STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF ZIONSVILLE WEST	6800 CENTRAL BOULEVARD, ZIONSVILLE, , 46077

(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 Intake 468578. Intake 468578 - No deficiencies related to the allegations are cited. Survey dates: April 21 and 22, 2026 Facility number: 014059 Residential Census: 55 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on May 4, 2026.	R 0000		
R 0148	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(e)(1-4) (e) The facility shall maintain	R 0148		05/07/2026

	buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows: (1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected. Based on observations, interview and record review, the facility failed to ensure resident bed rails and/or mobility bars were ordered by the physician, assessed for appropriateness/safety and a Negotiated Risk Agreement was completed for 5 of 5 residents reviewed for bedside mobility devices (Residents 18, 19, 20, 21, and 22). Findings include: During an initial tour of the secured memory care unit on			

	4/21/26 at 10:00 a.m., the following was observed: Resident 18's bed had an under-mattress mobility grab bar installed at the head of her bed (HOB). Resident 19 had a hospital bed with bilateral half side rails which wobbled when manipulated. Resident 20 had an under-mattress mobility grab bar installed at the HOB. Resident 21 had an under-mattress mobility grab bar installed at the HOB. Resident 22 had a hospital bed with bilateral half side rails which wobbled when manipulated. On 4/22/26 at 9:30 a.m., Residents 18, 19, 20, 21, and 22's records were reviewed. a. Resident 18's readmission wellness evaluation, dated 2/24/26, indicated she had a diagnosis of dementia and was cognitively impaired. The evaluation did not indicate any bedside mobility device was used; therefore, no safety evaluation was conducted.			

	Resident 18's record lacked documentation of a physician's order for the mobility bar. Resident 18's record lacked documentation of a Negotiated Risk Agreement. b. Resident 19's semi-annual wellness evaluation, dated 12/8/25, indicated he had a diagnosis of dementia and was cognitively impaired. The evaluation did not indicate any bedside mobility device was used; therefore, no safety evaluation was conducted. Resident 19's record lacked documentation of a physician's order for the side rails. Resident 19's record lacked documentation of a Negotiated Risk Agreement. c. Resident 20's care review wellness evaluation, dated 2/23/26, indicated he had a diagnosis of dementia and was cognitively impaired. The evaluation did not indicate any bedside mobility device was used; therefore, no safety evaluation was conducted. Resident 20's record lacked documentation of a physician's order for the side rails.			

	Resident 20's record lacked documentation of a Negotiated Risk Agreement. d. Resident 21's semi-annual wellness evaluation, dated 3/25/26, indicated she had a diagnosis of dementia and was cognitively impaired. The evaluation did not indicate any bedside mobility device was used; therefore, no safety evaluation was conducted. Resident 21's record lacked documentation of a physician's order for the side rails. Resident 21's record lacked documentation of a Negotiated Risk Agreement. e. Resident 22's pre-move in wellness evaluation, dated 1/8/26, indicated he had a diagnosis of dementia and was cognitively impaired. The evaluation did not indicate any bedside mobility device was used; therefore, no safety evaluation was conducted. Resident 22's record lacked documentation of a physician's order for the side rails. Resident 22's record lacked documentation of a Negotiated Risk Agreement. On 4/22/26 at 11:15 a.m., the above bedside devices were observed with the Director of			

	Nursing (DON) present. The DON indicated bed rails used by hospice providers should follow facility policy, and staff members should be aware and observe new devices installed by families so that she could conduct the appropriate assessments and ensure the Negotiated Risk Agreements were obtained. On 4/22/26 at 11:00 a.m., the Administrator provided a copy of current facility policy titled, "Bedside Mobility Aides," dated 11/27/23. The policy indicated, "The purpose of the bedside mobility aids is to promote a safe and restraint free environment, while at the same time acknowledging individual resident's mobility needs ... Our communities allow for the use of certain bedside mobility aids with an appropriate Healthcare Provider order and after review by the Wellness Director. All staff should adhere to the following ... 1. Side rails of any length are not allowed ... 4. All residents utilizing bedside mobility aids should have a Negotiated Risk Agreement, or other state required form completed, making sure all risks are fully disclosed. 5. A Healthcare provider must indicate that the bedside mobility aid is to be used for movement and positioning. 6. Specific instructions related to			

