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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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 the Investigation of Complaint IN00455250. Complaint IN00455250 - State deficiencies related to the allegations are cited at R0296, R0300, R0304, R0306, R0351, R0414. Survey date: April 11, 2025 Facility number: 011840 Residential Census: 42 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on April 23, 2025.	R 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of offense and noncompliance during complaint on 04/11/2025. Please accept this plan of correction as the provider's credible allegation of compliance as of April XXXX, 2025. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
R 0296 Bldg. 00	410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance Based on observation, interview, and record review, the facility failed to provide ongoing training to ensure the competency of medication staff. This deficient practice had the potential to affect 42 of 42 residents who resided in the facility. Findings include: Upon entry into the facility on 4/11/25 at 8:10 a.m. it was observed that a medication cart was left	R 0296	Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under state and federal law. Please accept this Plan of Correction as our credible	05/09/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brittany McKinney	HFA	05/02/2025

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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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
	unattended. On top of the cart was an open Medication Administration Record (MAR) book with residents' confidential information visible. Cross reference R035. On 4/11/25 at 8:15 a.m. QMA 3 was observed as she passed medication to Resident E. QMA 3 was prepared to administer Resident E's eye drop but was stopped before administering it. Upon review it was found that the eye drops did not have an open date or an expiration date on the bottle so it should not have been administered. Cross reference R0241. On 4/11/25 at 8:15 a.m. Qualified Medication Aide (QMA) 3 was observed as she passed medication to Resident E. As she was preparing Resident E's morning medications QMA 3 had a medication card that had 50 milligrams (mg) Hydroxyzine tablets. The order was to give one 25 mg tablet. QMA 3 cut the 50 mg tablet in half and put the other half of the tablet in a pill crusher sleeve and wrote "Hydroxyzine 25 mg" on the sleeve. QMA 3 then put the sleeve with the half tablet in the top drawer of the medication cart. Cross reference R0306 On 4/11/25 at 8:15 a.m. Qualified Medication Aide (QMA) 3 was observed as she passed medications to five residents. QMA 3 did not lock the medication cart while it was unattended 7 times during the medication pass observation. Cross reference R0304. On 4/11/25 at 8:15 a.m. QMA 3 was observed as she passed medication to Resident E. As she was preparing Resident E's morning medications QMA 3 handled one of his medications without using gloves or sanitizing her hands before or after handling the medication. Cross reference R0414.		allegation of compliance. Resident E was not affected by the alleged deficient practice. Resident E's eye drops were re-ordered and an open date and expiration date were placed on bottle per policy. Resident F's medications were administered correctly and QMA 3 was re-educated on medications which should not be crushed, assuring medication cart locked when unattended and keeping resident records confidential. Proper dosage of medications, proper destruction of medications and proper hand hygiene during med pass. QMA #3 has undergone review of General Orientation, Job Description and the QMA Orientation Checklist with signatures/dates indicating the same. No other residents were affected by the alleged deficient practice. QMA 3 was re-educated and all nursing staff who pass medications were re-educated on administration of medications with a special focus on assuring date opened and expiration dates are on medication as well as the knowledge of locking carts at all times when not attended, keeping MAR closed when not attended assuring confidentiality of records, medications have proper dosages, proper destruction of medication, and proper hand hygiene during medication pass. The medication	

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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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
	On 4/11/25 at 12:00 p.m. QMA 3 indicated she had just gotten off orientation a week prior to the medication pass observation. On 4/11/25 at 1:00 p.m. the Executive Director (ED) provided a copy of QMA 3's employee file. The file indicated that QMA 3 was hired on 3/28/25. In QMA 3's employee file there was a general orientation check list that was filled out but had no date or signature from the QMA or the trainer, a job description signed by the QMA but not dated and signed by the supervisor but dated 4/25/25 and a QMA orientation checklist filled out and signed by the QMA but not dated and signed by the instructor but dated 4/10/25. This citation relates to Complaint IN00455250.		carts were audited to ensure medications had date opened or expiration dates, an audit was completed to assure staff orientation was completed with signatures/dates indicating the same. The facility's policy of Medication Administration was reviewed with no changes indicated at this time. As a means to ensure ongoing compliance, the Administrator/DON or designee will audit medication carts for undated medications/expiration dates, and will monitor medication administration to assure date opened and expiration dates are on medication as well as the knowledge of locking carts at all times when not attended, keeping MAR closed when not attended, medications have proper dosages, proper destruction of medication and proper hand hygiene during medication pass. These audits and monitoring will take place Daily 5x per week, varied shifts x 4 weeks, 3x per week for 4 weeks, 1x per week x 4 weeks and monthly for 4 months. A monitoring tool is in place As a means of quality assurance, the administrator will review any findings and subsequent corrective actions taken. The monitoring will be increased or decreased if indicated to maintain compliance	

