

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

PRINTED: 03/06/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155196		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/24/2025	
NAME OF PROVIDER OR SUPPLIER  ALTENHEIM HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 3525 E HANNA AVE INDIANAPOLIS, IN 46237			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00453284.</p> <p>Complaint IN00453284 - Federal/State deficiencies related to the allegations are cited at F761.</p> <p>Survey date: February 24, 2025</p> <p>Facility number: 000103 Provider number: 155196 AIM number: 100290000</p> <p>Census Bed Type: SNF/NF: 58 SNF: 23 Residential: 69 Total: 150</p> <p>Census Payor Type: Medicare: 25 Medicaid: 44 Other: 12 Total: 81</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 27, 2025.</p>		F 0000	<p><b>This plan of correction is to serve as Altenheim's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Altenheim or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We would like to respectfully request paper compliance for Altenheim's Complaint Survey.</b></p>			
F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>Based on observation, interview, and record review, the facility failed to ensure prescription injectable medication was secured for 1 of 1 random observations. (Resident B)</p>		F 0761	<p>F761</p> <p>1 What corrective action(s) will be accomplished for the resident found to have been affected by the deficient practice?</p>		03/07/2025	

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

TITLE

(X6) DATE

Emily Carnes

Interim ED

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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	<p>Findings include:</p> <p>On 2/24/25 at 8:16 a.m., two sealed enoxaparin sodium (prescription blood thinner injection) 30 milligrams (mg) per 0.3 milliliter (ml) injections were observed lying on a shelf in Resident B's closet.</p> <p>During an interview on 2/24/25 at 8:27 a.m., LPN 1 indicated the enoxaparin 30 mg/0.3 ml injections should have been locked in the medication cart and not left in Resident B's closet.</p> <p>On 2/24/25 at 11:48 a.m., the Director of Nursing (DON) provided a copy of an undated facility policy, titled Drug Storage, and indicated this was the current policy used by the facility. A review of the policy indicated medications are stored in a medication cart or other secured area.</p> <p>This citation relates to Complaint IN00453284.</p> <p>3.1-25(m)</p>				<p>Medication was removed from the room of Resident B on February 24, 2025.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? Residents with injectable medication orders have the potential to be affected. Residents with injectable medication orders have been audited to ensure all medications are stored in the proper location.</p> <p>3 What measures will be put into place and what systematic changes will be made to ensure that the deficient practice does not recur? Licensed nurses have been educated regarding the storage of medications. Education will be provided upon hire to licensed nurses.</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur? DON or designee will audit medications for appropriate storage. Audits will occur daily x 30 days, weekly x 12 weeks, then monthly for 6 months. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting. Frequency and duration of reviews will be adjusted as needed if</p>		

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					compliance is below 100%. Ongoing frequency and duration will be determined by the Quality Assurance Committee		