STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ANTHOLOGY OF MERIDIAN HILLS	8549 N MERIDIAN STREET INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00414444 and IN00413906. Complaint IN00414444 - State deficiencies related to the allegations are cited at R0036 and R0305. Complaint IN00413906 - State deficiencies related to the allegations are cited at R0036, R0240 and R0305. Survey date: August 7 and 8, 2023. Facility number: 013933 Residential Census: 40 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on August 14, 2023.	R 0000		
R 0036 Bldg. 00	410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment. Based on interview and record review, the facility failed to notify the physician and or responsible party when blood pressure medications were not administered and failed to notify the responsible	R 0036	**Immediate:** The DHW/Designee educated all care team members on resident rights, change in resident status, missed or refused	09/15/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jessica Charette	Executive Director	08/27/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	party of a change in a resident's skin condition for 2 of 7 residents reviewed for notification of change. (Resident C and B) Findings include: 1. During an interview, on 08/07/23 at 9:55 a.m., the family member of Resident C indicated the resident did not receive her blood pressure medication, Losartan, for three to four days. She was not notified her mother was not receiving the medication. When she found out, she contacted the facility pharmacy and was told it was too early to reorder the medication. The family member indicated she went home, got the medication, and took it to the facility. The record for Resident C was reviewed on 08/07/23 at 10:25 a.m. Diagnoses included, but were not limited to, diabetes, vascular dementia, and hypothyroidism. The Medication Administration Record (MAR) was reviewed, and documentation indicated the resident was to have received losartan potassium 50 milligrams (mg) every day. A physician's order, with a start date of 06/29/23, indicated to give losartan potassium 50 milligrams (mg) daily. The medication was not administered July 03, 2023, through July 10, 2023 (8 days) and again from July 12, 2023, through July 18, 2023 (7 days). It was documented as DNA (drug not available). A nurses' note, dated July 15, 2023, indicated Resident C's daughter brought in the blood pressure medication to the facility, on July 15, 2023.		medications, & proper notification & documentation. **Audit:** The DHW/Designee will complete an audit of all medications and/or changes in skin to ensure that all other notifications were properly made. **Systemic:** The Business Office Director/designee will add the following policy Missed or Refused Medication, Medication Services & Change in Resident Status to the new employee orientation and have staff sign and acknowledge for understanding. The Director of Health and Wellness/ Business Office Director will ensure training has been completed upon hire and will audit files every 6 months. The Director of health and wellness and/or designee will complete an audit of care team skills twice per year or as needed. **Monitoring:** THE DHW will review the MAR frequently with attention to omissions or refusals of medications. Skin integrity will also be reviewed on a routine basis. The executive director will complete random audits to ensure ongoing compliance. A new DHW was hired on 8/14/2023. And trained on these expectations.	

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	There were no notes found in the record to indicate the physician or the family had been notified of the missed doses of the blood pressure medication. 2. The record for Resident B was reviewed on 08/07/23 at 11:37 a.m. Diagnoses included, but were not limited to, anemia, hypertension, and osteoporosis. A nurse's note, dated 12/01/23 as a late entry for 11/29/23, indicated "... (name of physician practice) was made aware of res (resident) lt (left) heel, this W (writer) wash res feet and moisturized, lt heel wrap with foam dressing for protection...." There was no documentation to indicate the responsible party was made aware of any skin issue on the heel of the resident's left foot. The MARs for Resident B were also reviewed. The documentation indicated the resident was to have received the blood pressure medication, irbesartan, 75 mg every day. A physician's order, with a start date of 10/31/22 indicated to give irbesartan 75 mg every day. On November 01, 2022, the blood pressure medication was documented as DNG (drug not given). On November 03, 2022, the blood pressure medication was documented as DNA (drug not available). On November 04, 2022, the blood pressure medication was documented as DNG. On November 05, 2022, the blood pressure medication was documented as DNA. On November 06, 2022, the blood pressure			

