

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

PRINTED: 04/04/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/13/2025	
NAME OF PROVIDER OR SUPPLIER  BLOOM AT WILLOW				STREET ADDRESS, CITY, STATE, ZIP COD 2725 LAKE CIRCLE DR INDIANAPOLIS, IN 46268			
(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 Complaint IN00442324.</p> <p>Complaint IN00442324-State deficiencies related to the allegations are cited at R243.</p> <p>Survey dates: March 12 &amp; 13, 2025</p> <p>Facility number: 010234</p> <p>Residential: 48</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on March 17, 2025.</p>			R 0000			
R 0243  Bldg. 00	<p>410 IAC 16.2-5-4(e)(3) Health Services - Deficiency</p> <p>Based on interview and record review, the facility failed to ensure the physician's ordered vital signs were documented in the medical record for 1 of 3 residents reviewed for documentation in the medication and treatment record. (Resident B)</p> <p>Findings include:</p> <p>During a phone interview, a confidential interviewee indicated there was a concern regarding their family member not having her blood pressure taken except for one time during her admission at the facility which was the day she was admitted.</p> <p>The clinical record for Resident B was reviewed on 3/13/25 at 11:15 a.m. The diagnoses included,</p>			R 0243	<p>All residents found to be affected have been discharged by the facility, no further corrective action can take place at this time.</p> <p>All physician ordered vitals will be obtained as ordered, any deviation from this will be documented in the residents chart as to why the metrics could not be obtained and Wellness Director will be notified by staff.</p> <p>Wellness Director will complete a chart audit to include the medication administration record and progress notes to ensure physician ordered vitals are being obtained per the order, or</p>		04/11/2025

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

TITLE

(X6) DATE

Kourtney Harvey

Executive Director

04/01/2025

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 disclosed 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.

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

PRINTED: 04/04/2025  
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 03/13/2025	
NAME OF PROVIDER OR SUPPLIER  BLOOM AT WILLOW				STREET ADDRESS, CITY, STATE, ZIP COD 2725 LAKE CIRCLE DR INDIANAPOLIS, IN 46268			
(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
	<p>but were not limited to, dementia with behavioral disturbances, major depressive disorder, anxiety disorder, and hypertension.</p> <p>The Electronic Medication Administration Record (EMAR) for Resident B, dated November 2023 through July 2024, included, but were not limited to, the following: A physician's order, dated 1/8/24, indicated to obtain monthly vitals which included blood pressure, pulse, oxygen saturation, and weight.</p> <p>The EMAR lacked documentation of the blood pressure, pulse, oxygen saturation, and weight were obtained in January 2024, February 2024, and July 2024.</p> <p>During an interview, on 3/13/25 at 2:45 p.m., the Director of Nursing (DON) indicated the facility did not have a vital sign policy. She indicated the blank boxes for the blood pressure, pulse, oxygen saturation, and weight should have been documented in. The only reason why the EMAR signature box and vital sign boxes would be left blank were if a resident refused, the nurse did not complete for some reason, or the exception boxes (drop down box to select why a medication or treatment was not completed) would not let the nurse or Qualified Medication Aide (QMA) select a reason.</p> <p>This citation relates to Complaint IN00442324.</p>				<p>documentation of any deviation is completed.</p> <p>Wellness Director will complete the audit monthly x 3 months and bi-monthly x 3 to ensure compliance with all physicians ordered vital signs, and documentation of such metrics is completed and/or monitor documentation for any missing metrics.</p> <p>Changes will be completed by April 11th, 2025.</p>		