| 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 | 07/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BROOKDALE CARMEL | 301 EXECUTIVE DR, CARMEL, , 46032 |

| (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 a State Residential Licensure Survey.<br><br>Survey dates: July 8 and 9, 2025<br><br>Facility number: 010416<br><br>Residential Census: 44<br><br>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.<br><br>Quality review was completed on July 11, 2025. | R 0000 | | |
| R 0117 | Personnel - Deficiency<br><br>410 IAC 16.2-5-1.4(b)<br><br>(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 | R 0117 | **R117**<br><br>**• What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;**<br><br>No residents | 07/10/2025 |

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| | 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.<br><br>Based on interview and record review, the facility failed to ensure at least one staff member certified for cardiopulmonary resuscitation (CPR) and first aid training was on duty for 14 of 21 shifts reviewed for staffing.<br><br>Findings include:<br><br>The "as worked" staffing schedules and employee certifications were reviewed, on 7/9/25 at 8:45 a.m., for the week of 6/30/25 through 7/6/25. | | were adversely effected by the alleged deficiency.<br><br>**• 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;**<br><br>Acting Health and Wellness Director, Health and Wellness Coordinator and Executive Director will be in-serviced on Indiana R 117 410 IAC 16.2-5-1.4(b) Personnel – requirement that the facility have one awake staff member at all times with CPR and First Aid Certifications.<br><br>**• What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** | |

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| | The following dates and times did not have a staff member with a valid CPR certification in the building:<br><br>On 6/30/25, for the evening shift (2:30 p.m.-10:30 p.m.) and night shift (10:30 p.m.-6:30 a.m.).<br><br>On 7/1/25, for the evening shift and night shift.<br><br>On 7/2/25, for the evening shift.<br><br>On 7/3/25, for the day shift (6:30 a.m.-2:30 p.m.) and evening shift.<br><br>On 7/4/25, for the evening shift and night shift.<br><br>On 7/5/25, for the day shift, evening shift, and night shift.<br><br>On 7/6/25, for the evening shift and night shift.<br><br>The following dates and times did not have a staff member with current first aid training in the building:<br><br>On 6/30/25, for the evening shift and night shift.<br><br>On 7/1/25, for the night shift.<br><br>On 7/3/25, for the day shift and evening shift.<br><br>On 7/4/25, for the evening shift and night shift.<br><br>On 7/5/25, for the day shift, | | An audit<br>will be conducted to identify which employees are currently CPR and First Aid<br>certified, this audit will be compared to the schedule weekly to ensure<br>compliance with the rule.<br><br>**• How the corrective action(s) will be<br>monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;**<br><br>Audits will<br>be conducted monthly for 3 months and ongoing quarterly thereafter during the community Safety Meeting to ensure compliance with scheduling staff that are both CPR and First Aid Certified. | |

evening shift, and night shift.

On 7/6/25, for the evening shift and night shift.

During an interview, on 7/9/25 at 11:45 a.m., the Executive Director (ED) indicated the facility had provided all CPR and first aid certifications for the employees and the facility followed the state guidelines.

A current facility policy, titled "CPR Policy-States Requiring Certification," revised 6/2025 and received from the ED on 7/9/25 at 11:15 a.m., indicated "...An associate certified in cardiopulmonary resuscitation (CPR) will perform CPR...First aid, CPR...at least one staff person for every 50 residents who is trained...shall be present...at all times...."

Based on interview and record review, the facility failed to ensure at least one staff member certified for cardiopulmonary resuscitation (CPR) and first aid training was on duty for 14 of 21 shifts reviewed for staffing.

Findings include:

The "as worked" staffing schedules and employee certifications were reviewed, on 7/9/25 at 8:45 a.m., for the week of 6/30/25 through 7/6/25.

The following dates and times

did not have a staff member with a valid CPR certification in the building:

On 6/30/25, for the evening shift (2:30 p.m.-10:30 p.m.) and night shift (10:30 p.m.-6:30 a.m.).

On 7/1/25, for the evening shift and night shift.

On 7/2/25, for the evening shift.

On 7/3/25, for the day shift (6:30 a.m.-2:30 p.m.) and evening shift.

On 7/4/25, for the evening shift and night shift.

On 7/5/25, for the day shift, evening shift, and night shift.

On 7/6/25, for the evening shift and night shift.

The following dates and times did not have a staff member with current first aid training in the building:

On 6/30/25, for the evening shift and night shift.

On 7/1/25, for the night shift.

On 7/3/25, for the day shift and evening shift.

On 7/4/25, for the evening shift and night shift.

On 7/5/25, for the day shift, evening shift, and night shift.