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	medication was documented as DNG. There was no documentation to indicated why the blood pressure medication was not given on November 01, November 04, and November 06, 2022. There was no documentation to indicate the physician or responsible party had been made aware of the missed doses of the blood pressure medication. During an interview, with both the Executive Director and the Director of Nursing present, on 08/08/23 beginning at 12:02 p.m., the Director of Nursing indicated the QMA was responsible for reordering medications by fax to the pharmacy. They were to find out if there was an issue with the medications being delivered to the facility. The QMA could not call the physician, but they were to fax the physician, or the Director of Nursing was to call the physician to notify them the resident did not get the medication. She further indicated family should be notified of skin issues. A facility policy, titled "Med 12-Missed or Refused Medication," dated as revised 02/22 and received from the Executive Director on 08/08/2023 at 12:47 p.m., indicated "...Missed/refused medications are documented in the resident's medication record and in the narrative notes...The prescribing physician is notified of missed/refused medications...The responsible party is notified...." A facility policy, titled "Clinical 02- Change is Resident Status," dated as revised 02/22 and received from the Executive Director on 08/08/2023 at 12:47 p.m.., indicated "...Notify the resident's			

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	family/responsible person of the change is status and Community action taken...." This State tag relates to Complaint IN00414444 and IN00413906.			
R 0240 Bldg. 00	410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences. Based on observation, interview and record review, the facility failed to ensure a resident received assistance with activities of daily living (ADLs) timely for 1 of 11 residents observed for incontinence care. (Resident G) Finding includes: During an observation of the bed check (rounding by staff to check each resident), on 08/07/23 at 5:11 a.m., Resident G was found to be lying in bed. The resident's adult brief was full of urine which had saturated the bed pad under the resident as well as the back of the resident's night gown. The resident required a new adult brief, bed pad and gown. The record for Resident G was reviewed on 08/08/23 at 1:20 p.m. Diagnoses included, but were not limited to, asthma, diabetes, and spinal stenosis. A service plan (also referred to as a care plan), last updated on 03/30/23, indicated Resident G required total assistance with all tasks related to toileting. During an interview, on 08/07/23 at 5:12 a.m., CNA 1 indicated he checked on the residents every two	R 0240	**Immediate:** All care team members will be re-educated on resident care plans and provide care accordingly. A new DHW was hired on 8/14/2023 to oversee the care of the community. **Audit:** The new DHW is auditing care plans and assessments to ensure that care is being provided as described and updating the documents if there have been changes. **Systemic**: The director of health and wellness will frequently observe care that is being provided by reviewing team member skills and documenting appropriately at time of hire and bi-annually thereafter. The director of health and wellness will routinely meet with residents and/or their representative to ensure that care is provided in a manner that is based on their preferences and needs. Care plans will be updated every 6 months or at change of condition where the resident	09/15/2023

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	hours, if he would check more often the residents would not get any sleep. During an interview, on 08/07/23 at 5:37 a.m., the Executive Director indicated residents which are heavily wet needed to be checked on more often. The pad and clothing which was wet would indicate the resident had not been checked on. During an interview, on 08/08/23 at 3:55 p.m., CNA 2 indicated she checked residents on the night shift, every two hours and as needed. Resident G was not a heavy wetter, and she would get up and go to the bathroom with assistance. A facility document, titled "CNA-CERTIFIED NURSING ASSISTANT ANTHOLOGY SENIOR LIVING," dated as revised in 12/2022 and provided by the Executive Director on 08/08/23 at 4:58 p.m., indicated "...Job Summary...Responsible for providing personal assistance and routine daily care and services...." This State tag relates to Complaint IN00413906.		and/or their representative will review the care plan to ensure preferences and needs are noted. Residents will be asked during monthly meetings regarding their level of satisfaction with the individualized care their receive. **Monitoring:** A new DHW was hired on 8/14/2023 and is currently overseeing the care of the community. He is auditing care plans to ensure that care is being provided as described. The DHW and ED will meet with residents every 6 months or at change of condition/request to ensure that all care is provided. The ED will note any concerns regarding perceived lack of care in the grievance log and ensure appropriate follow up is noted as required.	
R 0305 Bldg. 00	410 IAC 16.2-5-6(f)(1-3) Pharmaceutical Services - Noncompliance (f) Residents may use the pharmacy of their choice for medications administered by the facility, as long as the pharmacy: (1) complies with the facility policy receiving, packaging, and labeling of pharmaceutical products unless contrary to state and federal laws; (2) provides prescribed service on a prompt and timely basis; and (3) refills prescription drugs when needed, in order to prevent interruption of drug regimens. Based on interview and record review, the facility failed to ensure medications were ordered and in	R 0305	**Immediate:** The ED in-serviced the DHW on Medication Services	09/15/2023

