

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

PRINTED: 05/02/2025
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 04/01/2025	
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT ELKHART ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 3109 E BRISTOL ELKHART, IN 46514			
(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	
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00456465.</p> <p>Complaint IN00456465- State deficiencies related to the allegations are cited at R0241.</p> <p>Survey date: April 1, 2025</p> <p>Facility number: 010065</p> <p>Residential Census: 73</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p>		R 0000	/p>="" p="">			
R 0241 Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>Based on interview, the facility failed to ensure medication administration was completed by qualified personnel. This had the potential to affect 56 of 73 residents who were administered medications by the facility.</p> <p>Finding includes:</p> <p>During an interview on 4/1/2025, at 12:23 P.M., the DON indicated he currently had a high school student shadowing him. He indicated Student 6 was currently enrolled at (name of school), was in a vocational program and had been passing medications to residents under his supervision.</p> <p>During an interview on 4/1/2025 at 12:36 P.M., the Administrator indicated she was under the impression Student 6 was able to pass medications under the supervision of the DON.</p>		R 0241	<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. The provider respectfully requests a desk review with paper compliance to be considered.</p> <p>56/73 residents receiving medication management had potential to be affected by this deficient practice.</p> <p>An audit of staff licenses/certifications was completed on 4/9/25 and all</p>		05/05/2025	

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

TITLE

(X6) DATE

Megan Crooks

Executive Director

04/25/2025

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>She indicated she was unaware the student needed to be enrolled in a licensed nursing school or have completed a Qualified Medication Aide (QMA) program in order to pass medications in a licensed Residential facility. She indicated Student 6 had been passing medications to residents under the supervision of a licensed nurse at the facility.</p> <p>During an interview on 4/2/2025 at 11:19 A.M., with a staff member from the Career center at (mane of school), for which Student 6 was enrolled, she confirmed their program did not include Qualified Medication Aide (QMA) programs and/or accredited nursing school classes.</p> <p>On 4/1/2025 at 1:16 P.M., the Administrator provided the policy titled, "Medication Assistance," undated and indicated it was the policy currently being used by the facility. The policy indicated, "...Purpose: To provide safe assistance with medication administration to residents...."</p> <p>This citation relates to complaint IN00456465.</p>				<p>licenses/certifications were found to be up to date. Hiring managers to be trained on 4/14/25 on requirements for any associate who will pass medicine. All licenses/certifications will be verified and physical copies obtained prior to onboarding new staff or taking any new students.</p> <p>Audits for staff licenses/certifications will be completed 1x per month indefinitely to ensure all licenses/certifications are up to date.</p>		