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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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 0300 Bldg. 00	410 IAC 16.2-5-6(c)(4) Pharmaceutical Services - Deficiency Based on observation, interview, and record review, the facility failed to ensure that over the counter and prescription medications were properly labeled and dated in 1 of 1 medication carts observed for medication labeling and dating. Findings include: On 4/11/25 at 8:15 a.m. medication cart 1 was observed during a medication pass. The medications reviewed during this medication pass included but were not limited to: 1. Resident E had Combigan (an eye drop that treats Glaucoma) with no open date or expiration date on the bottle. 2. Resident F had a box of Lidocaine 5% patches that were not labeled 3. Resident F had Refresh Optic eye drops with no open date or expiration date on the bottle. 4. Resident H had a bottle of over-the-counter Aspirin that were not labeled. 5. Resident H had a box of Salonpas Lidocaine patches that were not labeled. On 4/11/25 at 12:55 p.m. the Corporate Executive Director (Corp. ED) provided a copy of current facility policy titled "Over-the-Counter Medications", that was undated. This policy indicated, " ... a handwritten legible label shall be placed on the medication in a manner to ensure that the handwritten label does not obscure information already on the container including name of drug strength and expiration date. 3.) The handwritten legible label placed by licensed facility staff on the manufacturer's container/bottle shall include the following:	R 0300	1 Residents' E, F and H's unlabeled medications were labeled per policy upon discovery. Undated drops were disposed and replaced. 2 An audit of the medication carts was completed and any medications without labels or dated opened/expiration were labeled/corrected according to facility policy. 3 The facility policy for over the counter medications was reviewed with no changes indicated at this time. As a means to ensure ongoing compliance, the administrator/DON or designee will conduct medication cart audits for unlabeled over the counter medications and open date/expiration. These audits and monitoring will take place daily 5x per week, varied times/shifts x 4 weeks, 3x per week for 4 weeks, 1x per week x 4 weeks and monthly for 3 months, to ensure monitoring for no less than six months. 4 As a means of quality assurance, the administrator will review any findings and subsequent corrective actions taken. The frequency of the monitoring will be increased or decreased if indicated to maintain compliance	05/09/2025

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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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
	resident name and physician name ...." This citation relates to Complaint IN00455250. 410 IAC 16.2-5-6(e) Pharmaceutical Services - Deficiency			
R 0304 Bldg. 00	Based on observation, interview, and record review, the facility failed to ensure that the medication cart was locked, and medications were secured while unattended. This had the potential to affect 42 of 42 residents that resided in the facility. Findings include: Upon entry into the facility on 4/11/25 at 8:10 a.m. it was observed that a medication cart was left unattended. The cart was unlocked and the top drawer of the cart was left open. On 4/11/25 at 8:15 a.m. Qualified Medication Aide (QMA) 3 was observed as she passed medications to five residents. QMA 3 did not lock the medication cart while it was unattended 7 times during the medication pass observation. On 4/11/25 at 8:15 a.m. QMA 3 left the medication cart while preparing Resident E's morning medications for an unknown reason. When she left the cart unattended, there were various medications still inside the medication cards and medications that had been popped out of the medication cards into a medication cup on top of the medication cart. On 4/11/25 at 8:45 a.m. QMA 3 left the medication cart while preparing Resident F's morning medications to get a patch from the medication room. When she left the cart unattended, there	R 0304	1 Residents E and F were not affected. QMA3 and the Nursing staff was re-educated on the medication administration policy for medication carts being locked when unattended and assuring medication is secured (not on top of cart). 2 As all residents could be affected, nursing staff were re-educated on the medication administration policy. Medication administration pass observation will be conducted to ensure proper medication administration, focusing on assuring medication cart is locked when left unattended and no medications left on top of cart. 1 The facility's policy for medication administration was reviewed with no changes indicated at this time. As a means to ensure ongoing compliance, the administrator/DON or designee will conduct medication pass observations to assure medication carts are locked when unattended, and no medications left unsecured on top of cart. These audits and monitoring will take place daily 5x per week, varied times/shifts x 4 weeks, 3x per week for 4 weeks,	05/09/2025