	bedside mobility aids and their use should be documented on the resident's Service Plan, reviewed with staff, and updated regularly per existing standards or upon a resident's change in condition. 10. The use of bedside mobility aids should be reviewed at the time of the scheduled resident reevaluation or upon a change in condition. 11. IF the resident is on hospice, and hospice is providing a bed, the bed and any bedside mobility aid used must comply with this policy ...."			
R 0247	Health Services - Deficiency 410 IAC 16.2-5-4(e)(7) (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident. Based on record review and interview, the facility failed to obtain a resident's blood pressure as ordered and failed to administer midodrine (a medication for low blood pressure) when the resident's blood pressure was outside the ordered parameters, and failed to notifiy the physician for 1 of 4 residents reviewed for quality of care (Resident 16).	R 0247		05/07/2026

	Findings include: On 4/21/26 at 9:31 a.m., a record review was completed for Resident 16. He had the following diagnoses which included but were not limited to essential hypertension (HTN), atrial fibrillation (an irregular heart beat), major depressive disorder, insomnia, arthritis, and iron deficiency anemia. He had an order, dated 11/3/25, to check blood pressure every shift and put in electronic medication administration record (EMAR) every shift related to hypotension (low blood pressure). The MAR only contained check marks where the blood pressure should have been recorded. Resident 16's blood pressures were provided by the Wellness Director (WD) on 4/22/26 at 12:18 p.m. The blood pressures missing were as follows: 1.) 4/17/26 for day and evening shift 2.) 4/16/26 for day shift 3.) 4/9/26 for day shift 4.) 4/7/26 for day shift 5.) 4/3/26 for evening shift			

	6.) 4/1/26 for evening shift Resident 16's record lacked documentation of physician notification of the errors in obtaining blood pressures Resident 16 had an order, dated 10/31/25, for midodrine HCl (hydrochloride) oral tablet, 5 milligram (mg), take 1 tablet by mouth every 8 hours as needed for systolic blood pressure (SBP) less than 100 or a diastolic blood pressure (DBP) less than 70. Resident 16's blood pressure were outside the ordered parameters on the following dates: 1.) 4/19/26 at 4:21 a.m., for a blood pressure of 108/68. Resident 16's MAR lacked documentation midodrine HCl (hydrochloride) was given. 2.) 4/18/26 at 4:21 a.m., for a blood pressure of 113/68. Resident 16's MAR lacked documentation midodrine HCl was given. 3.) 4/15/26 at 8:01 p.m., for a blood pressure of 117/66. Resident 16's MAR lacked documentation midodrine HCl was given. 4.) 4/12/26 at 7:05 p.m., for a blood pressure of 133/65. Resident 16's MAR lacked			

	documentation midodrine HCl was given. 5.) 4/6/26 at 7:48 p.m., for a blood pressure of 117/63. Resident 16's MAR lacked documentation midodrine HCl was given. 6.) 4/5/26 at 4:30 a.m., for a blood pressure of 107/64. Resident 16's MAR lacked documentation midodrine HCl was given. On 4/21/26 at 12:51 p.m., Qualified Medication Assistant (QMA) 2 indicated Resident 16 should have midodrine whenever his blood pressure was outside the parameters. Resident 16's record lacked documentation of physician notification of the blood pressures outside of the parameters. A policy titled, "Medication Administration," dated 4/11/22, was provided by the Administrator on 4/22/26 at 12:35 p.m. The policy indicated, " ...Medications will be administered to residents as prescribed and by person lawfully authorized to do so in a manner consistent with good infection control and standards of practice ...."			

R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure the kitchen and food storage floors were free from litter, failed to ensure refrigeration temperature logs were up to date, and failed to ensure food was covered, labeled, and/or dated. This deficient practice had the potential to effect 55 of 55 residents served from the kitchen. Findings include: During a kitchen observation on 4/21/26 at 9:40 a.m., the following was observed with the Sous Chef: The floors of the main kitchen, including the food preparation areas, dry storage and refrigerated storage areas were littered with debris, food crumbs, and food items which included, but were not limited to; dropped onions and potatoes in the refrigerator, spilled bread crumbs/flour under the bulk	R 0273		05/07/2026