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	stock for 2 of 7 residents reviewed for pharmacy services. (Resident C and B) Findings include: 1. During an interview, on 08/07/23 at 9:55 a.m., the family member of Resident C indicated the resident did not receive her blood pressure medication, Losartan, for three to four days. She was not notified her mother was not receiving the medication. When she found out, she contacted the facility pharmacy and was told it was too early to reorder the medication. The family member indicated she went home, got the medication, and took it to the facility. The record for Resident C was reviewed on 08/07/23 at 10:25 a.m. Diagnoses included, but were not limited to, diabetes, vascular dementia, and hypothyroidism. The Medication Administration Record (MAR) was reviewed, and documentation indicated the resident was to receive losartan potassium 50 milligrams (mg) every day. A physician's order, with a start date of 06/29/23, indicated to give losartan potassium 50 milligrams (mg) daily. The medication was not administered July 03, 2023, through July 10, 2023 (8 days) and again from July 12, 2023, through July 18, 2023 (7 days). It was documented as DNA (drug not available). There was no note in the record to indicate the pharmacy had been notified of the out-of-stock medication. 2. The record for Resident B was reviewed on		Policy & Procedure. **Audit**: The DHW/Designee will review E-Mar frequently to ensure that medications are given, received, and documented appropriately. **Systemic:** The Director of Health and Wellness/designee will educate clinical staff on our Medication Services Policy & Procedure. Cart audits will be conducted on a weekly basis to ensure we have meds readily available. **Monitoring:** The Director of Health and Wellness will audit E-Mar routinely to identify omissions are missed medications. Any errors noted will have an incident report completed and appropriate follow up documented. The Executive Director will review with EMARs on a ongoing basis and also review the Cart audits no less than bi-monthly to ensure ongoing compliance.	

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	08/07/23 at 11:37 a.m. Diagnoses included, but were not limited to, anemia, hypertension, and osteoporosis. The MAR for Resident B was reviewed. The documentation indicated the resident was to receive the blood pressure medication, irbesartan, 75 mg every day. A physician's order, with a start date of 10/31/22, indicated to give irbesartan 75 mg every day. On November 03, 2022, the blood pressure medication was documented as DNA (drug not available). On November 05, 2022, the blood pressure medication was documented as DNA. There was no note in the record to indicate the pharmacy had been notified of the out-of-stock medication. During an interview, with both the Executive Director and the Director of Nursing present, on 08/08/23 beginning at 12:02 p.m., the Director of Nursing indicated the QMA was responsible for reordering medications by fax to the pharmacy. They were to find out if there was an issue with the medications being delivered to the facility. A facility policy, titled "Med 01 - Medication Services," dated as revised 02/22 and received from the Executive Director on 08/08/2023 at 12:47 p.m.., indicated "...The Community provides medication ordering and medication assistance services...The Executive Director will ensure that medication related services required or requested by each resident are provided...." This State tag relates to Complaint IN00414444			

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	and IN00413906.			