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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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
	were various medications still inside the medication cards and medications that had been popped out of the medication cards into a medication cup on top of the medication cart. On 4/11/25 at 12:24 p.m. the Executive Director (ED) provided a copy of a current facility policy titled, "Medication Administration", that was undated. The policy indicated, " ...7. The top of a medication cart should be kept free of any hazardous material including medications .... Always lock the Medication cart before leaving it out of visual range ....". This citation relates to Complaint IN00455250.		1x per week x 4 weeks and monthly for 3 months, to ensure monitoring for no less than six months. 3 As a means of quality assurance, the administrator will review any findings and subsequent corrective actions taken. The frequency of the monitoring will be increased or decreased if indicated to maintain compliance	
R 0306 Bldg. 00	410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance Based on observations, interviews and record reviews, the facility failed to ensure that unadministered medications were properly disposed of. This deficient practice had the potential to affect 3 of 5 residents reviewed for proper medication disposal. Findings include: On 4/11/25 at 8:15 a.m. Qualified Medication Aide (QMA) 3 was observed as she passed medication to Resident E. As she was preparing Resident E's morning medications QMA 3 had a medication card that had 50 milligrams (mg) Hydroxyzine tablets. The order was to give one 25 mg tablet. QMA 3 cut the 50 mg tablet in half and put the other half of the tablet in a pill crusher sleeve and wrote "Hydroxyzine 25 mg" on the sleeve. QMA 3 then put the sleeve with the half tablet in the top drawer of the medication cart.	R 0306	Residents' E, F, H and I were not affected. The pharmacy was notified, and the correct medication dose was ordered for resident E. A medication cart audit was completed to locate the unfound dropped medication for resident F and disposed per facility policy. QMA 3 and 4 were re-educated on transfer of pills from card to cup (i.e., not per bare hand) the proper destruction of medications and assuring pharmacy notified of proper dosage of medications for residents. 2 Medication administration pass observation will be conducted to ensure proper medication administration, focusing on assuring medication	05/09/2025

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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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
	On 4/11/25 at 8:20 a.m. QMA 3 indicated she put the half tablet in the sleeve, so it didn't go to waste. She indicated she should have also written the resident's name and room number on the sleeve as well. On 4/11/25 at 8:45 a.m. QMA 3 was observed as she passed medications to Resident F. As she was preparing Resident F's morning medications QMA 3 separated the medications that were to be crushed from the medications that were not to be crushed. As she was holding the medications that were not to be crushed in her hand, she dropped one into an open medication cart drawer and was unable to find it. QMA 3 then popped out a replacement pill and left the unfound pill in the cart. On 4/11/25 at 10:45 a.m. QMA 3 was observed as she passed medications to Resident H As she was preparing Resident H's morning medications an extra Dilt XR pill fell out of the medication card when QMA 3 was popping the pill out of the card. QMA put the extra pill in a medication cup with nothing written on it and put the medication cup in the top drawer of the medication cart. On 4/11/25 at 11:00 a.m. QMA 3 indicated she will destroy the unadministered pill later. On 4/11/25 at 11:15 a.m. QMA 3 was observed as she passed medications to Resident I. As she was preparing Resident I's morning medications QMA 3 had a medication card that had Vitamin D3 50,000 Units. It was ordered for 1 capsule to be given weekly on Tuesdays. QMA 3 popped the medication out of the card and into the medication cup but before giving the medication she was stopped by QMA 4 who questioned whether the Vitamin D3 was due today. QMA 3 took the		destruction for dropped, contaminated, refused or unable to return for credit medications. The pharmacy will be notified of any medication with improper dosage to assure proper doses of medications available. Nursing staff were re-educated on medication administration, the medication destruction policy and proper dosages of medications. 1 The facility's policy for medication destruction was reviewed with no changes indicated at this time. As a means to ensure ongoing compliance, the administrator/DON/designee will conduct medication pass observations to assure any refused; dropped, contaminated medication is destroyed per policy, and assure proper medication doses are available. The observations will take place daily 5x per week, varied times/shifts x 4 weeks, 3x per week for 4 weeks, 1x per week x 4 weeks and monthly for 3 months, to ensure monitoring for no less than six months. 3 As a means of quality assurance, the administrator will review any findings and subsequent corrective actions taken. The frequency of the monitoring will be increased or decreased if indicated to maintain compliance	

