STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT HARRISON ALF OPERATIONS	8025 DOUBLEDAY DRIVE, INDIANAPOLIS, , 46216

(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 a State Residential Licensure Survey and Investigation of Complaint IN00455674 completed on April 10, 2025. This visit was in conjunction with the Investigation of Complaints IN00460270 and IN00459173. Complaint IN00455674 - Corrected. Survey dates: May 29, 30, and June 2, 2025 Facility number: 014109 Residential Census: 49 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on June 6, 2025. This visit was for a Post Survey Revisit (PSR) to a State Residential Licensure Survey	R 0000		

	and Investigation of Complaint IN00455674 completed on April 10, 2025. This visit was in conjunction with the Investigation of Complaints IN00460270 and IN00459173. Complaint IN00455674 - Corrected. Survey dates: May 29, 30, and June 2, 2025 Facility number: 014109 Residential Census: 49 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on June 6, 2025.			
R 0245	Health Services - Offense 410 IAC 16.2-5-4(e)(5) (5) Injectable medications shall be given only by licensed personnel. Based on interview and record review, the facility failed to ensure injectable medication was administered by a Licensed Nurse for 1 of 4 residents reviewed for medication administration (Resident C). Findings include: The clinical record for Resident	R 0245	**Facility failed to ensure injectable medication was administered by a Licensed Nurse.** All residents receiving injectable medications have the potential to be at risk. DON completed an injectable administration in-service with staff. DON updated the non-insulin	06/18/2025

C was reviewed on 5/29/25 at 2:30 p.m. The diagnoses included, but were not limited to, diabetes and chronic kidney disease.

A physician's order, dated 2/13/25, indicated she was to receive Ozempic 0.25 milligrams (mg) subcutaneously (injected into fatty layer under the skin) in the evening every Thursday.

The May 2025 Medication Administration Record (MAR) indicated, on 5/15/25, the Ozempic subcutaneous injection was administered by Qualified Medication Aide (QMA) 3.

During an interview on 5/30/25 at 3:35 p.m., the Director of Nursing (DON) indicated QMAs were not supposed to administer Ozempic, only insulin.

On 5/30/25 at 12:30 p.m., QMA 2 provided the current Administration of Injections by Licensed Practical Nurses (LPN) Policy which indicated "... Licensed Practical Nurses [LPNs]...are authorized to administer subcutaneous [sic] injections...."

Based on interview and record review, the facility failed to ensure injectable medication was administered by a Licensed Nurse for 1 of 4 residents reviewed for medication

injectable administration list and schedule.

DON will audit residents receiving non-insulin injectables weekly to ensure that only the Licensed Nurse will complete the task weekly for 4 weeks and thereafter.

administration (Resident C).

Findings include:

The clinical record for Resident C was reviewed on 5/29/25 at 2:30 p.m. The diagnoses included, but were not limited to, diabetes and chronic kidney disease.

A physician's order, dated 2/13/25, indicated she was to receive Ozempic 0.25 milligrams (mg) subcutaneously (injected into fatty layer under the skin) in the evening every Thursday.

The May 2025 Medication Administration Record (MAR) indicated, on 5/15/25, the Ozempic subcutaneous injection was administered by Qualified Medication Aide (QMA) 3.

During an interview on 5/30/25 at 3:35 p.m., the Director of Nursing (DON) indicated QMAs were not supposed to administer Ozempic, only insulin.

On 5/30/25 at 12:30 p.m., QMA 2 provided the current Administration of Injections by Licensed Practical Nurses (LPN) Policy which indicated "... Licensed Practical Nurses [LPNs]...are authorized to administer subcutaneous [sic] injections...."

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