

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2025	
NAME OF PROVIDER OR SUPPLIER  BRENTWOOD AT HOBART				STREET ADDRESS, CITY, STATE, ZIP COD 1420 ST MARYS CIRCLE HOBART, IN 46342			
(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	<p>This visit was for the Investigation of Complaints IN00450703, IN00450736, IN00450862, &amp; IN00451388.</p> <p>Complaint IN00450703 - State deficiencies related to the allegations are cited at R117 and R144.</p> <p>Complaint IN00450736 - State deficiency related to the allegations is cited at R117.</p> <p>Complaint IN00450862 - State deficiency related to the allegations is cited at R117.</p> <p>Complaint IN00451388 - State deficiency related to the allegations is cited at R117.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: January 29, 30, and 31, 2025</p> <p>Facility number: 002627</p> <p>Residential Census: 106</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 2/6/25.</p>			R 0000	<p>This Plan of Correction is not to be construed as an admission of, or agreement with the findings and conclusions in the statement of deficiencies. This Plan of Correction is being submitted as required by the regulation. We respectfully request a desk review in this matter.</p>		
R 0088  Bldg. 00	<p>410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance</p> <p>Based on record review and interview, the facility failed to notify the Indiana Department of Health (IDOH) of a new replacement Administrator within three working days of administration vacancy.</p>			R 0088	<p>The facility is actively recruiting for a licensed residential care facility administrator. Once a qualified candidate is secured, the facility will complete the required state</p>		02/24/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Susan Wiley

RDCS

03/05/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosable 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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R 0117  Bldg. 00	<p>Finding includes:</p> <p>The previous Administrator last worked on 12/13/2024. The new Administrator was appointed on 12/14/2024.</p> <p>Notification of the new Administrator was submitted to IDOH on 1/30/25.</p> <p>During an interview on 1/30/25 at 11:02 a.m., the Regional Director indicated the Regional Clinical Director submitted the change in Administrator and understood the change should have been made within three working days.</p>			R 0117	<p>Form 55444 titled Administrator or Director of Nursing Change form. The Regional Director of Operations or designee will complete an audit within 48hrs of any administrator change to ensure compliance.</p> <p>The Regional Director of Operations or designee will monitor compliance by auditing and ensuring the state form titled Administrator or Director of Nursing Change form (State Form 55444) is completed and emailed to IDOH LTC Provider Services within 72 hours of any Administrator change.</p>		02/24/2025
	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure there was at least one staff member with a current first aid and CPR (cardiopulmonary resuscitation) certification scheduled for 3 of 21 shifts reviewed. This had the potential to affect all 106 residents residing in the facility.</p> <p>Finding includes:</p> <p>Employee CPR and First Aid certificates were reviewed on 1/31/25 at 10:56 a.m.</p> <p>There was no one CPR/first aid certified in the building on the following shifts: - 1/16/25 night shift</p>				<p>An audit of all nursing staff certifications was completed. All staff without CPR/First aid certifications were obtained. Staffing schedules have been corrected and the daily schedules will reflect the correct number of staff with CPR/First aid certifications for each shift daily. The facility scheduler was educated on staffing the facility with adequate qualified staff members each shift daily.</p> <p>The daily schedule will identify staff members with the proper</p>		

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R 0144  Bldg. 00	<p>- 1/17/25 evening and night shift</p> <p>During an interview on 1/31/25 at 11:39 a.m., the Director of Nursing (DON) indicated she understood the concern and had no further information to provide.</p> <p>This State Residential tag relates to Complaints IN00450703, IN00450736, IN00450862, and IN00451388.</p> <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation and interview, the facility failed to maintain an environment that was clean and in good repair related to dirty floors, dirty furniture, and a dirty bathroom, for 1 of 2 units observed throughout the facility. (Memory Care Unit)</p> <p>Finding includes:</p> <p>During a random observation on the Memory Care Unit on 1/29/25 at 7:55 p.m. with QMA 1, the following was observed:</p> <p>In room 426 there was an accumulation of food and debris on the floor along with spilled liquid. There was food and garbage on the couch where the resident was sitting. There was a buildup of dried food and liquid on the resident's bedside table. The bathroom had garbage and other debris</p>			R 0144	<p>certifications by adding a C/FA next to all employees with CPR/First aid certifications each shift daily.</p> <p>The facility will staff the building appropriately with a minimum of 2 staff members with said certifications each shift daily.</p> <p>DON or designee will audit the daily schedule twice per week for 1 month, then weekly for 2 months, then monthly for 2 months to ensure the facility is staffed accordingly and remain in compliance.</p> <p>On 01/30/2025, all of the environmental concerns identified during the survey were immediately addressed. Food and debris on the floor were cleaned up. The spilled liquid was mopped and cleaned up. Food and garbage on the couch were removed. and the garbage in the bathroom was removed. The plunger in the bathroom was also replaced.</p> <p>An In-service was conducted with housekeeping staff on 01/30/2025 by the Maintenance Director regarding the environmental area cited by ISDH. The Memory Care Coordinator or designee will complete daily room checks to</p>		02/24/2025

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R 0306  Bldg. 00	<p>on the floor and there was a plunger in the corner next to the toilet that had soiled toilet paper beneath it.</p> <p>During an interview at the time, QMA 1 indicated he needed to get a broom and clean up the floor.</p> <p>During an interview on 1/31/25 at 8:31 a.m., the Director of Nursing (DON) indicated she understood the environmental concerns and had no additional information to provide.</p> <p>This State Residential tag relates to Complaint IN00450703.</p> <p>410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance</p> <p>Based on observation, record review, and interview, the facility failed to documented a wasted narcotic and have a second witness verify waste for 1 of 5 residents reviewed during medication pass observation. (Memory Care Medication Cart)</p> <p>Finding includes:</p> <p>On 1/29/25 at 9:23 p.m., medication pass was observed with QMA 1. Resident N received 1 tablet of Ativan (anxiety medication). QMA 1 went to document in the narcotic book and signed out Ativan with 12 tablets left. The Ativan medication card had 11 remaining Ativan tablets.</p> <p>During an interview at the time, QMA 1 indicated he had accidentally crushed the previous Ativan tablet when he was popping the tablet out of the medication card. QMA 1 indicted he wasted the medication in the sharps container and did not have a witness verify the waste.</p>		R 0306	<p>ensure compliance and report any adverse findings to the Executive Director, Maintenance Director, or DON during Morning meeting. The Maintenance Director will complete weekly spot checks to ensure compliance. Any findings, thereafter, will be immediately addressed and reported to the Executive Director. Any further issues will be addressed promptly and discussed with the QA committee.</p> <p>The employee in question was immediately provided documented education/Inservice on the proper disposal of narcotic medications.</p> <p>An Inservice was conducted with all nursing staff on the proper procedure for the disposal of narcotic medications including obtaining signatures of two qualified nursing staff members prior to the disposal of narcotic medications on the narcotic count log.</p> <p>DON or designee will audit the narcotic log sheets twice weekly for 4 weeks, then weekly for 4 weeks, then monthly indefinitely to ensure compliance. Any additional interventions will be discussed with the QA committee.</p>		02/24/2025	

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	During an interview on 1/29/25 at 9:34 p.m., the Administrator and Director of Nursing indicated they would investigate the medication error immediately.						