

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER Altenheim Health & Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 3525 E Hanna Ave Indianapolis, IN 46237	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>44849</p> <p>Based on observation, interview, and record review, the facility failed to ensure prescription injectable medication was secured for 1 of 1 random observations. (Resident B)</p> <p>Findings include:</p> <p>On 2/24/25 at 8:16 a.m., two sealed enoxaparin sodium (prescription blood thinner injection) 30 milligrams (mg) per 0.3 milliliter (ml) injections were observed lying on a shelf in Resident B's closet.</p> <p>During an interview on 2/24/25 at 8:27 a.m., LPN 1 indicated the enoxaparin 30 mg/0.3 ml injections should have been locked in the medication cart and not left in Resident B's closet.</p> <p>On 2/24/25 at 11:48 a.m., the Director of Nursing (DON) provided a copy of an undated facility policy, titled Drug Storage, and indicated this was the current policy used by the facility. A review of the policy indicated medications are stored in a medication cart or other secured area.</p> <p>This citation relates to Complaint IN00453284.</p> <p>3.1-25(m)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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