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| | On 7/6/25, for the evening shift and night shift.<br><br>During an interview, on 7/9/25 at 11:45 a.m., the Executive Director (ED) indicated the facility had provided all CPR and first aid certifications for the employees and the facility followed the state guidelines.<br><br>A current facility policy, titled "CPR Policy-States Requiring Certification," revised 6/2025 and received from the ED on 7/9/25 at 11:15 a.m., indicated "...An associate certified in cardiopulmonary resuscitation (CPR) will perform CPR...First aid, CPR...at least one staff person for every 50 residents who is trained...shall be present...at all times...." | | | |
| R 0298 | Pharmaceutical Services - Deficiency<br><br>410 IAC 16.2-5-6(c)(2)<br><br>(2) A consultant pharmacist shall be employed, or under contract, and shall:<br><br>(A) be responsible for the duties as specified in 856 IAC 1-7;<br><br>(B) review the drug handling and storage practices in the facility;<br><br>(C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; | R 0298 | **• What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;**<br><br>No residents were adversely effected by the alleged deficiency.<br><br>**• How the facility will identify other residents having the potential to be affected by the same** | 07/10/2025 |

(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 observation and interview, the facility failed to ensure controlled medications with damaged packaging were destroyed and the medication cart was kept free of loose pills for 1 of 7 medication carts reviewed for medication storage. (all sports medication cart)

Findings include:

The medication cart on the "all sports" unit was reviewed on 7/8/25 at 10:25 a.m. The following were observed:

1. In the second drawer, 5 pills were observed outside of the medication packaging on the bottom of the drawer.

2. In the third drawer narcotic box, a controlled medication Lorazepam 0.5 milligram was observed with compromised packaging and was taped closed with the dose of Lorazepam still present in the package.

**deficient practice**
**and what corrective action will be taken;**

District Director of Clinical Services will
conduct an in-service for the acting Health and Wellness Director and Health
and Wellness

Coordinator
on Brookdale's procedure for Medication Room and Medication Cart Audit for
AL/MC to ensure compliance. Health and
Wellness Director or designee will conduct in-service training with all licensed nurses and QMA's on Brookdale's process for Medication Room and
Medication Cart Audit for AL/MC.

**• What measures will be put into place or**
**what systemic changes the facility will make to ensure that the deficient**
**practice does not recur;**

A pharmacist
review is scheduled to occur every 60 days with written recommendations sent to
the Health and Wellness Director and the Health and Wellness Coordinator and
the Executive Director.

**• How the corrective action(s) will be**

During an interview, on 7/8/25 at 10:37 a.m., LPN 2 indicated the medication packaging should not be taped and the medication should have been destroyed or wasted. The loose pills should not have been in the medication cart, and she was not sure who audited the medication carts.

During an interview, on 7/8/25 at 2:10 p.m., Clinical Support 3 indicated medication packaging should not be taped closed if compromised and the medication would be destroyed. The facility and pharmacy both audit the medication carts monthly for expired medications and loose pills. The nurses should be paying attention to the cart daily and destroy any loose pills found in the cart.

A facility document, titled "3rd Shift Duties," provided by Clinical Support 3 on 7/9/25 at 11:45 a.m., included, but was not limited to, "...Will Clean med carts of any loose pills ect..."

Based on observation and interview, the facility failed to ensure controlled medications with damaged packaging were destroyed and the medication cart was kept free of loose pills for 1 of 7 medication carts reviewed for medication storage. (all sports medication cart)

Findings include:

**monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;**

Health and
Wellness Director or designee will perform cart audits daily for the next four
weeks, with ongoing cart audits being completed weekly along with pharmacy
audits every 60 days.

**• By what date the systemic changes will be completed.**

8/30/2025

The medication cart on the "all sports" unit was reviewed on 7/8/25 at 10:25 a.m. The following were observed:

1. In the second drawer, 5 pills were observed outside of the medication packaging on the bottom of the drawer.

2. In the third drawer narcotic box, a controlled medication Lorazepam 0.5 milligram was observed with compromised packaging and was taped closed with the dose of Lorazepam still present in the package.

During an interview, on 7/8/25 at 10:37 a.m., LPN 2 indicated the medication packaging should not be taped and the medication should have been destroyed or wasted. The loose pills should not have been in the medication cart, and she was not sure who audited the medication carts.

During an interview, on 7/8/25 at 2:10 p.m., Clinical Support 3 indicated medication packaging should not be taped closed if compromised and the medication would be destroyed. The facility and pharmacy both audit the medication carts monthly for expired medications and loose pills. The nurses should be paying attention to the cart daily and destroy any loose pills found in the cart.

A facility document, titled "3rd

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| | Shift Duties," provided by Clinical Support 3 on 7/9/25 at 11:45 a.m., included, but was not limited to, "...Will Clean med carts of any loose pills ect..." | | | |

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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