be<br>completed by April 11th, 2025. | |

The Electronic Medication Administration Record (EMAR) for Resident B, dated November 2023 through July 2024, included, but were not limited to, the following:

A physician's order, dated 1/8/24, indicated to obtain monthly vitals which included blood pressure, pulse, oxygen saturation, and weight.

The EMAR lacked documentation of the blood pressure, pulse, oxygen saturation, and weight were obtained in January 2024, February 2024, and July 2024.

During an interview, on 3/13/25 at 2:45 p.m., the Director of Nursing (DON) indicated the facility did not have a vital sign policy. She indicated the blank boxes for the blood pressure, pulse, oxygen saturation, and weight should have been documented in. The only reason why the EMAR signature box and vital sign boxes would be left blank were if a resident refused, the nurse did not complete for some reason, or the exception boxes (drop down box to select why a medication or treatment was not completed) would not let the nurse or Qualified Medication Aide (QMA) select a reason.

This citation relates to Complaint IN00442324.

Based on interview and record review, the facility failed to ensure the physician's ordered vital signs were documented in the medical record for 1 of 3 residents reviewed for documentation in the medication and treatment record. (Resident B)

Findings include:

During a phone interview, a confidential interviewee indicated there was a concern regarding their family member not having her blood pressure taken except for one time during her admission at the facility which was the day she was admitted.

The clinical record for Resident B was reviewed on 3/13/25 at 11:15 a.m. The diagnoses included, but were not limited to, dementia with behavioral disturbances, major depressive disorder, anxiety disorder, and hypertension.

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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 |
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