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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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
	Vitamin D3 capsule out of the medication cup and put it in the medication cup that was in the top drawer of the medication cart with the other extra pill. On 4/11/25 at 11:20 a.m. both QMA 3 and QMA 4 indicated they would destroy the unadministered medications later. On 4/11/25 at 12:55 p.m. the Corporate Executive Director (Corp. ED) provided a copy of current facility policy titled, "Medication Destruction, Refused, Contaminated/Dropped, or Unable to be Returned for Credit," that was undated. This policy indicated, " ... medication(s) will be disposed of immediately per placement in the sharps container on the medication cart (to allow immediate resumption of medication pass) ...." On 4/11/25 at 12:24 p.m. the Executive Director (ED) provided a copy of a current facility policy titled, "Medication Administration", that was undated. The policy indicated, " ...27. When an order calls for the administration of a partial tablet (half tablet, etc.) The facility will require that the pharmacy supplier dispense that drug ready to administer. Nursing personnel should not attempt to break tablets unless absolutely necessary ...." This citation relates to Complaint IN00455250.			
R 0351 Bldg. 00	410 IAC 16.2-5-8.1(c)(d) Clinical Records - Noncompliance Based on observation, interview, and record review, the facility failed to ensure resident confidential information was properly concealed while the Medication Administration Record (MAR) book was left unattended. This had the potential to affect 42 of 42 residents who resided	R 0351	1 No residents were affected. 2 No other residents were affected. QMA 3 was re-educated on the importance of confidentiality of resident records. Nursing staff re-educated on	05/09/2025

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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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
	in the facility. Findings include: Upon entry into the facility on 4/11/25 at 8:10 a.m. it was observed that a medication cart was left unattended. On top of the cart was an open MAR book with resident confidential information visible. On 4/11/25 at 8:15 a.m. Qualified Medication Aide (QMA) 3 was observed as she passed medications to five residents. QMA 3 did not properly conceal the MAR book, leaving confidential resident information visible 5 times during the medication pass observation. On 4/11/25 at 12:24 p.m. the Executive Director (ED) provided a copy of a current facility policy titled, "Medication Administration", that was undated. The policy indicated, " ...2. Confidential resident information must be concealed when the MAR/TAR/cart is left unattended ....". This citation relates to Complaint IN00455250.		maintaining confidentiality of resident records. Medication administration pass observations conducted to assure confidentiality of records. 1 The facility's policy for medication administration was reviewed with no changes indicated. As a means to ensure ongoing compliance, the administrator/DON or designee will conduct medication pass observations to assure nursing staff is maintaining confidentiality of resident records. These audits will take place daily 5x per week, varied times/shifts x 4 weeks, 3x per week for 4 weeks, 1x per week x 4 weeks and monthly for 3 months, to ensure monitoring for no less than six months. 3 As a means of quality assurance, the administrator will review any findings and subsequent corrective actions taken. The frequency of the monitoring will be increased or decreased if indicated to maintain compliance	
R 0414 Bldg. 00	410 IAC 16.2-5-12(k) Infection Control - Deficiency Based on observation, interview, and record review, the facility failed to ensure that residents had a sanitary environment when a Qualified Medication Aide (QMA) 3 did not wash their hands before or after handling medications, did not clean a shared blood glucometer (meter used to test a residents blood sugar) before or after	R 0414	1 Residents E and F had no negative outcomes. QMA 3 and nursing staff were re-educated on infection control with a special focus on hand hygiene, transfer of pills to cup, medication pass, and glucometer use.	05/09/2025