	storage containers, pieces of cardboard and other packaging trash. The dishwasher was observed to have a layer of greasy residue and debris particles on the top panel underneath the temperature gauges. The Sous Chef indicated floors and the dishwasher should be swept or wiped down after each shift or weekly at a minimum. The temperature log for the refrigerator and freezer hung outside the walk-in door, and temperatures for the April 18th, 19th, 20th, and 21st were blank. The Sous Chef indicated the logs should be filled out every morning. Inside the walk-in refrigerator, there were several items of food that did not have an identification label or use by dates which included, but were not limited to; a wilted Ceasar salad, two containers of mixed vegetables, a container of a tomato based soup/sauce, and a container of unidentifiable left over pasta salad. An ice cream chest freezer, which contained two bulk tubs of chocolate and vanilla ice cream were observed to be uncovered and showed evidence of freezer burn and ice particles on the top layer of ice cream. The tubs			

	were not labeled with an open, or use by date. The Sous Chef indicated, the ice cream should be dated and covered and all food should have labels to identify the item and include a use by date. On 4/22/26 at 2:35 p.m., the Administrator provided a copy of current facility policy titled, "Food Temperature Recording," dated 6/8/22. The policy indicated, "Temperatures are recorded on the Daily Food and Refrigeration Temperature Log. Temperatures are kept on file for 1 year." On 4/22/26 at 2:35 p.m., the Administrator provided a copy of current facility policy titled, "Proper Food Storage," dated 6/6/22. The policy indicated, "The purpose of Proper Food Storage standard is to prevent possible cross contamination and keeping food fresher longer. Dry Stock: Maintain proper cleaning and sanitation of area ... Cold Storage: Keep foods properly wrapped or covered and dated with date opened and date expires. All cooked or prepped foods need to be in containers that are covered, labeled, and dated with date made and date expires Maintain proper cleaning and sanitation of area ..."			

R 0300	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(4) (4) Over-the-counter medications, prescription drugs, and biologicals used in the facility must be labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date. Based on observation and interview, the facility failed to remove expired medications, label over the counter medications, and date medications for 2 of 2 medication carts reviewed (Memory Care and 200). Findings include: On 4/21/26 at 12:02 p.m., the 200 medication cart was observed with Qualified Medication Assistant (QMA) 2. 1.) Resident 8 had latanoprost 0.005% (used to treat glaucoma) and timolol 0.5% (used to treat glaucoma) in the medication cart with no date to indicate when it was opened .	R 0300		05/07/2026

2.) Resident 9 had artificial tears in the medication cart with no date to indicate when it was opened.

3.) Resident 2 had earwax removal in the medication cart with no date to indicate when it was opened.

4.) Resident 3 had fluticasone (used for allergies) in the medication cart with no date to indicate when it was opened.

5.) Resident 18 had fluticasone in the medication cart with no date to indicate when it was opened.

6.) Resident 10 had cranberry tablets 650 milligrams (mg) and gummy vitamins with only a room number on the bottles.

7.) Resident 19 had AZO (for urine health), vitamin B-12 1000 micrograms (mcg) and biotin 1000 mcg (a supplement) in the medication cart with only a room number on the bottles.

On 4/21/26 at 12:51 p.m., the memory care medication cart was observed with QMA 3.

1.) Resident 11 had latanoprost in the medication cart. The date opened was 2/11/26. The bottle was only good for 28 days. There was an unopened bottle of latanoprost in the medication cart when it should have been in

	the refrigerator until opened. 2.) Resident 12 had a bottle of latanoprost in the medication cart without a date to indicate when it was opened. 3.) Resident 13 had a bottle of vitamin D3 1000 international units (iu) in the medication cart with only a room number on the bottle. 4.) Resident 14 had a bottle of fluticasone 50 mcg in the medication cart without a date to indicate when it was opened. 5.) Resident 15 had a bottle of melatonin 3 mg (a sleep aid) and vitamin B-12 1000 mcg with only a room number on the bottles. On 4/21/26 at 12:23 p.m., QMA 2 indicated she did not know over the counter medications required a label on them. A policy titled, "Medication Order Fill" dated 5/2/22, was provided by the Administrator on 4/22/26 at 12:35 p.m. The policy did not address labeling medications, dating medications or removing expired medication from use.			

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	TITLE	(X6) DATE

PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		