

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Harbour Manor Health & Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1667 Sheridan Rd Noblesville, IN 46060	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48146</p> <p>Based on observation, interview, and record review, the facility failed to ensure shift to shift narcotic count reconciliation was completed for 1 of 3 medication carts reviewed for medication reconciliation. (Rehab 1 cart)</p> <p>Findings include:</p> <p>During a medication storage observation of the Rehab 1 medication cart, on 10/21/24 at 10:29 a.m., accompanied by LPN 2, the Nurse Narcotic Sign in/out Sheet was reviewed and the following dates lacked shift to shift count reconciliation numbers of controlled medications:</p> <p>October 17, 18, 19, and 20, 2024.</p> <p>During an interview, on 10/21/24 at 10:40 a.m., LPN 2 indicated staff was required to sign in and sign out with each change of the medication cart attendant. They needed to record the narcotic count when they signed the log. She indicated the log lacked the count number for October 17, 18, 19, and 20, 2024. The lack of a count number or signatures on the log was a potential opportunity for drug diversion.</p> <p>During an interview, on 10/21/25 at 11:13 a.m., LPN 3 indicated the narcotic sign in sheets should include signatures and count numbers of the in-coming and off-going staff members with every exchange of the medication cart. The Rehab Cart 1 Nurse Narcotic Sign in /out Sheets were not completed as required. Management had been educating staff frequently for incomplete narcotic reconciliation.</p> <p>During an interview, on 10/21/24 at 1:56 p.m., the Rehab Unit Manager indicated the staff completed shift to shift reconciliation every time the cart changes hands. The staff documented the number of narcotic cards present and then signed to confirm the count was correct. She indicated the narcotic card count was missing for October 17, 18, 19, and 20, 2024.</p> <p>During an interview, on 10/21/24 at 2:16 p.m., the DON indicated the Nurse Narcotic Sign in /out Sheets for the Rehab 1 medication cart lacked narcotic count numbers for October 17, 18, 19, and 20, 2024. She indicated there was no way to know if any drug diversion had occurred if the count was not verified for multiple days.</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An undated, current facility policy, titled, Controlled Substance Reconciliation, provided by the DON, on 10/21/24 at 1:09 p.m., indicated the following: . Each facility should verify the quantity of controlled substances on hand as well as the number of accompanying count sheets at the end of each nursing shift . 3.1-25(b)(3)		