STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADITIONS AT NORTH WILLOW	1703 W 86TH STREET, INDIANAPOLIS, , 46260

(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. This visit included the Investigation of Complaint IN00449400. Complaint IN00449400 - No deficiencies related to the allegations are cited. Survey dates: March 20 and 21, 2025 Facility number: 013880 Residential Census: 110 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on March 31, 2025.	R 0000		
R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using	R 0217	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the	04/30/2025

	appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.		statement of deficiencies, or any violation of regulations. R0217-Evaluation What corrective actions will be accomplished for those residents found to have been affected by the findings: No residents were affected How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken: All residents had the potential to be affected. No residents were 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: All service plans will be audited for signatures by DON or designee. Audits will occur weekly x 4, monthly x3 and randomly ongoing.	

R 0301	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(5) (5) Labeling of prescription drugs shall include the following: (A) Resident ' s full name. (B) Physician ' s name. (C) Prescription number. (D) Name and strength of the drug. (E) Directions for use. (F) Date of issue and expiration date (when applicable). (G) Name and address of the pharmacy that filled the prescription. If medication is packaged in a unit dose, reasonable variations that comply with the acceptable pharmaceutical procedures are permitted. Based on observation and record review, the facility failed to store medications appropriately, and date and label medications for 2 of 2 medication carts observed and 1 of 1 medication rooms observed (Residents 113, 79, 77, 107, 111, 112, 106, 93, 95, 97, and 115). Findings include: 1. Resident 113 had an opened vial of cyanocobalamin (Vitamin	R 0301	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. R301-Pharmaceutical Services What corrective actions will be accomplished for those residents found to have been affected by the finding: No residents were affected How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken: All residents had the potential to be affected. No residents were found 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:	04/30/2025

	B) in the medication refrigerator and it lacked a date to indicate when it was opened. 2. Resident 79 had calcium with vitamin D 500 milligrams (mg) in the medication cart. It lacked a label to indicate the residents' name and prescription information. 3. Resident 77 had aspirin 81 mg and iron 65 mg in the medication cart. The bottles lacked prescription information. 4. Resident 107 had a bottle of flaxseed 1000 mg and lutein in the medication cart. The bottles lacked prescription information. 5. Resident 111 had a bottle of dualbiotic in the medication cart. The bottle lacked prescription information. 6. Resident 112 had a bottle of ducolax 100 mg in the medication cart. The bottle lacked prescription information. 7. Resident 106 had a bottle of melatonin 3 mg, all day allergy relief 10 mg, Tylenol 325 mg, and vitamin B12 2500 mg in the medication cart. The bottles lacked prescription information. 8. Resident 93 had a container of breo ellipta in the medication cart. The container lacked a date to indicate when it was opened.		Inservice will be provided to all staff responsible for passing medication. Cart audits will be completed weekly, ongoing and signed by Wellness Director or Designee. How the corrective actions will be monitored to ensure the findings will not recur: Cart audits will be completed weekly, ongoing and signed by Wellness Director or Designee. By what date the systematic changes will be completed: 4/30/25	

9. Resident 95 had a bottle of turmeric curcumin in the medications cart. The bottle lacked a prescription label.

10. Resident 97 had a vial of basaglar insulin 3 milliliter (ml) in the medication cart. The vial lacked a date to indicate when it was opened.

11. There were local skin treatments next to eye drops in the medication cart, top drawer. The treatments were nystatin, bacitracin, and ketozole ointments.

12. Resident 115 had antiacid tablets, Tylenol 500 mg, vitamin B12 500 mg and vitamin D3 400 IU (10 mcg) in the medication cart. The bottles lacked prescription information.

A policy titled, "Medication Storage and Labeling Procedures" dated 6/14, was provided by the Wellness Director on 3/20/25 at 1:47 p.m. It indicated " ...every container of medication and drugs prescribed for a resident self-administer or assistance by non-licensed health care personnel, shall bed clearly labeled with the resident's name, the propriety or generce name of the medication dispensed and its strength, the name and address of the dispensing pharmacy, the name or initial of the dispensing

pharmacist, the authorized user state law to prescribe medications, and the instructions for use including any cautions which may be required by federal or state law. Container to small .....prescription label ...."

Based on observation and record review, the facility failed to store medications appropriately, and date and label medications for 2 of 2 medication carts observed and 1 of 1 medication rooms observed (Residents 113, 79, 77, 107, 111, 112, 106, 93, 95, 97, and 115).

Findings include:

1. Resident 113 had an opened vial of cyanocobalamin (Vitamin B) in the medication refrigerator and it lacked a date to indicate when it was opened.

2. Resident 79 had calcium with vitamin D 500 milligrams (mg) in the medication cart. It lacked a label to indicate the residents' name and prescription information.

3. Resident 77 had aspirin 81 mg and iron 65 mg in the medication cart. The bottles lacked prescription information.

4. Resident 107 had a bottle of flaxseed 1000 mg and lutein in the medication cart. The bottles lacked prescription information.

5. Resident 111 had a bottle of dualbiotic in the medication cart. The bottle lacked prescription information.

6. Resident 112 had a bottle of ducolax 100 mg in the medication cart. The bottle lacked prescription information.

7. Resident 106 had a bottle of melatonin 3 mg, all day allergy relief 10 mg, Tylenol 325 mg, and vitamin B12 2500 mg in the medication cart. The bottles lacked prescription information.

8. Resident 93 had a container of breo ellipta in the medication cart. The container lacked a date to indicate when it was opened.

9. Resident 95 had a bottle of turmeric curcumin in the medications cart. The bottle lacked a prescription label.

10. Resident 97 had a vial of basaglar insulin 3 milliliter (ml) in the medication cart. The vial lacked a date to indicate when it was opened.

11. There were local skin treatments next to eye drops in the medication cart, top drawer. The treatments were nystatin, bacitracin, and ketozole

	ointments. 12. Resident 115 had antiacid tablets, Tylenol 500 mg, vitamin B12 500 mg and vitamin D3 400 IU (10 mcg) in the medication cart. The bottles lacked prescription information. A policy titled, "Medication Storage and Labeling Procedures" dated 6/14, was provided by the Wellness Director on 3/20/25 at 1:47 p.m. It indicated " ...every container of medication and drugs prescribed for a resident self-administer or assistance by non-licensed health care personnel, shall bed clearly labeled with the resident's name, the propriety or generce name of the medication dispensed and its strength, the name and address of the dispensing pharmacy, the name or initial of the dispensing pharmacist, the authorized user state law to prescribe medications, and the instructions for use including any cautions which may be required by federal or state law. Container to small .....prescription label ...."				

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