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	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMONS ON MERIDIAN, THE	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 a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00445429. Complaint IN00445429-No deficiencies related to the allegations are cited. Survey dates: April 7 and 8, 2025 Facility number: 013933 Residential Census: 46 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on April 9, 2025.	R 0000		
R 0246 Bldg. 00	410 IAC 16.2-5-4(e)(6) Health Services - Deficiency Based on interview and record review, the facility failed to ensure a Qualified Medication Aide (QMA) received authorization from a licensed nurse before giving an as needed (prn) medication for 1 of 7 residents reviewed for prn medications. (Resident 11) Findings include: The clinical record for Resident 11 was reviewed on 4/7/25. The diagnoses included, but were not limited to, major depressive disorder, fibromyalgia, chronic kidney disease with heart failure, chronic obstructive pulmonary disorder, anxiety disorder, and congestive heart failure.	R 0246	What corrective action(s) will be accomplished for those Residents found to be affected by the deficient practice: Resident 11 was not affected by the deficient practice. Director of Nursing provided immediate education to QMA who gave the PRN medication without authorization by licensed nurse. How the facility will identify other residents to having the potential to be affected by the same deficient practice and what corrective action will be taken:	04/23/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Carrie Hamilton	Executive Director	04/20/2025

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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	A physician's order, dated 1/17/24, indicated to give loperamide (a medication used to treat diarrhea) 2 milligrams (mg) twice a day as needed for diarrhea. A Medication Administration Record (MAR), dated 3/1/25 through 3/31/25, indicated a QMA gave the resident loperamide 2 mg for nausea and vomiting on 3/25/25 at 12:46 a.m. The documentation did not include prior authorization from a licensed nurse for the prn dose. During an interview, on 4/8/25 at 11:15 a.m., the Director of Nursing (DON) indicated she did not know why the loperamide was given for nausea and vomiting and the QMAs should contact an LPN on duty or the nurse on call prior to giving a prn medication. During an interview, on 4/8/25 at 12:15 p.m., the Executive Director (ED) indicated the DON had not found documentation in the electronic medical record of the authorization from the licensed nurse on duty. A position description, titled "Qualified Medication Aide (QMA) (Senior Living)," dated 11/2018 and received from the ED on 4/8/25 at 12:50 p.m., indicated "...Administers PRN ordered medications only when authorized by a licensed nurse...." A current facility policy, titled "General Dose Preparation and Medication Administration," dated 6/30/23 and received from the ED on 4/8/25 at 12:50 p.m., indicated "...After medication administration...Document necessary medication administration...on...electronic medication record...."		All Residents with orders for PRN medications have the potential to be affected. No other Residents affected. All licensed nurses and QMAs to be re-educated by 4/22/25 on including but not limited to General Dose Preparation and Medication Administration policy, PRN medications, and QMA job description and scope of practice. What measures will be put into place or what systemic changes the facility will make to ensure that deficient practice does not recur: All licensed nurses and QMAs to be re-educated by 4/22/25 on including but not limited to General Dose Preparation and Medication Administration policy, PRN medications, and QMA job description and scope of practice. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place: A PRN medication monitoring tool will be completed weekly x 8 weeks, then bi-weekly x 4 weeks. If 100% threshold is not met, disciplinary action and new action plan will be completed. Monitoring tool will be completed by Director of Nursing/designee.	

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R 0296 Bldg. 00	410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance Based on interview and record review, the facility failed to ensure staff obtained a resident's weight daily and notified the physician of a weight gain according to the physician's order for 1 of 1 resident reviewed for medications. (Resident 8) Findings include: The clinical record for Resident 8 was reviewed on 4/7/25. The diagnoses included, but were not limited to, major depressive disorder, hypertension and ischemic cardiomyopathy (a condition where the heart muscle was weakened due to a reduced blood supply). A physician's order, dated 2/17/25, indicated to obtain and record the resident's weight daily and to notify the physician of a weight gain of 2 pounds or more in a day or 5 pounds in a week. A current care plan, dated 2/17/25, indicated the resident was at risk for ineffective tissue perfusion related to congestive heart failure. Interventions included, but were not limited to, obtain daily weights at 6:30 in the morning before breakfast. The following weights were reviewed: On 3/22/25, the weight was 132 pounds. On 3/23/25, no weight was recorded. On 3/24/25, the weight was 149.2 pounds. There was a greater than 5-pound weight gain in a week and there was no notification to the provider documented in the record. There was no daily weight recorded for 3/23/25.	R 0296	What corrective action(s) will be accomplished for those Residents found to be affected by the deficient practice: Resident 8 was not affected by the deficient practice. MD/NP notified with review of weights. How the facility will identify other residents to having the potential to be affected by the same deficient practice and what corrective action will be taken: All Residents with orders for daily weights reviewed. No other Residents affected. All licensed nurses and QMAs to be re-educated by 4/22/25 on following physicians' orders and Resident Change of Condition policy. What measures will be put into place or what systemic changes the facility will make to ensure that deficient practice does not recur: All licensed nurses and QMAs to be re-educated by 4/22/25 on following physicians' orders and Resident Change of Condition policy. How the corrective action(s) will be	04/23/2025

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	On 3/29/25, the weight was 145 pounds. On 3/30/25, no weight was recorded. On 3/31/25, the weight was 151.6 pounds There was a greater than 5-pound weight gain in a week and there was no notification to the provider documented in the record. There was no daily weight recorded for 3/30/25. On 4/4/25, the weight was 149 pounds. On 4/5/25, no weight was recorded. On 4/6/25, the weight was 151.8 pounds. There was greater than a 2-pound weight gain and there was no notification to the provider documented in the record. There was no daily weight recorded on 4/5/25. During an interview, on 4/8/25 at 9:10 a.m., the Clinical Support indicated the facility could not find the missing daily weights or the notification to the physician and it should have been completed. During an interview, on 4/8/25 at 9:12 a.m., the Director of Nursing (DON) indicated the facility could not find notification to the physician or the daily weights for those days. A current facility policy, titled "Resident Change of Condition," dated as last revised in April 2023 and received from the Executive Director on 4/8/25 at 11:00 a.m., indicated "...symptoms and unusual signs will be documented in the Progress Notes and communicated to the attending physician promptly...."		monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place: A physicians' orders monitoring tool will be completed weekly x 8 weeks, then bi-weekly x 4 weeks. If 100% threshold is not met, disciplinary action and new action plan will be completed. Monitoring tool will be completed by Director of Nursing/designee.	