

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2024
NAME OF PROVIDER OR SUPPLIER Allisonville Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 10312 Allisonville Rd Fishers, IN 46038	

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>36942</p> <p>Based on interview and record review, the facility failed to ensure an accurate system of records for controlled medications for 1 of 3 residents reviewed for hospice services. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 10/28/24 at 2:30 p.m. The diagnoses included, but were not limited to, hypertension, congestive heart failure, and respiratory failure.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 9/19/24, indicated the utilization of an antianxiety medication.</p> <p>A care plan for hospice, dated 7/13/24, indicated the approach for hospice to provide medication to nursing facility related to hospice diagnosis per physician orders.</p> <p>A physician order, dated 9/24/24 and discontinued on 9/27/24, was noted for lorazepam (antianxiety medication) two milligrams (mg) per milliliter (mL); administer one mL every three hours scheduled.</p> <p>A physician order, dated 9/27/24 and discontinued on 9/30/24, was noted for lorazepam two mg per mL; administer one mL every two hours scheduled.</p> <p>A controlled substances record for Resident C's lorazepam, dated September 24 through September 27, 2024, indicated the following administrations:</p> <ul style="list-style-type: none"> - 9/26/24 at 3:00 a.m. of 0.1 mL, - 9/26/24 at 6:00 a.m. of 0.1 mL, - 9/26/24 at 9:00 a.m. of 0.1 mL, - 9/26/24 at 12:00 p.m. of 0.1 mL, - 9/27/24 at 12:00 a.m. of 0.1 mL, & - 9/27/24 at 3:00 a.m. of 0.1 mL. <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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview conducted with the Director of Nursing (DON), on 10/28/24 at 3:37 p.m., indicated it appeared the lorazepam bottle for Resident C would have been empty on 9/26/24. A new bottle of lorazepam was received, on 9/26/24, but the controlled substances record indicated the new bottle was never utilized. The documentation on the controlled substances record was inaccurate for the administration of lorazepam regarding the nursing staff indicating they administered 0.1 mL instead of the scheduled one mL for Resident C.</p> <p>This citation relates to Complaint IN00444621.</p> <p>3.1-25(e)(2)</p> <p>3.1-25(e)(3)</p>		