

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

PRINTED: 06/26/2025  
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 06/02/2025	
NAME OF PROVIDER OR SUPPLIER  FORT HARRISON ALF OPERATIONS				STREET ADDRESS, CITY, STATE, ZIP COD 8025 DOUBLEDAY DRIVE INDIANAPOLIS, IN 46216			
(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 a Post Survey Revisit (PSR) to a State Residential Licensure Survey and Investigation of Complaint IN00455674 completed on April 10, 2025.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00460270 and IN00459173.</p> <p>Complaint IN00455674 - Corrected.</p> <p>Survey dates: May 29, 30, and June 2, 2025</p> <p>Facility number: 014109</p> <p>Residential Census: 49</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on June 6, 2025.</p>			R 0000			
R 0245  Bldg. 00	<p>410 IAC 16.2-5-4(e)(5) Health Services - Offense</p> <p>Based on interview and record review, the facility failed to ensure injectable medication was administered by a Licensed Nurse for 1 of 4 residents reviewed for medication administration (Resident C).</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 5/29/25 at 2:30 p.m. The diagnoses included,</p>			R 0245	<p><b>Facility failed to ensure injectable medication was administered by a Licensed Nurse.</b></p> <p>All residents receiving injectable medications have the potential to be at risk.</p> <p>DON completed an injectable administration in-service with staff.</p> <p>DON updated the non-insulin injectable administration list and</p>		06/18/2025

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

TITLE

(X6) DATE

Dametria Marshall

Executive Director

06/20/2025

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.

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	<p>but were not limited to, diabetes and chronic kidney disease.</p> <p>A physician's order, dated 2/13/25, indicated she was to receive Ozempic 0.25 milligrams (mg) subcutaneously (injected into fatty layer under the skin) in the evening every Thursday.</p> <p>The May 2025 Medication Administration Record (MAR) indicated, on 5/15/25, the Ozempic subcutaneous injection was administered by Qualified Medication Aide (QMA) 3.</p> <p>During an interview on 5/30/25 at 3:35 p.m., the Director of Nursing (DON) indicated QMAs were not supposed to administer Ozempic, only insulin.</p> <p>On 5/30/25 at 12:30 p.m., QMA 2 provided the current Administration of Injections by Licensed Practical Nurses (LPN) Policy which indicated "... Licensed Practical Nurses [LPNs]...are authorized to administer subcutaneous [sic] injections...."</p>				<p>schedule.</p> <p>DON will audit residents receiving non-insulin injectables weekly to ensure that only the Licensed Nurse will complete the task weekly for 4 weeks and thereafter.</p>		