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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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
	use, and did not use gloves appropriately. This deficient practice affected 5 of 5 Residents (Residents E, F, G, H and I) observed during a medication pass. Findings include: On 4/11/25 at 8:15 a.m. QMA 3 was observed as she passed medication to Resident E. As she was preparing Resident E's morning medications QMA 3 handled one of his medications without using gloves or sanitizing her hands before or after handling the medication. On 4/11/25 at 8:15 a.m. QMA 3 was observed as she passed medication to Resident E. As she was preparing Resident E's morning medications QMA 3 put gloves on without sanitizing her hands and used her gloved hands to do various tasks, touching contaminated items and surfaces before passing the medications to Resident E with the same gloves on. QMA 3 took her gloves off after leaving the resident's room and did not sanitize her hands. On 4/11/25 at 8:45 a.m. QMA 3 was observed as she passed medication to Resident F. As she was preparing Resident F's morning medications QMA 3 separated the medications that were to be crushed from the medications that were not to be crushed. As QMA 3 did this she handled the medications that were not to be crushed without using gloves or sanitizing her hands before or after handling the medications. On 4/11/25 at 9:15 a.m. QMA 3 was observed as she took Resident Fs blood sugar. QMA 3 put gloves on without sanitizing her hands. Without sanitizing the blood glucometer QMA 3 performed a finger stick and tested Resident F's blood sugar.		2 No other Residents were affected. However, as all residents could be affected, nursing staff was re-educated on infection control with a special focus on hand hygiene medication pass, and glucometer use. Resident specific blood glucometers are in place. 1 The facility's policy for medication pass was reviewed with no changes indicated. As a means to ensure ongoing compliance nursing staff has been re-educated on infection control with a special focus on hand hygiene, medication administration, care and cleansing/disinfecting of glucometer. Resident specific blood glucometers are in place. The administrator/DON or designee will conduct medication pass observations to assure nursing staff is maintaining proper infection control during medication administration and glucometer use. These audits will take place daily 5x per week, varied times/shifts x 4 weeks, 3x per week for 4 weeks, 1x per week x 4 weeks and monthly for 3 months, to ensure monitoring for no less than six months. 3 As a means of quality assurance, the administrator will review any findings and subsequent corrective actions taken. The frequency of the monitoring will be increased or	

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	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SUMMIT PLACE WEST	55 N MISSION DR INDIANAPOLIS, IN 46214

(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
	Without changing her gloves, QMA 3 put pudding into 2 medication cups containing Resident F's morning medications. After passing Resident F's medications QMA 3 took her gloves off, but did not sanitize her hands. On 4/11/25 at 9:25 a.m. QMA 3 indicated, the blood glucometer she was using to test Resident F's blood sugar with was a shared meter for all residents in the facility who get their blood sugar tested. On 4/11/25 at 12:24 p.m. the Executive Director (ED) provided a copy of a current facility policy titled, "Medication Administration", that was undated. The policy indicated, " ...Infection Control: 1. Wash hands with soap and water. Prior to beginning med pass ....3. use alcohol gel or foam between each resident unless using soap and water. 4. Never touch medications with hands ...." On 4/11/25 at 12:24 p.m. the Executive Director (ED) provided a copy of the operators' manual for the blood glucometer that the facility uses for blood sugar testing titled, "Evencare G2 Blood Glucose Monitoring System", that was undated. The manual indicated, " ... Cleansing and disinfecting the meter and lancing device is very important in the prevention of infectious disease ...." This citation relates to Complaint IN00455250.		decreased if indicated to maintain compliance	